

# Information for patients

## Entropion and Ectropion surgery

This leaflet gives you information that will help you understand operations performed for the eyelid mal-positions which we call Entropion and Ectropion.

Before you have your operation, you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

### **The condition**

When your eyelid(s) are not in their normal position resting gently against your eye you have an eyelid malposition. If the eyelid is turning inwards you have an entropion. If the eyelid is turning outwards you have an ectropion. Your eye surgeon has suggested that correcting your eyelid malposition may be to your benefit to improve the appearance, comfort and safety of your eye(s).

If the operation is not performed the eyelid malposition may become worse and could result in eye infections and possibly even damage to your eye. Delaying surgery will allow your eyelid malposition to get worse and this may result in surgery being more complicated and less successful.

### **The operation**

The objective of the operation is to restore your eyelid to its normal position and to stabilise it there.

The operation is usually performed under local anaesthetic. With a local anaesthetic you will be awake during the operation. Before the operation, you will be given eye drops followed by an injection of local anaesthetic into your eyelid. The anaesthetic stings but this only lasts about 30 seconds.

During the operation only your face will be exposed, the rest of your body will be covered with drapes. You will be asked to keep your head still but you may talk. You will be aware of bright lights and the operating theatre staff. You may also be aware of some pressure and pulling sensations during the operation. If you feel any discomfort, tell the surgeon who will then give you a little more local anaesthetic.

The operation normally takes 20-30 minutes per eyelid, but may take longer.

A nurse will usually hold your hand to make sure that you are alright.

During the operation the surgeon will make a shallow cut usually at the outer corner of your eye. The surgeon will then tighten your eyelid by shortening it a little bit. It is usual to overdo the shortening in the short-term as the lid will relax as it heals.

### **After the operation**

After the operation is completed your eye will normally be left open. It is normal for the eyelid(s) to feel bruised and a little uncomfortable for a while after surgery and a little bleeding is not uncommon.

You will be given ointment to place in the eye and on the stitches 2 or 3 times a day for 2 weeks. The hospital staff will explain how to use the ointment.

If possible you should apply ice packs [or a pack of frozen peas or sweetcorn] intermittently for the first 24 hours after your operation. It is important that for the first week or two that you do not pull on the eyelid and you should also be careful whilst sleeping.

If you suffer discomfort, take a pain reliever such as paracetamol every 4-6 hours (but not aspirin - this can cause bleeding).

In most cases, healing is complete in about 2-3 weeks. However, you may sometimes be aware of a little lumpiness and tenderness over the bony part of your orbit for upto 6 weeks or so.

### **The most likely outcome of the surgery**

The most likely final outcome of the surgery is that your eyelid will be stable and back in its normal position. However, it is possible that the operation will not work or that the eyelid will heal in the wrong position and that further surgery may be required.

### **Benefits and risks of surgery**

The obvious benefits of the surgery are that your eyelid will be placed back in position with a more normal appearance. The eye should also be more comfortable and you should be at less risk of infections and damage to the surface of your eye.

However, you should be aware that there is a small risk of complications, either during or after the operation.

### **Some possible complications during the operation**

- Bleeding
- Technical failure

### **Some possible complications after the operation**

- Bleeding
- Infection
- Wound breakdown
- Reversal of the malposition – ectropion becomes an entropion and vice versa.
- Bruising of the eye or eyelids (to be expected)
- Allergy to the medication used
- Occasionally further surgery may be required
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Minor complications are not uncommon but in most cases can be treated effectively.

In a small proportion of cases, further surgery may be needed.

Very rarely some complications, e.g. bleeding and severe infection, can result in blindness.

We hope this information is sufficient to help you decide whether to go ahead with surgery. Please use the space below to write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don't worry about asking questions. Our staff will be happy to answer them.

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