

PTOSIS OF THE UPPER EYELID

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CAUSES AND SYMPTOMS

Multiple causes including central nervous system disease, however, the vast majority due to inheritance

The tendon holding the upper lid thins, allowing the lid to gradually descend over the pupil

Distinct from upper lid skin excess and not caused by the weight of the excess skin-see next slide

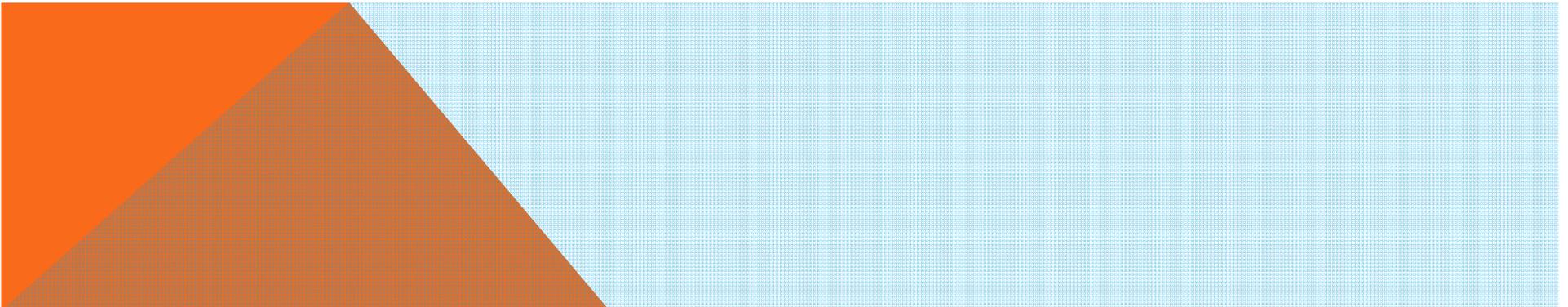
Symptoms:

Loss of place when reading

Fixation may be lost when pupil is covered by the lid, allowing the eye to move **outward**, eyebrow elevation reflexively occurs relieving the obstruction, eye moves back on target and this why **place** on the page **is lost**

Difficulty reading, driving especially at night or when tired

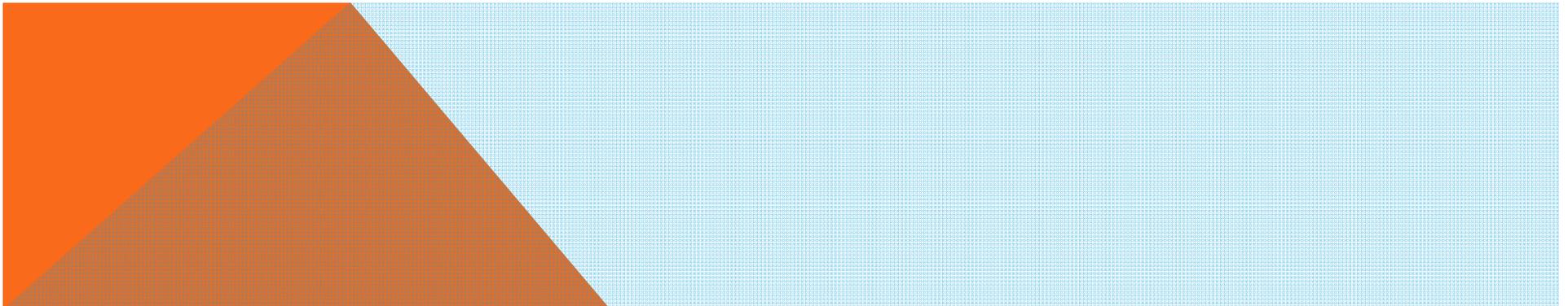
Objects (such as television and monitors) appear dim but improve when the lid (s) is/are lifted manually



