

Procedure Information Sheet – Ptosis Correction

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Ptosis means drooping of the upper eyelid. Ptosis occurs when the muscles that raise the eyelid (levator and Müller's muscles) are not strong enough to do so properly.
- 1.2. The possible causes include inborn abnormality, normal aging process, injury, neurological or eyelid diseases.
- 1.3. Ptosis operation aims to lift up the affected eyelid(s) to improve vision and/or appearance. It can also decrease the chance of amblyopia (lazy eye) in children.

2. Before the Procedure

- 2.1. Tests may be ordered include blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.2. The surgeon will explain to you the indication of the surgery, the procedure and possible complications, and sign the surgery consent.
- 2.3. If under general anaesthesia, the anaesthetist will perform a preoperative assessment, explaining the anaesthesia method and the associated risks, and sign the anaesthesia consent.
- 2.4. Inform your doctor if you have other systemic disease such as hypertension, stroke, heart disease, diabetes or on regular medication(s) (especially anticoagulation medications like Aspirin or Warfarin), traditional Chinese medicine or health foods.
- 2.5. You are required to fast at least 6 to 8 hours before general anaesthesia.

3. Procedure

- 3.1. The procedure is usually performed under local anaesthesia. General anaesthesia may be required in children and some adult patients.
- 3.2. The surgical repair may be done through an incision in the skin of the upper eyelid or underneath the eyelid depending on the type of operation.
- 3.3. Ptosis correction is usually done by shortening the eyelid lifting muscle (levator or Muller's muscle) to enhance the lifting effect onto the eyelid.
- 3.4. Alternatively, when the eyelid lifting muscle (levator or Muller's muscle) is too weak, a frontalis suspension procedure involving the forehead muscle is performed.
- 3.5. In the frontalis suspension procedure, an artificial material (e.g. silicone rods or other suture material) or an autogenous material (harvested from the patient) is used to connect the eyelid with the forehead muscle such that the eyelid can be elevated.

4. Recovery Phase

- 4.1. The incision of the operated eyelid will be covered with soft dressing.
- 4.2. Sometimes there may be some cotton wool buds left in the upper lid to support the stitches necessary for the operation. They may require removal around one week after operation.
- 4.3. Tearing or mild eye discharge may occur in the first few days after the procedure, you may wipe them (in the lower lid or cheek) with clean soft tissue, cotton wool balls or towel.
- 4.4. Do not rub your eyes.
- 4.5. Apply antibiotic eye ointment or lubricants as prescribed to prevent infection and drying of cornea.
- 4.6. You need to apply an eye pad at night time on the operated eye (after application of eye ointment) to prevent the cornea from drying, discomfort and infection. This may need to be continued for some time after operation.
- 4.7. Do not re-use the eye pad.
- 4.8. Wear buttoned clothes (instead of pullovers) to avoid the clothes coming into contact with the operated eye causing infection.
- 4.9. Leave some light on when you go to toilet at night to avoid falls as you may not be accustomed to the eye pad or blurring after surgery.
- 4.10. Keep the wound clean and dry and avoid eye rubbing.



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- 4.11. Keep soap and water out of eyes while showering or bathing.
- 4.12. Avoid swimming and contact sports for a few weeks until advised by doctor.
- 4.13. It is advisable to refrain from washing your hair for 5 to 7 days after operation to avoid infection.

5. Possible Risks and Complications

- 5.1. In general, the operation is safe but there are still possible risks and complications. Apart from the risk and complications associated with local and general anaesthesia. The following conditions may be seen:
 - 5.1.1. After the operation the eyelid may be swollen with bruises. The conjunctiva may be swollen.
 - 5.1.2. There may be incomplete closure of eyelid requiring lubricant drops and ointment. Eye pad(s) may be required at night time for the protection of the cornea.
 - 5.1.3. In some rare situations, the complete eyelid closure may cause corneal abrasion, ulcer and scarring (exposure keratopathy) and may result in variable degree of visual loss.
 - 5.1.4. Usually, improvement of the lid height can be achieved but the eyelids may not appear perfectly symmetrical.
 - 5.1.5. There may be over or under-correction in the lid height.
 - 5.1.6. The upper eyelid may turn outwards or inwards, the eyelash orientation may be altered such as rotating upward or pointing downward.
 - 5.1.7. The contour of the eyelid margin as well as the lid crease configuration or symmetry may be changed after the operation.
 - 5.1.8. Some patients may have scarring after the operation, lid notching may be observed in some occasion.
 - 5.1.9. The upper lid of the operated eye may fail to follow the eyeball when looking downwards.
 - 5.1.10. Re-operation may be required in some cases.
 - 5.1.11. Extraocular movements may be affected leading to double vision and squint.
 - 5.1.12. Other complications such as bleeding, infection, scarring and blurring of vision may occur occasionally.
 - 5.1.13. The ptosis may recur with time in some occasion.
 - 5.1.14. Rarely, the artificial material used for frontalis suspension may develop extrusion or infection requiring removal.

6. Follow up after surgery

- 6.1. Please follow up as schedule.
- 6.2. If severe pain associated with tearing or blurring is present, you should see your doctor immediately or attend nearby accident and emergency department.

7. Remark

- 7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

8. Reference

- 8.1. Hospital Authority. Smart Patient Website: Ptosis Correction.



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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

