



OCULOPLASTICS



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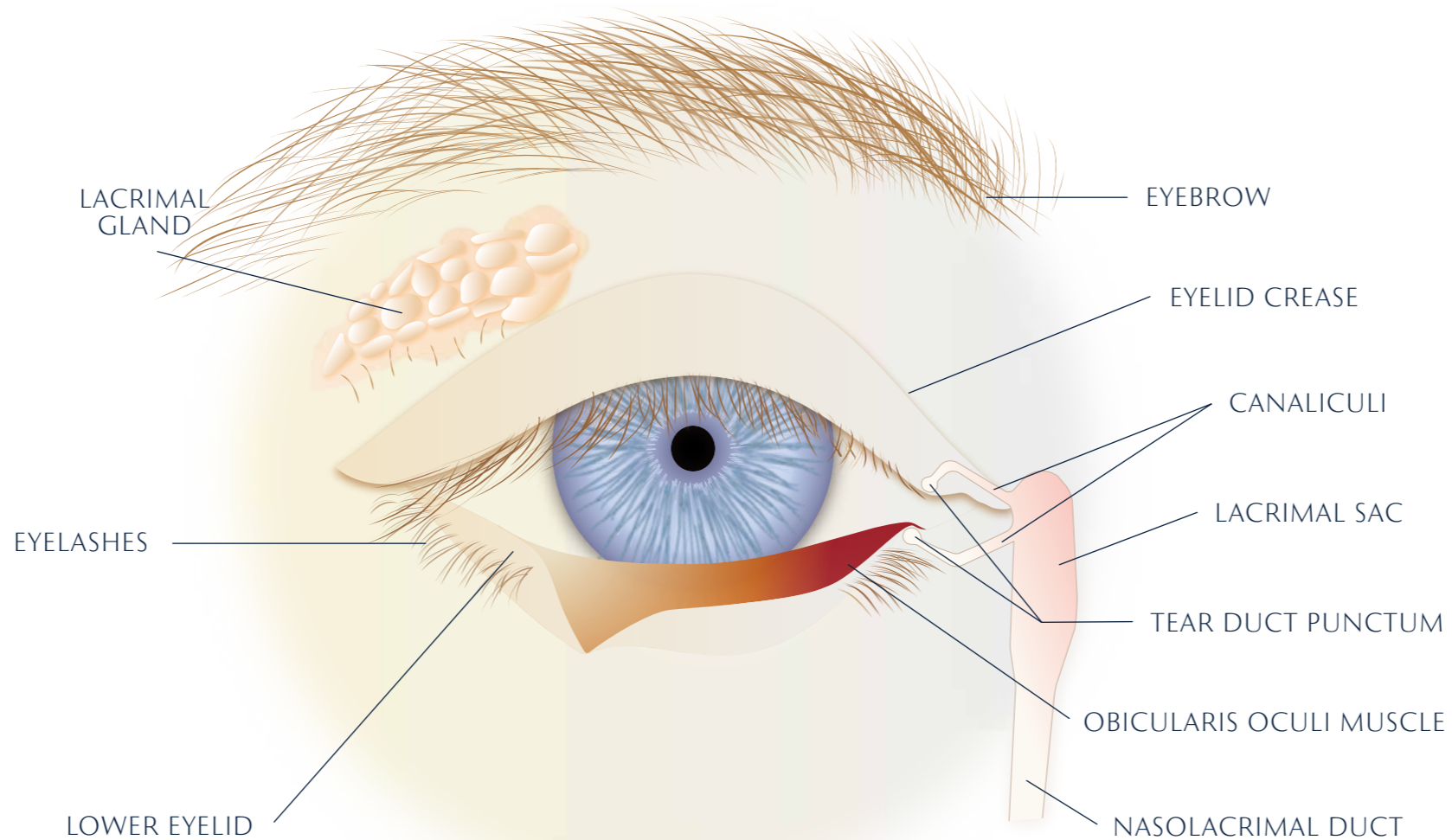
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EYELID ANATOMY

It is important to know a little bit about the anatomy of the eyelids and how they function, as well as the surrounding tissues which together support the function of the eye.



