

## **Eyelid Surgery Information**

**PTOSIS** is the term used when the upper eyelid droops. Ptosis has multiple causes. They can be problems with eyelid muscle, nerve or tendon. Some ptosis is due to heaviness of the brow and the eyelids are normal.

There are multiple surgical options depending on the clinical situation.

Levator surgery involves shortening or reattaching the Muscles and tendons that lift the lid. This is usually done with the patient awake in adults and asleep in children. When the muscle is working very poorly, a **FRONTALIS SUSPENSION** is recommended where we link the lid to the brow muscle and the brow does the lifting.

When ptosis is due to excessive skin and fat this is called mechanical or functional ptosis. The procedure to remove excess tissue is called a **BLEPHAROPLASTY**. When the excess tissue covers half of the pupil or more Alberta Health will cover the costs of surgery.

Alberta Health Care will NOT cover the cost of a functional repair unless the skin fold is covering more than half of your pupil. This is considered to be a cosmetic blepharoplasty and is not insured.

**BROWPLASTY/BROW LIFT** elevates the eyebrows back to a normal position and can be done by an incision in the scalp, hairline, mid-forehead or just above the brow hairs.

**TARSORRHAPHY** is a surgical procedure by which the upper and lower lid margins are united. This is usually done to improve eyelid closure or to correct uneven lid openings.

**LATERAL CANTHAL TIGHTENING** tightens the tendon of the lower lid and is frequently combined with blepharoplasty to correct or prevent sagging of the lower lids.

**LID LENGTHENING** is required when the upper or lower eyelid has been shortened by scar tissue. Relaxing incisions are made on the inside of the lid to release the scar tissue. In severe cases a graft is required to support the eyelid.

**ENTROPION** is a condition in which the eyelid and lashes roll in and rub against the cornea. Several types of eyelid operations are performed for the correction of this condition.

**ECTROPION** is when the eyelid rolls outward. Surgery is aimed at tightening loose tissues or releasing scars, skin grafts are sometimes needed.

**SCLERAL SHOW** is a term referring to the white area under the cornea being visible. Scleral show is normal in many people but not everyone. It can be more noticeable following any lower lid surgery including blepharoplasty. It can also result from thyroid eye disease (bulging eyes), strabismus, or strabismus surgery.

**DERMATOCHALASIS** is a result of loss of elastic tissue and relaxation of the skin and the underlying muscles in the upper and lower lids. This is often associated with **ORBITAL FAT PROLAPSE** in which normal fatty tissues bulges forward in the lid. This fatty tissue causes puffiness or “bags”, which gives a tired or sad appearance.

### **Pre-Operative Instructions**

- **DO NOT EAT ANY SOLID FOOD OR MILK PRODUCTS FOR A MINIMUM OF 10 HOURS PRIOR TO YOUR PROCEDURE. CLEAR FLUIDS** (apple juice, water, black tea or black coffee) **ARE ALLOWED UP TO 3 HOURS BEFORE YOUR SCHEDULED SURGERY TIME.** Gum, candy, cream, orange juice, and sugar are considered food products. You must be fasting even if we are planning to use a local anesthetic. If you eat then your surgery will be cancelled and a no show fee will apply.
- ***GENERAL WARNING: Smoking causes poor healing and should be avoided.***
- You must not drive or take the bus from your surgery. Please arrange to have someone there to pick you up and take you home after your surgery.
- DO continue taking prescribed medications, including blood pressure pills, on the day of surgery. Diabetic medication that needs to be taken with food will need to be taken after surgery. We will arrange surgery for diabetics in the morning to ensure you are not fasting too long.
- Blood thinners (**ASA, Warfarin, Pradaxa, Xarelto**) are usually discontinued 1 week prior to surgery – please contact your prescribing doctor to make a specialized plan for you. Other blood thinners such as **Vitamin E, Ginkgo Biloba, ginger, garlic, Advil, Motrin, Naproxen,** and **green tea** need to be discontinued a week prior to surgery.

Note: Tylenol is NOT a blood thinner and can be taken as needed pre-operatively.

- Please remove ALL make-up and arrive with a clean face on the day of surgery. It is best to wash your face with soap on the day of surgery. It is OK to apply a light moisturizer.
- You will not be changing into a robe, so please wear something you are comfortable laying down in.

