If you have any questions or require advice, please contact the Triage Desk on:-

The Eye Clinic - 01744 646136 / 01744 646137

Monday-Friday 9-5pm OR

Outside these hours or bank holidays: 0151 426 1600
Ask to be put in contact with the on-call Ophthalmologist.

Eye Clinic Liaison Officer

For free information and advice, speak to:

Maria Pikulski

In confidence at The Eye Clinic at St Helens & Knowsley Hospitals

Tel: 01744-646145 or 07872414909

Sanderson Suite

01744 646089

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

/sthknhs @sthk.nhs

www.sthk.nhs.uk

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

Ptosis Surgery Information

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式

此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

Author: Nurse
Department: Sanderson Suite
Document Number: STHK1499
Version: 001
Review Date: 31 / 08 / 2025

Ptosis Surgery

What Is A Ptosis?

A drooping of one or both upper eyelids. It is also referred to as a blepharoptosis.

What Are The Causes Of Ptosis?

A ptosis may be present at birth, (Congenital Ptosis) or be acquired later in life. A congenital ptosis is due to the abnormality of the muscle which lifts the eyelid, (the levator muscle). In this case, the muscle neither contracts nor relaxes normally. An acquired ptosis has many causes which include:

Advancing Age

With time the tendon of the muscle within the eyelid becomes stretched, leading to a droopy upper eyelid.

Neurological Disease

A ptosis can be due to an impairment of the nerve which controls the levator muscle.

Muscle Disease (Myopathy)

Inherent diseases of the muscle, (which may affect the levator muscle and the muscles which move the eye and the face), are rare, and may also cause double vision, e.g. Myasthenia Gravis.

Tomorrow

- The following morning after the procedure, wash your hands and remove the eye-pad.
- Wash your face as normal around the eye and wound which should be kept dry and uncovered.
- Administer prescribed antibiotic drops, ointments and lubricants as prescribed by your surgeon. Always wash your hands before treating the eyes
- Arrange for a friend/relative/carer to collect you from the ward to escort you home, even if you haven't been asleep for the operation.
- Ensure you have a small stock of "over the counter" analgesia, such as Paracetamol **or** Co-Codamol 8/500mg, following the medical advice sheet's instructions regarding dosage and contra-indications with own regular medication.

Your Consultant is_____

Your nurses were_____

Do's and Don'ts

Do not

- Rub your eye.
- Do not touch your stitches, they may be visible, but touching them may cause an infection.
- Undertake anything that constitutes strenuous exercise for 2 weeks.
- Drive and/or operate heavy machinery for 24 hours.
- Drink alcohol and/or take sedative drugs for at least 24 hours.
- Swim for 2 weeks.

Do

- If bleeding occurs, close lid, apply supplied gauze with pressure for five to ten minutes, and if it continues seek medical advice.
- If lid or suture site becomes inflamed, hot and/or pus develops, this may be an infection or a reaction to the preservative in the post-operative drops, seek medical advice.

The following morning after the procedure, wash your hands and remove the eye-pad.

Wash your face as normal around the eye and wound which should be kept dry and uncovered.

What Are The Symptoms Of Ptosis?

Ptosis does not tend to cause symptoms until the lid impairs a patient's visual field, (peripheral vision).

The symptoms tend to be worse when looking up, or when tired.

A compensatory effort is made to raise the eyelids by elevating the brows, and this can in itself lead to an ache over the brows, or a headache.

Is Ptosis A Serious Condition?

A drooping eyelid does not pose a serious threat to the eye.

However, ptosis may rarely be an indication of another underlying disorder, (neurological disease or generalised facial muscular disease), and for this reason all patients with a ptosis should be assessed by a specialist oculoplastic surgeon.

What Is The Treatment For Ptosis?

If ptosis causes significant asymmetry or begins to impinge on the visual field, surgery may be considered.

The appropriate operation, and the degree to which the lids should be lifted, depends upon the underlying cause and the patient's examination findings, in particular, the health and natural lubrication of the front surface of the eye.

In the most common form of ptosis, which is age-related, surgery takes approximately one hour and is typically undertaken as a day-case with local anaesthetic, (with or without sedation).

This operation involves making a fine incision in the lid and advancing the levator muscle within the eyelid with absorbable sutures.

A dressing may be placed for a day, and antibiotic drops, ointment and lubricants prescribed, to reduce the risk of post-operative infection and dryness of the eye.

A review in clinic is arranged for one to two weeks following surgery.

Where the ptosis is associated with poor movement of the eyelid from down gaze to up gaze, more complex surgery may be required using a suspensory material which links the eyelid to the eyebrow.

This is referred to as “Frontalis Suspension” or “Brow Suspension” surgery.

Progress After Surgery

Eyelid swelling (with a slightly low lid) and a degree of bruising is common after surgery. This typically settles within two weeks and can be reduced with cold compresses.

Occasionally, the sensation within the eyelid can be disrupted, with a gradual return to normal sensation over several weeks.

In the event that there is significant over or under correction, further corrective surgery may be required.

A final result following surgery is rarely seen for up to three months.

Risks Of Ptosis Surgery

All operations carry risks. In ptosis surgery the most common ones are under correction or over correction.

These are recorded to occur in up to 20% of all patients, despite a satisfactory appearance during surgery itself.

Of the two, under correction (persistent drooping, or recurrent drooping some weeks after surgery) is the most common.

Over correction is less common, but can be more serious because of the increased risk of dryness of the surface of the eye, and a failure of the eye to close completely when sleeping.

Each of these can be corrected, if necessary, with further surgery, each carrying a risk again of over or under correction.

In patients with congenital ptosis or myopathy, further risks include a persistent inability to completely close the eye whilst sleeping, and a lid which remains relatively high on a down-gaze.

In the latter group, dryness of the ocular surface is a particular risk because the movement of the eye may also be reduced, (the eye tends to “look up” when asleep – a Bell’s phenomenon), and the strength of eye closure may similarly be affected.

Therefore, all patients undergoing ptosis surgery require a review within one to two weeks following surgery, and again a few weeks later.