

Postoperative Period

The aim of the surgery is to have equal lid height in both the eyes. However, undercorrection or over correction may occur occasionally and this can be rectified. During the initial postoperative period the person may not be able to close the eye completely, but this gets rectified in few weeks. In addition, when the patient looks down, the white of the eye (sclera) becomes visible above the cornea (the central round dark part of the eye). The patient has to learn to move his head rather than his eye downward to avoid this.



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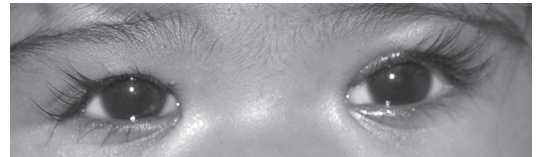
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Ptosis Upper Eyelid Drooping



Ptosis

Ptosis is the term used for drooping of the upper eyelids. It is of two types, namely congenital ptosis and acquired ptosis. Congenital ptosis is more common than acquired ptosis. Ptosis may involve one or both the eyes and ranges from mild to severe. In case of mild ptosis, the eye has an undesirable appearance but is functionally normal. Whereas, in severe ptosis the drooping upper lid covers the pupil and visual axis of the eye; so the patient has to lift his/her chin to see properly.

Congenital Ptosis

Present at birth, the reason for congenital ptosis is the poor development of the eyelid lifting muscle called the levator muscle. A child may have only ptosis or may have other associated eye abnormalities like eye movement disorders, refractive disorders and neurological disorders as well.

Acquired Ptosis

Acquired ptosis may occur at any time after birth, but more commonly in old age. The usual cause for this is, weakening of the eyelid lifting muscle, the levator. Weakening of the levator muscle and the resultant droop of upper eyelid may occur due to factors like old age, injury, surgery, muscular disease and neurological disease.

Symptoms

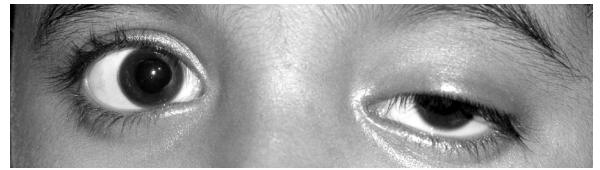
- Drooping of the upper eyelid in both the eyes which may be mild or severe so as to cover the cornea.
- Poor vision due to associated refractive errors.
- Undesirable facial appearance due to drooping of the upper eyelid.
- Elevated chin in cases of severe ptosis.

- Stiff neck due to constant chin elevation.
- Tired appearance of the eyes.

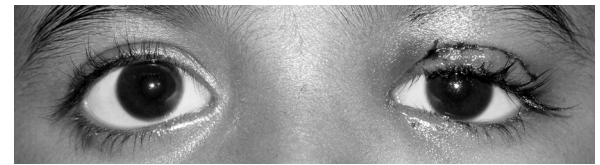
Treatment

Ptosis gives an undesirable facial appearance. Normal vision is affected in severe ptosis which finally hinders the normal activities of the person. Even in cases of mild ptosis, treatment is necessary in order to give the person full opportunity to lead a normal life. A child having ptosis has a psychological handicap in relation to other normal children. Hence, ptosis should be treated as early as possible, otherwise it may lead to abnormal head positions and / or decreased vision. Treatment provides a desirable facial appearance as well as normal vision.

Surgery



Before Surgery



After Surgery

The treatment is surgery. It usually involves one of the following procedures. Strengthening the eyelid lifting muscle, the levator, or a mechanical lifting-up of the eyelid with the help of a thread like material called sling. Levator surgery is done in cases of mild or moderate ptosis and sling surgery is done in cases of severe ptosis. The levator muscle is strengthened by surgery so as to allow it to lift the eyelid normally. The surgery for ptosis is quite safe and effective.