The role of the eyelids is to provide protection and lubrication to the surface of the eye.

In simple terms, the eyelids can be divided into two layers. The front (anterior) layer is made up of skin and muscle, and the back (posterior) layer is made up of tarsal plate (including meibomian glands) and conjunctiva (the wet mucosa membrane that coats the inside of the eyelids and the surface of the eye).

The eyelid position can alter if some of those layers and surrounding structures weaken or loosen as we get older.

Changes in the skin of the eyelid – either stretching or tightening – can also influence the eyelid position and appearance.

Changes in the orbital septum can allow the fat pads in the orbit to bulge forward, causing swellings in the upper and lower eyelids.

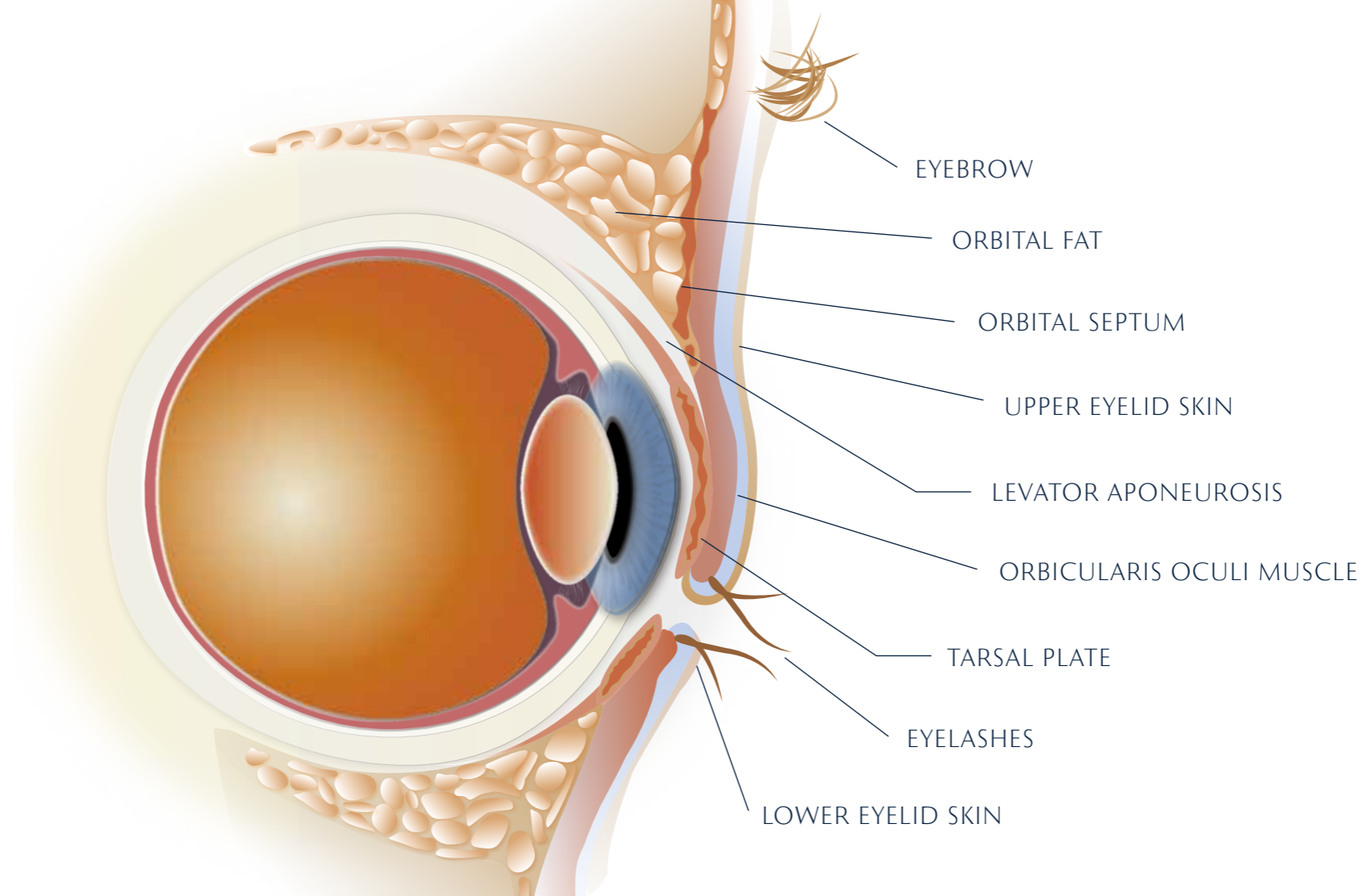
The surface of the eye is lubricated by the tear film. The tear film is made up of three layers: a mucous layer that sits on the surface of the eye, an aqueous layer produced by the lacrimal gland, and a lipid layer produced by the meibomian glands of the upper and lower tarsal plates within the lids.

