Ptosis surgery

Ptosis surgery is done as an outpatient procedure in your ophthalmologist’s office. A local anesthetics will be used to numb your eye and the area around it.

Sometimes, the surgeon may only need to make a small adjustment to the lid’s lifting muscle. Extra skin from the eyelid also may be removed to help the eyelid lift properly. For more severe ptosis, the levator muscle may need to be strengthened and reattached to the eyelid.

Summary

Ptosis, or a droopy eyelid, can affect both children and adults. This condition can limit vision and affect how you look. It is very important that children with ptosis have regular eye exams with an ophthalmologist early in life. They are at risk for developing poor vision in the eye with the droopy lid. Fortunately, ptosis in children and adults can be treated usually with surgery to improve vision as well as cosmetic appearance.

Before eyelid surgery, be sure to tell your ophthalmologist about all the medicines you take. Include all prescription and over-the-counter medications, vitamins, and supplements. It is important for your eye surgeon to know if you take aspirin (or aspirin-containing drugs) or blood thinners, or if you have a bleeding problem.

As with any type of surgery, there are possible risks and complications with ptosis repair. Your ophthalmologist will discuss these with you.
Ptosis

Ptosis is when the upper eyelid droops over the eye. The eyelid may droop just a little, or so much that it covers the pupil (the black dot at the center of your eye that lets light in). Ptosis can limit or even completely block normal vision.

Children and adults can have ptosis. Fortunately, this condition can be treated to improve vision as well as appearance.

The most obvious sign of ptosis is a drooping eyelid. Another sign is when the upper eyelid creases do not line up evenly with each other. A child with ptosis may tip their head back, lift up their chin, or raise their eyebrows to try to see better. Over time, these movements can cause head and neck problems.

Sometimes, a child born with ptosis can also have other eye-related problems. They can include eye movement issues, eye muscle disease, tumors (on the eyelid or elsewhere) and other problems.

Having ptosis puts a child at risk for vision problems. If the child’s eyelid droops so much that it blocks vision, amblyopia (also called “lazy eye”) can develop. One eye will have better vision than the other. A child with ptosis can also have astigmatism, where he or she sees blurry images. The child may also develop misaligned (crossed) eyes.

Ophthalmologists consider the following factors when deciding the best way to treat ptosis in children:

- The child’s age
- Whether one or both eyelids are involved
- The eyelid height
- The strength of the eyelid’s muscle
- The eye’s movements

In most cases, ophthalmologists recommend surgery to treat ptosis in children. This is to either tighten the levator muscle or attach the eyelid to other muscles that can help lift the eyelid. The goal is to improve vision.

If the child also has amblyopia, that condition must be treated as well. Amblyopia may be treated by wearing an eye patch or special eyeglasses, or using certain eye drops, to strengthen the weaker eye.

Ptosis in adults

Adults get ptosis (called involutional ptosis) when the levator muscle stretches or separates away from their eyelid. This can be caused by aging or an eye injury. Sometimes ptosis happens as a side effect after certain eye surgery. Rarely, diseases or tumors can affect the eyelid muscle, causing ptosis.

Your ophthalmologist will find the cause of your ptosis in order to recommend treatment. He or she will do a complete eye exam, and may also want you to have blood tests, X-rays, or other tests. The ophthalmologist will likely recommend surgery to help the eyelid muscle work better.