

## Information for patients

# Eyelid lowering surgery

This leaflet gives you information that will help you decide whether or not to have eyelid lowering surgery. You might want to discuss it with a relative or carer. Before you have the 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 upper eyelid(s) are abnormally high they are said to be retracted. Your eye surgeon has suggested that eyelid lowering surgery may be of benefit to you to improve the appearance of your eyes or to make your eyes feel more comfortable.

If the operation is not performed the lids will probably remain about the same.

Waiting for a longer period of time for surgery does not usually affect either the type of operation needed nor the outcome of that surgery.

### **The operation**

The purpose of the operation is to lower your eyelids to improve the appearance of your eyes.

An experienced eye surgeon will carry out the operation or may supervise a doctor in training who also performs some operations.

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 upper eyelid. The anaesthetic stings but this only lasts about 30 seconds.

Occasionally operations for eyelid retraction may be performed under general anaesthesia e.g. the very anxious, and when certain surgery is to be performed.

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 eye, but may take longer.

A nurse will hold your hand the whole time to make sure that you are all right.

During the operation the surgeon will make a shallow cut in either the front or the back of your eyelid. The surgeon will then gently define the attachments that connect the muscle that raises your eyelid to the lid itself. These attachments will then be slowly and progressively weakened. In order to set the lid height correctly your help will be needed and you will periodically be asked to open and close your eyes. It is usual to overdo the correction in the short-term as the lid has a variable tendency to rise as it heals. This will be explained later.

### **After the operation**

After the operation is completed your eye might be padded closed for 24 hours - until you see the surgeon again.

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

It is normal for the eyelid(s) to be quite swollen and feel bruised and uncomfortable for a week or two after the surgery and some bleeding is not uncommon.

In most cases, healing is complete in about 3-6 weeks, although the final lid position may change over several months.

Whilst your eye is healing it is advisable to avoid the following activities; strenuous exertion and hot baths. You should also do your best to keep out of dirty environments and please don't rub your eye

When you go home you will be given ointment to place in the eye and on any stitches 2-3 times daily. The hospital staff will explain how to use the ointment. Depending upon the eyelid position you may be asked to use different ointments and to apply traction [stretch] to your eyelid(s) – the timing and method for applying traction this is explained at the end of this leaflet.

The final position of the eyelid is difficult to predict with certainty but in general the lid has a tendency to rise with time. This is why the surgeon normally aims for a small over-correction of the lid height and why eyelid traction to keep the lid low may be necessary as healing occurs.

### **The most likely outcome of eyelid lowering surgery**

The most likely final outcome of the surgery is that your eyelid will have been lowered and will now be in a more normal position. However, due to the sometimes very unpredictable nature of the healing process following surgery, in some cases the likelihood of a poor outcome may be as high as 50% [1 out of 2]. If it looks as though the amount of correction is too little and the lid still a bit high then eyelid traction may be employed to try to prevent the lid rising. However, this does not always work. Sometimes the lid may be a bit low following the operation. If this is the case it is usually best to wait and see what happens as the lid heals. Usually the lid rises up again, however, further surgery may be required.

The operation can also lead to changes in the shape of your eyelids. Usually this is satisfactory but occasionally the lid may be too high or just right in one part of the lid, whilst too low in another. If this is the case it can be corrected but usually means another operation. If you have had thyroid eye disease it is not uncommon for the outer part of the lid to remain a little high.

## **Benefits and risks of eyelid lowering surgery**

The most obvious benefits are that your eyelids will be at a more satisfactory / symmetrical level which should improve the appearance of your eyes and perhaps make them feel more comfortable.

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**

- Numbness of the eyelid – usually transient
- Bleeding
- Infection
- Eye develops dry eye
- Poor outcome [upto 50% 1 in 2] - eyelid too high or too low
- Eye does not open
- Bruising of the eye or eyelids
- Allergy to the medication used
- Occasionally further surgery may be required

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 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.

### **Eyelid Traction**

Eyelid traction describes a simple manoeuvre is designed to stretch or maintain your eyelid position.

Your surgeon will tell you if and when it is appropriate to apply traction to your eyelid following surgery but as a rule of thumb, eyelid traction should be avoided in the first post-operative week.

If after one week your eyelid(s) look to be too high or asymmetrical [when viewed looking straight ahead in a mirror] then eyelid traction can / should be performed **3 -5 times a day** as described below:

1. Close your eyes
2. Firmly grasp your eyelashes between a finger and thumb
3. Without letting go, hold your eyelashes down whilst you open your eyes and look up
4. Maintain traction for 15-30 seconds then release your lashes
5. Repeat 3-5 times a day.