The tarsal plates also provide rigidity and a hard protective layer within the eyelids.

The opening and closing of the eyelids is controlled by the orbicularis oculi muscle that contracts to close the eyelids, and the levator muscle and its tendon that lift and open the upper eyelid.

This constant opening and closing of the eyelid (blinking), spreads fresh tears over the surface of the eye and also allows the tear drainage channels to pump the tears away from the eye and down the tear duct into the nose.

Problems with the function of the eyelids or blockages into the tear drainage channels can be some of the causes of a watery eye.



what is oculoplastics?

Oculoplastics is the specialist part of eye care that deals with all the structures around the eye, including the eyelids, tear ducts and orbit (the eye socket).

02.



A number of problems can affect the structures around the eye, including conditions such as ptosis, entropion, and ectropion.

Indeed, many of these issues are becoming much more common as the general population ages. Oculoplastic surgeons receive dedicated training in a wide range of procedures within this specialist area, from simple eyelid malpositions to more complex reconstruction involving the eyelids, forehead, temporal and cheek areas.

They are experts at understanding the delicate anatomy and function of the eyelids and their surrounding structures. Oculoplastic surgery can be used for either functional (i.e. medical) problems or cosmetic improvements – and in some cases both.

03.

AREAS OF oculoplastics

- Ptosis
- Entropion
- Benign eyelid lumps
- Blepharoplasty
- Ectropion
- Watery eye
- Facial palsy



UNDERSTANDING PTOSIS

An eyelid ptosis is a drooping of the upper eyelid. It can affect both eyes, or only one of the eyes. There are a number of different reasons why you might develop ptosis, and we will aim to identify this at your initial assessment. Not all ptosis cases require surgery, and sometimes other investigations may be needed. The most common cause of ptosis, however, is age-related stretching of the tendon that lifts the eyelid. This can also happen in younger patients who have worn contact lenses for a long time.

WHY WOULD I NEED AN UPPER LID PTOSIS REPAIR?

We would consider the procedure for either functional reasons, (for example if the ptosis is affecting your vision), or cosmetic reasons, although it is important to remember that not all cases of ptosis require surgery.

HOW DOES AN EYELID PTOSIS REPAIR WORK?

The surgery is best performed as a day case under local anaesthetic, although in rare cases it can be performed under a general anaesthetic or sedation. The most common technique used to correct a ptosis is with an incision to the front surface of the eyelid (sometimes the incision can be made on the inside of the eyelid instead). After making the incision, we locate the stretched part of the tendon and return it carefully to its original position. We then check the height and profile of the eyelid position and make adjustments if needed. Once we are happy with the height and profile of the eyelid, the wound is closed. The sutures are removed after one to two weeks. The wound runs inside the natural skin crease of the eyelid and often heals with minimal scarring. The upper lid can remain swollen for a few weeks and the final result is not visible until at least two months after surgery. For more details on your recovery journey, please see our post-operative advice page.



