

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.

Ptosis can be inherited. It could affect one or both eyelids, be 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. 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?

Your ophthalmologist could use blood tests, X-rays and other tests to assess your eyelid muscle strength to determine the cause of the Ptosis and plan the best treatment. 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 infection, bleeding and reduced vision, but these complications occur very infrequently. A temporary inability to fully close the eye after Ptosis surgery is quite common. This occurs because the surgeon deliberately overcorrects the eyelid at the time of surgery, as the eyelid naturally drops in time. This can take approximately 3 months although sometimes it might be longer.

Lubricant drops and ointment can be useful in this situation. It is also important to know that although improvement of the lid height is usually achieved; perfect balance in the height and shape of the two eyelids, and full eyelid movement is sometimes not achieved.

More than one operation is occasionally required.

Unless you have been told otherwise please do not use aspirin or any other medication containing aspirin for at least two weeks prior to the date of surgery. This could include a number of arthritis medications for example: Indomethacin, Ibuprofen. 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 on (0161) 276 5512 (24 hour) every day.