EYELID SKIN OBSTRUCTING VISION



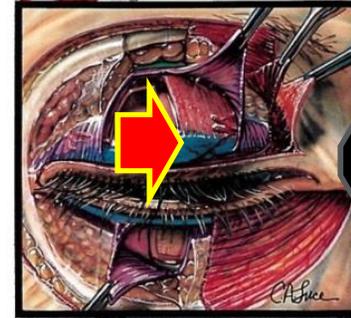
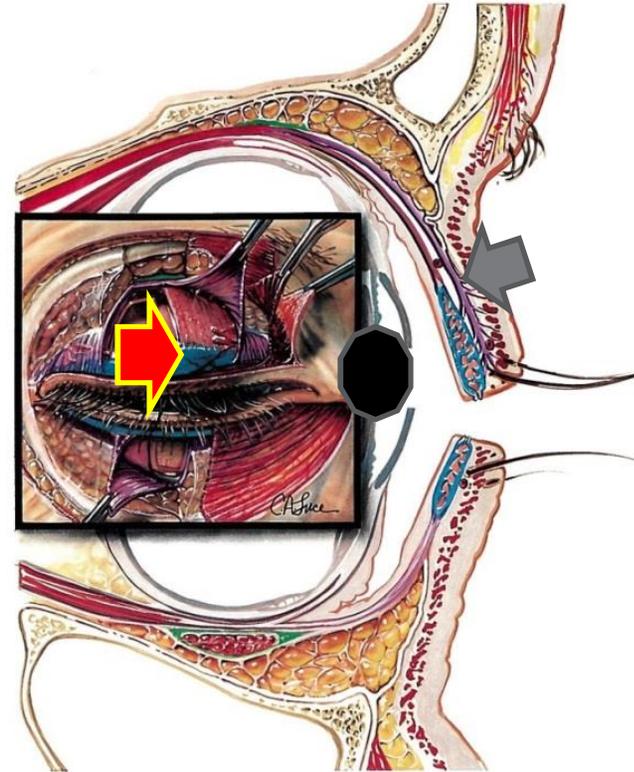
This patient was complaining of visual obstruction that improved when the lid was lifted. It is obvious that the skin on the upper lid is blocking the eye and with skin taping, the **eyelid** position is seen to be normal. Thus, excess upper lid skin does not produce ptosis. It may, of course, coexist with ptosis.



ANATOMY OF PTOSIS

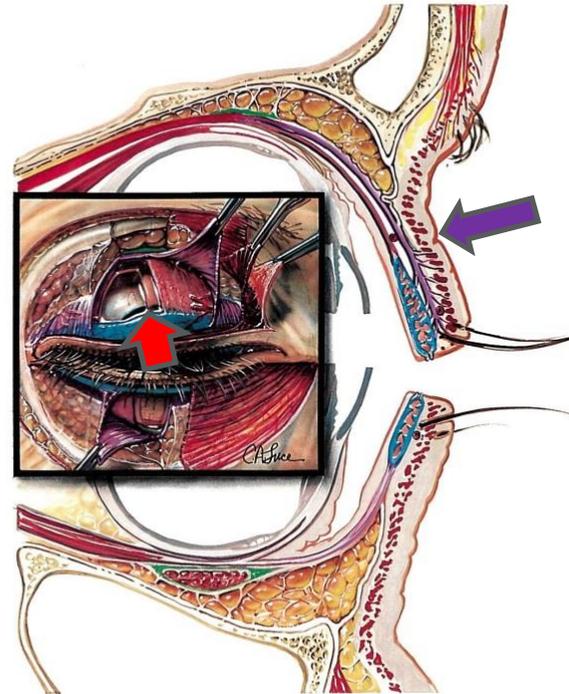
The tendon of the levator muscle in the internal eyelid (purple) is indicated by the grey arrow; this is where most thinning occurs

As the tendon thins it loses its hold on the tarsal plate (red arrow), allowing the eyelid to drift downward over the pupil (black circle). The eyelid now blocks some of the light entering the eye and compromises vision



SURGICAL REPAIR IS REQUIRED TO CORRECT PTOSIS

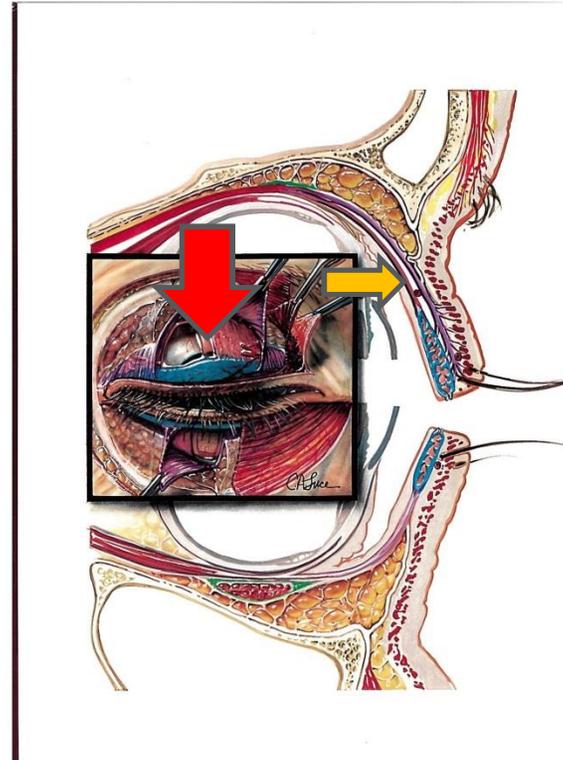
Two commonly used methods of surgical repair are: 1. **Aponeurotic Repair**-repairs the levator tendon through a skin incision in the crease of the upper eyelid (**purple arrow**) -three stitches used to reattach the tendon to the tarsal plate (**red arrow**)-these stitches are adjustable on the first postoperative day in the office (a **mandatory visit**); **all stitches used in repair of ptosis are dissolvable**