WHAT ARE THE RISKS OF EYELID PTOSIS SURGERY?

As with any form of surgery, there are potential risks involved in ptosis surgery, although serious complications are very rare. The risks include:

- **Infection.** This is very rare around the eyelids.
- **Bruising and swelling.** This is very common after eyelid surgery but usually settles after a week.
- **Scarring.** The scar from ptosis surgery forms along the natural skin crease of the eyelid and heals very well.
- **Under- or over-correction.** The degree of 'lift' required to correct the ptosis is carefully judged, and performing the surgery under local anaesthetic helps with this, but sometimes further surgery is needed.
- **Asymmetry.** A subtle difference from one side of your face to the other can occur following surgery but it is rarely an issue, and we all naturally have a small amount of facial asymmetry. If the asymmetry is an issue post operatively, further adjustments can be made.
- **Dry eye.** Occasionally surgery to the upper eyelids can worsen dry eye symptoms, but this is often transient. A carefully preoperative assessment of the ocular surface will be made to reduce this risk and manage any dry eye issues prior to performing surgery.
- **Reduced vision.** Any operation performed on the eyelids could potentially cause damage to your eyesight. Fortunately the risk of this happening is extremely low.

what is blepharoplasty?

A blepharoplasty is an operation to remove the excess skin and/or fat from either the upper or lower eyelids, or both.



An upper lid blepharoplasty can be undertaken for either functional or cosmetic reasons. If the excess skin on your eyelids is beginning to block part of your peripheral vision, removing that skin can make a considerable difference to your quality of vision and your visual field. If you're considering the surgery for cosmetic reasons, it can be very effective in recreating a youthful look for the eyelids. This is more common as we get older. A lower lid blepharoplasty is usually considered for cosmetic reasons. In the lower eyelids, stretching and changes in the lower lid tissues causes 'eye bags' which often creates dark shadows under the eyelids. Lower lid blepharoplasty can help to improve the tired look that can develop with age. The surgery can also help to tighten the skin in the lower lids.

WHAT HAPPENS DURING SURGERY?

The surgery can be carried out under local or general anaesthetic, or with sedation. We start by making a careful assessment of the amount of excess skin on your eyelids. If lower lid surgery is planned, a careful assessment is made of the location and distribution of the fat pads under the eyes, and we mark any excess skin. In the upper lids, an incision is made in the skin crease and another slightly above this.

At this stage, we can then remove any fat that might need to be reduced. The incision is then closed with a line of sutures. In the lower eyelids, incisions can be made either in the skin just below the eyelashes or, if only fat is being removed, on the inside of the eyelid. The prolapsed fat (tissue that has slipped downwards) is then either removed or repositioned. Any excess skin is carefully removed. The sutures are removed after one to two weeks. The eyelids will remain swollen for a few weeks and the final result is not visible until at least two months after surgery. For more details, please see our post-operative advice page.



WHAT ARE THE RISKS OF BLEPHAROPLASTY SURGERY?

As with any form of surgery, there are potential risks involved in blepharoplasty, although serious complications are very rare. The risks include:

- **Infection.** This is very rare around the eyelids.
- **Bruising and swelling.** This is very common after eyelid surgery but usually settles after a week.
- **Scarring.** The scar from blepharoplasty forms along the natural skin crease of the eyelid and heals very well.
- **Under- or over-correction.** Although we measure the amount of skin removed very carefully, sometimes further surgery is needed.
- **Asymmetry.** A subtle difference from one side of your face to the other can

occur following surgery, but it is rarely an issue, and we all naturally have a small amount of facial asymmetry. If the asymmetry is an issue post operatively, further adjustments can be made.

