

Adult Ptosis

What is ptosis?

Ptosis is a Greek word meaning downward displacement. In Ophthalmology, it refers to a drooping upper eyelid. The eyelid might droop slightly, or it could droop enough to partially or completely cover the pupil (black part of the eye), restricting or obscuring vision. It could affect one or both eyelids, be inherited, present at birth, or occur later in life.

What causes adult ptosis?

The most common type of adult ptosis is caused by a separation of the levator muscle tendon from the lower aspect of the upper eyelid. The levator muscle is the muscle responsible for lifting the eyelid. This can occur as a result of ageing, after eye surgery, contact lens wear, or from an injury. Adult ptosis can also occur as a complication of other diseases involving the levator muscle or its nerve supply including diabetes, stroke, myasthenia gravis and tumours behind the eye. An adult with untreated childhood ptosis will still have the condition.

What are the signs and symptoms of adult ptosis?

A drooping upper eyelid is the primary sign of ptosis. There could be some vision loss in the upper field of vision or tiredness from attempting to elevate the drooping eyelid. Patients with ptosis might tip their heads back into a chin-up posture to see underneath their eyelids, or raise their eyebrows in an effort to raise their eyelids.

How is adult ptosis treated?

The main treatment for ptosis is surgery, although there are a few rare disorders that can be treated non surgically; with medication, or a special device fitted to glasses. In determining whether surgery is advisable, an ophthalmologist considers your age, general health, the severity of the ptosis, and whether one or both eyelids are involved.

During surgery the levator muscle is re-attached to the eyelid or it is tightened. In severe ptosis, when the levator muscle is extremely weak, the eyelid can be attached or suspended from the brow so that the forehead muscles do the lifting. The type of surgery you require will be discussed with you when you see your doctor.

The best results for ptosis surgery are achieved under a local anaesthetic (with sedation if necessary) because this allows the surgeon to adjust the height and contour of the affected eyelid to match the other eyelid during surgery (by sitting you up during the procedure), which can be more difficult to judge if you have had a general anaesthetic.

What are the risks of ptosis surgery?

The risks of ptosis surgery include:

- Scarring
- Reduced vision/loss of vision (extremely rare)
- Bleeding
- Infection
- Under correction
- Over correction that could lead to corneal exposure and drying with visual deterioration
- Granuloma formation
- Uneven upper lid contour
- Asymmetry of the lids
- Numbness
- Impaired blink
- Dry eye
- Possible need for revision surgery
- Change in refraction
- Ptosis affecting opposite eye after the surgery

More than one operation is occasionally required.

What to expect after surgery?

After the surgery the eye would be padded for 24 hours. When you take the pad off, it is normal to have some swelling and bruising. You can use cold packs to reduce the swelling at this point.

You would be then required to use Chloramphenicol antibiotic eye ointment to the eyelid wound 3 times daily for 2 weeks to prevent infection. A temporary inability to fully close the eye after ptosis surgery is quite common. This can take a few weeks to settle down but sometimes it may take longer. Routinely, we will prescribe ocular lubricants for you to instil in the operated eye including Viscotears every 2 hours and Zailin ointment at night-time for 1 month. In some cases, we may put a contact lens temporarily in your eye, which we will remove when we see you in clinic 2 weeks after your surgery.

If you are taking any blood thinners or anti-inflammatory medication (such as Ibuprofen or Naproxen), please inform your surgeon. If in doubt, please ask the doctor.

If you are worried or wish to ask any questions about this information, please contact the Oculoplastic nurse practitioner via the hospital switchboard on:
(0161) 276 1234 and ask the operator to bleep 5235 or 5605 Monday–Friday 9.00 am - 5.00 pm or contact staff on Ward 55 via the hospital switchboard on:
(0161) 276 1234, available 24 hours a day.