SURGICAL CORRECTION OF PTOSIS

2. **Mullerectomy**-performed via an incision under the lid in the conjunctiva (**orange arrow**) that allows Mueller's muscle (**red arrow**) to be shortened-sutures may also be adjusted in this technique. There is no skin incision with this method.

Which procedure is chosen is based upon the results of your examination



SURGERY

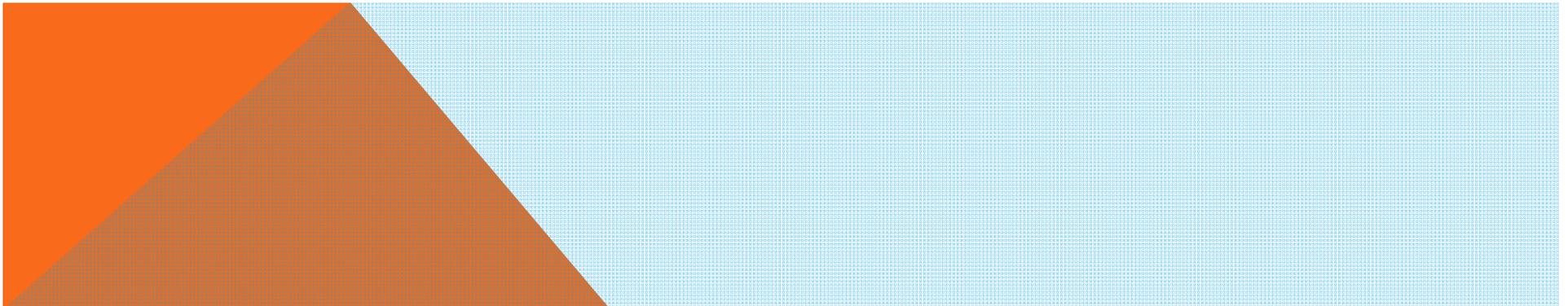
Performed under light
general anesthesia

Requires about 20
minutes per eyelid

Pain is minimal to none

Outpatient – usually
requires about 4
hours to be spent at
the outpatient facility

Lubricating ointment
is used in the eye (s)
hourly immediately
after surgery-
preservative free
drops and/or ointment
will be used
thereafter-the
frequency will be
determined at the first
postoperative visit

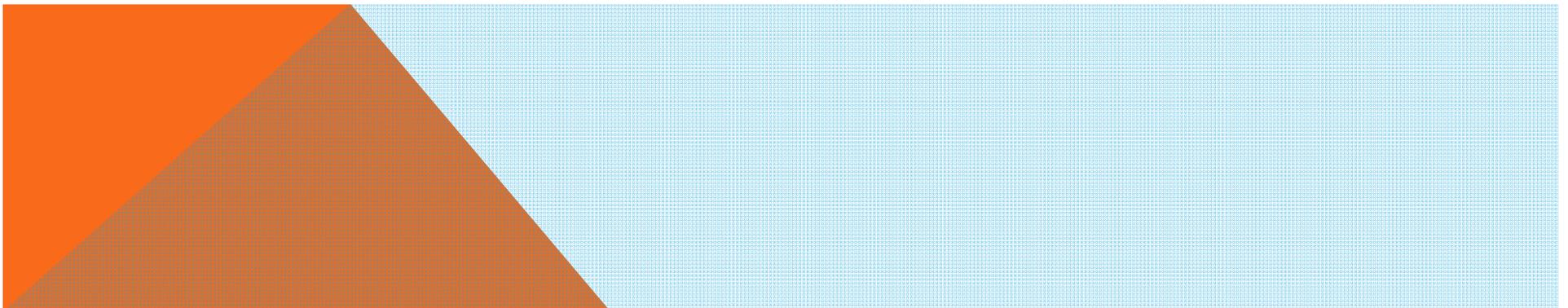


RESULTS AND COMPLICATIONS

Elevating the lid to improve vision is successful in 99% of cases- we perform about 250 ptosis repairs yearly

When both lids are raised the levels match well in about 95% of cases-depending on their degree of symmetry preoperatively

There is, thus, a chance that the lids may not match perfectly and, in some cases, a second operation may be required to improve symmetry if adjustment in the office is not sufficient.