- **Dry eye.** Occasionally surgery to the upper eyelids can worsen dry eye symptoms, but this is often transient. A carefully preoperative assessment of the ocular surface will be made to reduce this risk and manage any dry eye issues prior to performing surgery.
- **Double vision.** Very rarely the delicate muscles that move the eye and are close to the lower lid fat pads can be affected. This could cause double vision, but it would only last a short period of time.
- **Reduced vision.** Any operation performed on the eyelids could in theory cause damage to your eyesight. Fortunately this is extremely rare.

UNDERSTANDING ENTROPION

WHAT IS AN EYELID ENTROPION?

An eyelid entropion is a condition where the eyelid turns inwards, causing the eyelashes to rub against the eye. It most commonly affects the lower eyelids, but can sometimes affect the upper eyelids too. It causes pain, redness and watering.

WHAT CAUSES AN EYELID ENTROPION?

An eyelid entropion can occur for a variety of different reasons and we will identify the cause and make a plan to correct it. The most common cause is age-related stretching of the eyelid tissues which makes the eyelid turn inwards. In these cases, surgery is often very successful.



HOW DOES A LOWER LID ENTROPION CORRECTION WORK?

The surgery is usually performed under local anaesthetic, although it can also be carried out under a general anaesthetic if requested. After an injection of local anaesthetic, we make an incision just under the eyelashes of the lower lid. This allows us access to the stretched tissues in the lower lid which can then be gently repositioned before tightening the eyelid and closing the wound. The sutures are removed after one week. The eyelid may remain swollen for a few weeks, but the effect of the correction is immediately apparent. For more detailed information on your recovery, please see our post-operative advice.

WHAT ARE THE RISKS OF ENTROPION SURGERY?

As with any form of surgery, there are potential risks involved in entropion surgery, although serious complications are very rare. The risks include:

- **Infection.** This is very rare around the eyelids.
- **Bruising and swelling.** This is very common after eyelid surgery but usually settles after a week.
- **Scarring.** The scar forms along the natural skin crease of the eyelid and heals very well.
- **Under- or over-correction.** The final position of the eyelid is carefully measured during surgery, but occasionally the position after the lid has healed may not be quite right.

If this happens, further surgery is sometimes required to readjust the eyelid position.

- **Reduced vision.** Any operation performed on the eyelids could potentially cause damage to your eyesight. Fortunately, the risk of this happening is extremely low.



WHAT IS A LOWER LID ECTROPION?

A lower lid ectropion is a condition where the lower eyelid turns outwards and away from the surface of the eye. It's not usually painful, but it can make the eye look red and is often associated with watery eye. Patients with an ectropion also find that the eye can be slightly sticky when they wake up in the morning.

WHAT CAUSES A LOWER LID ECTROPION?

A lower lid ectropion can occur for a variety of reasons, and we can identify this during your consultation and make a plan to correct it. The most common cause is age-related stretching of the eyelid tissues, which leads the eyelid to turn outward. Corrective surgery in this situation is often very successful. In some cases, the skin

of the eyelids becomes too tight, which can pull the eyelid away from the surface of the eye. If this happens to be the case, it will need to be corrected at the time of surgery. We will discuss the details of the potential surgery with you once we have completed our initial assessment.

HOW DOES A LOWER LID ECTROPION CORRECTION WORK?

The surgery is usually performed under local anaesthetic, although it can also be carried out under a general anaesthetic if requested. If the problem is bilateral (i.e. in both eyes), both eyelids can be fixed at the same time. After an injection of local anaesthetic, we make an incision either on the inside of the eyelid and/or the outer corner of the eyelid. This allows us to gently reposition the stretched tissues before closing the wound. Your sutures will be removed a week after surgery, and the lower lid may remain swollen for a few weeks. For more details about your recovery after the procedure, please see our post-operative advice.

WHAT ARE THE RISKS OF ECTROPION SURGERY?

