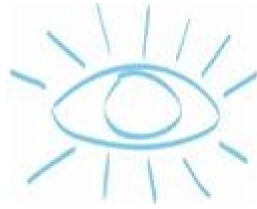

Pediatric
Eye Specialists

Surgical Repair of the Eyelids (Ptosis Repair)

BENEFITS

In normal infants and children the eyelids are equal in height and have a full range of up/down motion. A small percentage of infants are born with droopy or misshapen eyelids that can interfere with normal development. The most common cause is poor intrauterine development of the elevator muscle of the eyelid. A drooping eyelid may force the infant to raise his eyebrows and tilt the head backward in order to use the eyes together.

In particularly severe cases, development of sharp vision may be impeded, and amblyopia (lazy vision) will occur. Misshapen or droopy eyelids are often accompanied by unequal focusing power in the two eyes, which may require eyeglass correction.

Surgical correction of lid drooping in infants and children is performed to enlarge the field of vision and to ensure sharp visual development. The surgery is not cosmetic but rather reconstructive. Cosmetic concerns are important but secondary to the concern of normal vision.

Surgery performed by an experienced ophthalmologist has the highest chance of an excellent functional and cosmetic result. Ophthalmologists are highly knowledgeable about eye socket anatomy and the best surgical techniques for the eyelid and surrounding skin. Eyelid surgery is performed as an outpatient procedure (hospitalization is usually not required).

SURGICAL TECHNIQUE

Surgical correction of lid drooping or misshapen eyelids usually requires more than one operation performed many months or years apart. Depending upon the amount of drooping and the age at which surgery is performed, Dr. Packwood, Norman, or Hunt may strengthen the lid muscle by shortening it, using synthetic suture or natural material. or using tendon taken from the child s outer thigh during surgery. There is no known case of transfer of any disease (including AIDS) from the use of sterilized and irradiated tendon tissue. If excess skin is present after elevating the lid, a small strip of eyelid skin may be removed at the same time.

ALTERNATIVES

If the amount of lid drooping, abnormal head posture or lazy vision is mild, eye patching and eye glasses may be prescribed. Surgical correction of the eyelid abnormality in these cases is typically deferred until approximately kindergarten age. In severe cases of drooping, surgical correction is performed in the first year of life.

RISKS

Reoperation is sometimes necessary because of growth of the eyelids and the face, or because recurrence of drooping.

Incomplete eye closure is common in the immediate post-operative period. The incomplete closure tends to diminish with time. Incomplete closure is desirable early on, and is usually treated with lubricating ointment so that the eye does not become dry.

Dry eye of a severe nature is unusual and is treated with lubricating ointments. If ointment does not quickly restore normal luster and clearness to the anterior surface of the eye, re-operation may be necessary to adjust the height of the eyelid.

Complications of a serious nature are rare (severely dry eye, abrasion and ulceration of the anterior surface of the eye, or serious infection occur in less than 1% of pediatric eyelid procedures and severe reactions to anesthesia occur in less than 0.5%). Any evidence of abrasion, ulceration or infection of the eye may be treated with hospitalization until Dr. Packwood, Norman, or Hunt is confident that the eye is lubricating itself properly.

ON THE NIGHT BEFORE SURGERY

No food or milk is permitted after midnight. Medicines may be taken with sips of water. Only apple juice, Sprite, and water may be taken up to three hours before the admission time.

IF YOUR CHILD IS ACUTELY ILL (HAS A FEVER, DEEP COUGH OR VOMITING) IN THE DAYS PRECEDING SURGERY,
Please call us at (817) 878-5454.

TIME OF OPERATION

The time you have been given for the operation is tentative and may need to be changed on the day of surgery. In general, patients are taken by age with the youngest going first.

ANESTHESIA

The anesthesia doctor may order a preoperative oral sedative medication. Young children are put to sleep within seconds by breathing gas from a mask held near their face. An intravenous (IV) line and a breathing tube (endotracheal tube) are placed only after they are asleep and the breathing tube is removed before they are fully awake.

Children age 13 or older who are not unduly frightened may be given an IV line beforehand so that sedative medications can be administered. Depending on the special needs or medical condition of a patient, the anesthesiologist may slightly alter the routine.

LENGTH OF SURGERY

Generally eyelid surgery is completed within one to one and a half hours, although this may vary from 45 minutes to two hours depending on the complexity of the case. After the surgery, Dr. Packwood, Norman, or Hunt will find you to discuss the operation.

RECOVERY

The patient is taken from the OR to the Post Anesthesia Recovery Unit for approximately 30 minutes. In this room the patient awakens more fully from the anesthesia and is monitored by the nursing staff. Afterward you will be called from the waiting room to join your child. As your child awakens he or she will be encouraged to drink juice or eat a Popsicle, and the intravenous line will be removed.

IMMEDIATE POST-OPERATIVE APPEARANCE

The entire eye is usually not patched. The eyelid might appear puffy and bruised. The operated eye may stay open partially when sleeping. The eye will close better a few weeks after surgery as your child learns to forcefully blink. You may see a few drops of red stained tears draining from the eyes, eyelid incision, or brow incision. These can simply be wiped away with a wash cloth or tissue. Tiny stitches may be noticeable in the eyelid crease or brow. These absorb over a period of 10 days and do not need to be removed.

POSTOPERATIVE DISCOMFORT AND NAUSEA

There may be some discomfort from the surgery, and the nurses will treat it with the appropriate medication. Mild nausea is common after general anesthesia. If vomiting occurs, medication may be prescribed.

DISCHARGE TO HOME AND ACTIVITY

Most patients are discharged to home within two to three hours after surgery. After discharge, it may be necessary to administer Tylenol for discomfort. Once home, the patient may resume normal activities. Younger children often play within hours after surgery. Older children may be tired for a day or two. Some children feel sleepy or grouchy or even vomit the day after surgery. Bathing, showering and washing of the hair is permitted, but try to keep the stitches dry. Your child should not submerge his or her face in the bathtub or swimming pool for one week following the surgery. Redness or puffiness of the eyelids usually disappears in a few weeks. Your child can return to day-care or to school 1 or 2 days after surgery.

APPLYING OINTMENT AT HOME

Ointment is applied to the eyes to help healing and prevent infection. The medicine comes in a tube and is given to you by the surgery nurses at the time of discharge. Beginning the evening of surgery, squeeze about _ inch of the ointment just inside the lower lids and onto the wound 2-3 times a day and at bedtime. Non-prescription Lacrilube ointment can be substituted for the antibiotic ointment after 7 days. If the eye is white and clear and there is no sign of excessive light sensitivity, you can reduce application of lubricating ointment to bedtime only after 7 days. If a brow or forehead incision was made, you may feel a bump beneath the skin where the tendon tissue is tied. The bump flattens in the first weeks and months after surgery.

POST-OP CHECKS IN THE EYE CENTER

Our Surgery Scheduler will tell you the day and time to return to our office for a brief post-operative check. If you wish to arrange the appointment yourself, phone (817) 878-5454 and tell the receptionist you need to schedule a post-operative check. Your child will need to be seen several times in the first few months after the surgery.