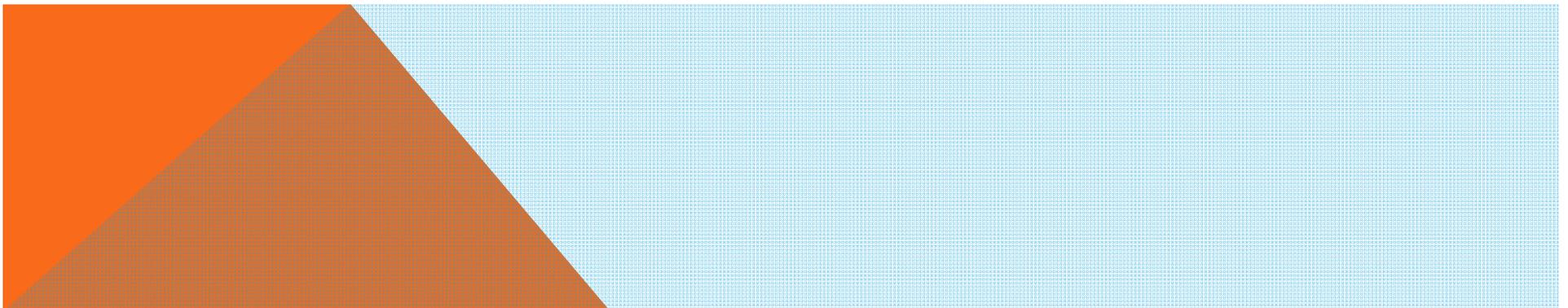
RESULTS AND COMPLICATIONS

Infections and allergic reaction to suture material are common to all surgical procedures but are rare following ptosis repair- preoperative antibiotics are used

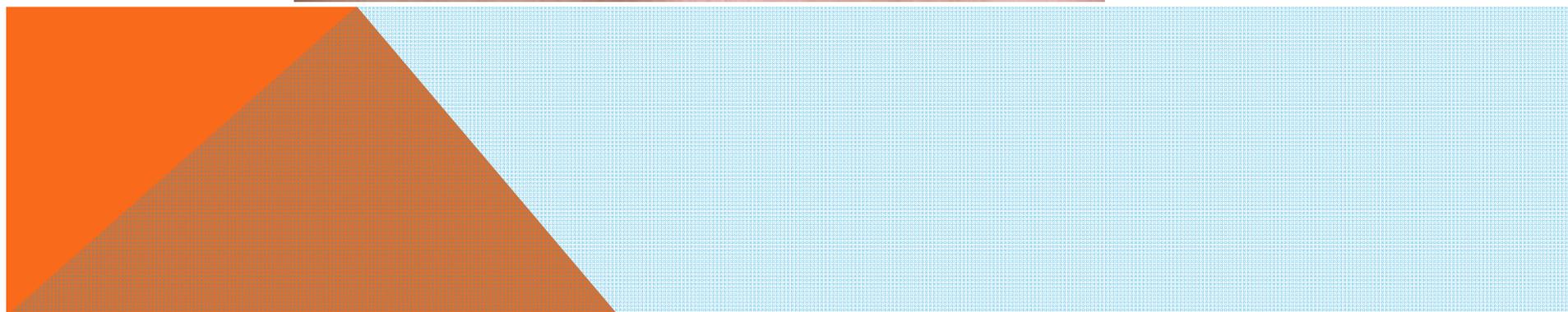
Worsening of a preexisting dry eye condition is possible but is unusual in patients having levator function between 14-and 20 mm

If dry eye symptoms are severe, i.e. requiring frequent drops or ointment applications, ptosis repair must be considered carefully in terms of the severity of the visual symptoms and the risk to ocular comfort