As with any form of surgery, there are potential risks involved in ectropion surgery, although serious complications are very rare. The risks include:

- **Infection.** This is very rare around the eyelids.
- **Bruising and swelling.** This is very common after eyelid surgery but usually settles after a week.
- **Scarring.** The scar forms along the natural skin crease of the eyelid and heals very well.
- **Under- or over-correction.** The final position of the eyelid is carefully measured during surgery, but occasionally the final position after the lid has healed may not be quite right. If this happens, further surgery is sometimes required to readjust the eyelid position.
- **Reduced vision.** Any operation performed on the eyelids could potentially cause damage to your eyesight. Fortunately, the risk of this happening is extremely low.



UNDERSTANDING EYELID LUMPS

WHAT ARE EYELID 'LUMPS AND BUMPS' AND WHAT CAUSES THEM?

Lumps and swellings in and around the eyelid can happen for many different reasons. Most are benign, although some can be related to a more serious condition, such as certain types of skin cancer.

The most common eyelid lump we see is something called a chalazion.

This condition occurs when one of the small, oil-producing glands in the eyelid becomes blocked and inflamed.

After an assessment and examination, we will be able to give you a good idea of what the lump is likely to be, and will discuss the next steps for treatment.

To remove any doubt, we will arrange a biopsy which can be done under local anaesthetic and involves removing either all or part of the lump and sending it to a pathologist for diagnosis. If lumps and bumps are found to be benign, they do not necessarily need to be removed.

On the other hand, if you find that they're causing you problems or irritation, or if you feel that they are unsightly, we can easily arrange for them to be removed as a cosmetic procedure.

HOW WILL YOU REMOVE A LUMP OR BUMP FROM MY EYELID?

We usually perform the surgery under local anaesthetic, often in the treatment room at the clinic. After an injection of local anaesthetic, we carefully remove the lump with a small blade or very fine scissors. We will then send the removed material to the pathologist if necessary. The area on the eyelid where the lump has been removed doesn't usually need any sutures, and will generally heal well on its own. We will often give you a protective pad to cover your eye until the next day, after which you can remove the pad. We will also supply you with some antibiotic ointment which you'll need to apply to the wound for one to two weeks.

Once we have received the results of the biopsy, we can arrange a follow-up by telephone, letter, or in person at the clinic, depending on your preference.

WHAT ARE THE RISKS OF REMOVING AN EYELID LUMP OR BUMP?

As with any form of surgery, there are potential risks involved in lump and bump removal, although serious complications are very rare. The risks include:

- **Infection.** This is very rare around the eyelids.
- **Bruising and swelling.** This is very common after eyelid surgery but usually settles after a week.
- **Scarring.** The eyelids heal very well and often without any noticeable scar.
- **Recurrence of the lump.** If the entire lump or bump is successfully removed, the chance of it recurring is very low, but sometimes they can



come back and further surgery may be required.

- **Further surgery.** This is rare because most lesions are fully removed during the first operation.

Depending on the results of the biopsy, however, it's possible that you may need further surgery – for example, if the biopsy confirmed that the lump was a skin cancer, in which case a wider excision margin may be required.

- **Watery eye.** Sometimes lumps can form close to the tear ducts, in the inner corner of the eye, which can potentially cause the tear ducts to be damaged when the lump is removed.

While tear duct damage of this sort can be repaired, it can occasionally lead to a watery eye.

UNDERSTANDING WATERY EYES

WHAT IS A WATERY EYE AND WHAT CAUSES IT?

Watery eye happens either because of increased tear production, or due to a problem with the way that tears drain from the eye. The condition can cause quite a lot of distress to patients. When you come in for an appointment, we will assess the watering and help you establish an appropriate management plan.



HOW DO YOU TREAT A WATERY EYE?

Once we've identified the cause of the watering (and there may potentially be more than one cause), we can create a plan to help you manage it. These focus either on correcting the eyelid position (for example with an ectropion), or improving the drainage of tears through the tear drainage ducts.

Surgery to improve the drainage can be a minor operation on the opening of the tear duct, or more involved surgery to bypass a blockage further down the tear duct. See overleaf for more detail on DCR surgery. At your assessment, we will explain where we think the blockage is and what we can do to improve your symptoms. As part of this assessment, we may need to syringe your tear ducts. See overleaf for more detail on tear duct syringing.

WHAT IS TEAR DUCT SYRINGING?

As part of the detailed assessment of patients with a watery eye, it is often necessary to try to syringe the tear ducts to find out if there is a blockage. The tear ducts drain tears from the inner corner of the eyelids, through very small passages, into the inside of your nose. In some cases, the cause of a watery eye can be a blockage in these fine passages.

Syringing the tear ducts involves passing a very fine metal tube into the opening of the tear duct on the eyelid, and then gently syringing saline down the passages. If the tear ducts are not blocked, you will often be able to taste this saline in your nose or at the back of your throat. If the ducts are blocked, you will not be able to taste it. It's not a painful procedure and only takes a few minutes to perform. There is sometimes an additional cost associated with this procedure, but our team will provide you with full details prior to the appointment.



WHAT IS DCR SURGERY?

If we find that you have a blocked tear duct, it may be necessary to consider a bypass operation called a dacryocystorhinostomy or DCR. In this procedure, the blocked tear duct is opened into the nose in a higher position.

This can be done either externally (through a skin incision on the side of the nose, close to the eye), or endoscopically (using a special endoscope instrument inside the nose).

There are different benefits and risks associated with each option, and we will discuss these with you during your clinic appointment, before deciding on the best treatment plan for you.

WHAT IS A FACIAL PALSY?

A facial palsy is what happens when the nerves around the eyes or face become damaged, leading to muscle weakness. The facial nerve controls the muscles that move your face. Around the eye, these muscles are important for blinking and closing the eyes. As a result, when facial palsy occurs, the surface of the eye becomes exposed and can subsequently dry out. There are many reasons why the facial nerve function might be affected in this way, so we will need to investigate this with you before we can determine the right course of treatment.

HOW DO YOU TREAT A FACIAL PALSY?

In the first instance – while we're investigating the cause of the facial palsy – there are several simple things we can do to help protect the surface of the eye. Lubricant drops and gels are the best thing to use initially, and may need to be applied to the



eye as often as once every hour. We may also recommend a specially designed eye shield which can be worn at night or during the day to create a moist chamber around the eye. Products that can help protect your eye can be found on the following websites:

Eco Goggles (dryeyeshop.com)

Bubble Bandages (dryeyeshop.com)

Moisture Chamber Glasses (eyewear-accessories.co.uk)

Facial palsies can improve naturally over time. However if it looks as though this is unlikely to happen, and if the eye is continuing to dry out, there are several procedures that can be used to improve the function of the eyelids. This may include surgery to help the eye close more easily, such as by placing a weight in the upper eyelid, or surgery to lift the lower eyelid if it is drooping significantly (see ectropion correction). We can explore all of these options with you in detail at your appointment. The Facial Palsy UK website is also an excellent source of information and can be found at the following link:
www.facialpalsy.org.uk



04.

BEFORE
Surgery

GENERAL ADVICE ABOUT EYELID SURGERY

Most of our eyelid operations are performed under a local anaesthetic. Before surgery, you'll receive a small injection just under the surface of the eyelid to make it go numb.

It's a bit like the injection you might have at the dentist. If you work, we usually recommend that you take at least a week off after your operation. It's sometimes necessary to take two weeks off, but we can advise what would be best for you prior to your surgery.

PREPARING FOR YOUR OPERATION

Prior to surgery, a member of staff will welcome you and perform some routine checks before they take you to the operating theatre. In theatre, the team will help you into a reclining seat. This allows you to lie in a fairly flat position. (Don't worry if you can't lie completely flat: we can help you get into a position that feels comfortable for you.) The surgical team will introduce themselves and make a few final checks. We may make some marks on the skin of your eyelids with a soft pen. After that, we'll administer the local anaesthetic. This can sting for a few

seconds, but the sting very quickly disappears. After that your eyelid will be numb. You may still feel some soft touches and pressure, but it won't be sharp or painful. The team will then clean part or all of your face with an antiseptic solution and wrap your head with a drape. The drape rests under your chin and doesn't cover your face.