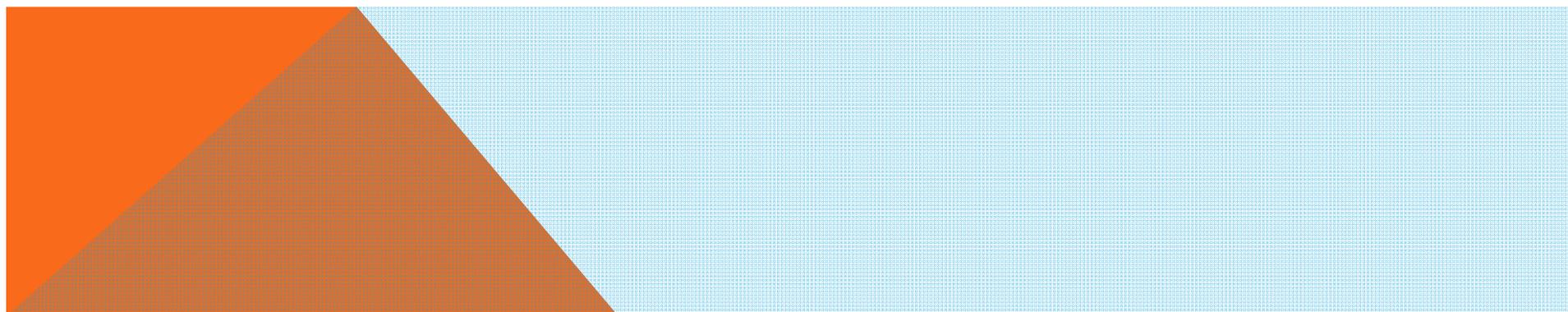
If levator function is less than 10 mm ptosis repair is unpredictable



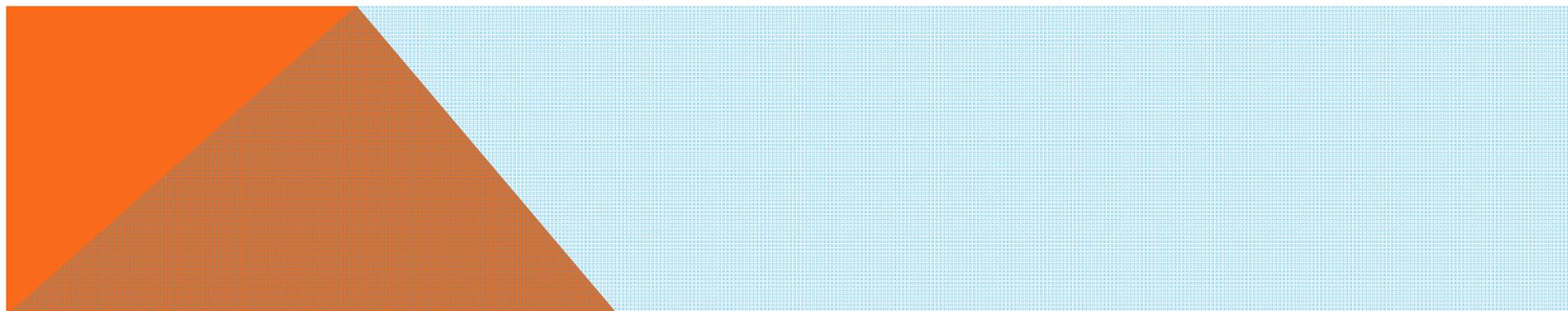
BEFORE AND AFTER PICTURES



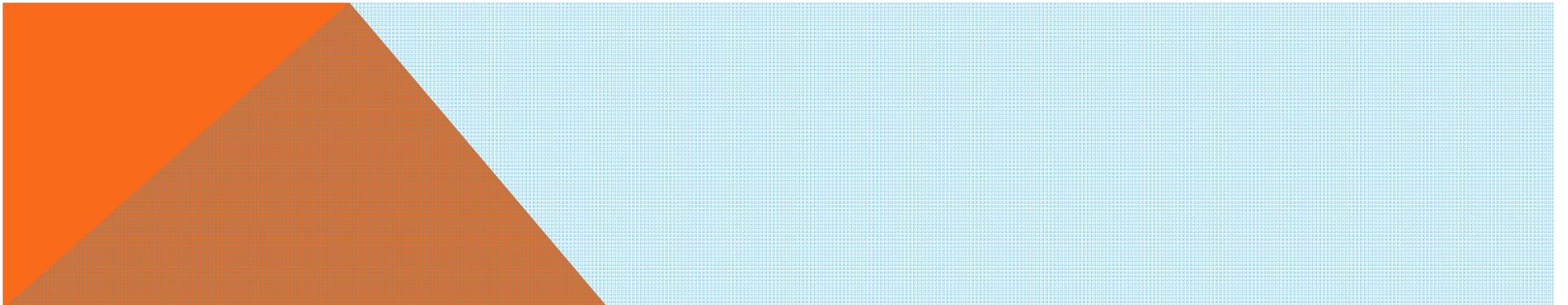
BEFORE AND AFTER PICTURES



BEFORE AND AFTER: UNEQUAL LID POSITIONS



BEFORE AND AFTER PICTURES



If you would like more information about the many facets of ptosis, you may find our website helpful:
gossmanmd.com