DURING THE OPERATION

Most unilateral (single eye) procedures take about 30mins. Bilateral (both eyes) cases can take 45-60mins. During surgery we may ask you to open your eyes or look in certain directions at various points. However, for most of the operation, you'll be able to lie back, close your eyes and relax. You won't be able to see what's going on because the procedure takes place very close to your face. If you feel that the operating lights are too bright, we can cover your other eye with a soft cloth.

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AFTER SURGERY

AFTER THE OPERATION

When surgery is complete, the team will clean your face. In some cases we may apply an eye pad to your eye. If this happens, it will stay in place for between 24 and 48 hours. In most cases, however, you won't need a pad. After surgery, we often advise our patients to apply an ice pack for 20 minutes. This may be done while you are still in theatre or as soon as you get back to the recovery room and will help to minimise any post-operative bruising. After surgery, the nursing staff will also give you information about how best to manage your eyes once you leave the hospital. After they've given you a final check, you'll be able to go home.



REVIEWING YOUR PROGRESS

We see all our patients one to two weeks after surgery to review how things are healing and to remove any sutures. We'll see you again for a final assessment after about two to three months.

MANAGING YOUR RECOVERY AFTER EYELID SURGERY

Once surgery is complete, the local anaesthetic begins to wear off after about an hour. Most patients don't experience much post-operative pain, but if you do feel any discomfort, it's fine to take some paracetamol (as long as you don't have an allergy to this medication). Eyelids have a very good blood supply. This is helpful because it means they heal very quickly, although it does mean they can get quite bruised and swollen after surgery too. Every patient will respond to the surgery and heal in different ways and at different speeds, but as a rule of thumb, we advise patients that during the first week after eyelid surgery there will be swelling and bruising, and that this will be visible to other people.

During the second week, the bruising and swelling begins to settle, and it becomes less easy to tell that surgery has taken place. Any scars are designed to blend into the normal creases of the skin around your eyelids.

After surgery, there are some simple things you can do to help your recovery and reduce the chances of swelling and bruising.

- **Apply ice packs.** Using ice and gentle pressure on the eyelids after surgery can help to reduce the swelling. The simplest way to do this is with a bag of frozen peas wrapped in a tea towel. You can press this onto your closed eyelids for 20 minutes. This can be repeated at regular intervals, ideally five to six times a day for the first three days.
- **Keep your head elevated.** Eyelid swelling is affected by gravity, so keeping your head above the rest of your body during the first few days can help reduce swelling.



Try sleeping with a few extra pillows, or put a few books under the head of your bed. This will keep your head a little higher when you're asleep, and reduce any extra swelling you may get overnight.

- **Keep strenuous activity to a minimum for two weeks.** It's important to give your body time to heal and recover, so we always recommend avoiding any strenuous activity for at least two weeks following your surgery.

Light exercise such as walking is fine, but you should avoid anything that raises your heart rate too much, or that involves putting your head below your body. You should also avoid swimming for two weeks. You can wash your face and take showers, but we recommend that you try to avoid getting the eyelid too wet.

SMOKING AND RECOVERY TIMES

Smoking is known to affect the healing process and we always advise our patients to stop smoking for at least two weeks before their eyelid operation.



ADVICE AFTER YOUR SURGERY

If you experience any deterioration in your vision, increasing discharge from the eye, continual aching or worsening pain, please contact us immediately.

0238 2000 200

During out-of-office hours, please contact the hospital where the surgical procedure was conducted.

SAPPHIRE EYE CARE

1 Sleepy Hollow, Ampfield Hill
Romsey, Hampshire SO51 9AW

WWW.SAPPHIRE-EYECARE.CO.UK