### **Post-Operative Instructions**

- You must be light activity for one week following any type of surgery. No bending or lifting over 10 pounds. No working out, sports, or straining.
- If you require a letter for your work, please contact surgical booking and we will write one up for you free of charge. Any extra forms like attending physician statements and short term disability forms can be filled out for a fee.
- No flying within one week of surgery.
- You can shower the following day so long as you avoid getting water or strong soaps in the eye area.
- Ice (or frozen peas) 10 minutes on and 10 minutes off. Continue for two days, while you are awake.
- Do not leave ice on for any longer than 15 minutes, as this will freeze the skin.
- After a few days you can switch to warm compresses, if you want, for comfort. It will also aid in reduction of bruising and speed up the healing process.
- Elevate the head (for night time sleeping) with an extra pillow or sleep in an easy chair for the first couple of nights. The ice and the elevation will help to reduce swelling.
- If you have external sutures, you will be prescribed an antibiotic ointment. Apply this to the incision for two weeks. If you have dissolving sutures then you may use this ointment for longer to help them dissolve faster.
- You can use artificial teardrops or tear gel as often as you like, for comfort. Your eyes will often feel stiff and not blink properly for a while after the surgery. Dry eye can be very common after surgery and the use of artificial tears will help.
- When surgery involves the inner surface of the lid you will be given a prescription for medicated drops to prevent infection and discomfort.
- You can take Advil and Tylenol (as per manufacturer's instructions) for pain if needed.

- You can use Vitamin E oil or a scar reduction gel, such as Dermatrix, (available for sale at some pharmacies and also at our office) on the incision after your stitches are taken out/dissolved. We feel that Vitamin E Oil helps reduce scar tissue formation. Apply a thin layer twice per day for one month post-op to help minimize scarring (SKIN INCISIONS ONLY).
- We recommend washing your face with a gentle cleanser to start using 48 hours post operatively.
- The use of make-up can resume 10 days after surgery.
- Some patients can feel regret or depression after surgery. This will usually pass as the eyelids heal.

### **What is NORMAL After Surgery**

- It is normal to have fluid collect at the lower lids where the lid and cheekbone meet. This looks like a fluid blister and will go away on its own. You can increase warm compresses in the area to speed along the process.
- Fluid may also collect under the lining (conjunctiva) and look like gel or a blister on the eye.
- Bruising, redness and swelling often last two weeks or more and are a normal reaction to the sutures. Bruising can travel down the face, sometimes even to the jawline.
- Most people's lids do not look very good one week after surgery. The lids will often appear swollen and uneven for some time after surgery. DON'T PANIC! The healing process can take months and there will be ongoing improvement. The incisions will get itchy, lumpy, and red for a time as they heal, this is normal. The skin around the eyelashes will usually be somewhat numb for a while after the surgery. This will not last forever.

### **What is NOT NORMAL After Surgery**

- Fever
- Uncontrolled swelling, bruising, pain, and loss of vision are a medical emergency. If this happens contact the office immediately or go to an emergency room.
- Excessive bleeding is rare. If you should experience excessive bleeding, apply pressure on the wound with ice packs. Lie quietly with your head elevated. Go to the nearest emergency room or contact the office if bleeding is uncontrolled. After regular office hours you can contact Dr. Ashenhurst directly.

## **Contact numbers**

**Surgical Booking:** (403) 245-0112

**Main Office:** [1 403-258-1773](tel:403-258-1773)

**Surgical Center:** (403) 252-3937 Option 4

**Dr. Ashenhurst:** (403) 390-5152

**Health Link:** 811

## **Laser Surgery**

Most eyelid surgeries can be performed with a cosmetic surgical laser. Laser use is an optional enhancement for surgery that may reduce postoperative bruising and wrinkling, and could enhance the cosmetic result. Alberta Health or the Calgary Health Region does not cover the laser fee and it is considered a cosmetic enhancement of the procedure and not an absolute necessity.

## **Sedation**

Most eyelid procedures take 15 to 45 minutes depending on their complexity. Intravenous sedation is available and most patients prefer some mild sedation. We are unable to provide sedation if you have eaten anything within ten hours of your surgery time. There will be some discomfort during the administration of the anesthetic and after the surgery. We make every effort to make you as comfortable as possible but the perception of discomfort will vary greatly amongst different patients.

## **Sutures**

Non-dissolving sutures need to be removed in 7-10 days. Some sutures will dissolve on their own in 2-4 weeks. Some patients have a combination of dissolving and non-dissolving sutures and still need to be seen in 7-10 days for suture removal. In special cases (i.e. out of town patients) when all “dissolving” stitches are used, removal is not necessary. Your follow-up appointment will be given to you at the time your surgery is booked. If you did not receive a follow-up appointment, you can expect a call from our office in the next few days after surgery to clarify your follow up process (if needed).

## **Risks Of Surgery**

All surgery involves general risks including but not limited to: bleeding, infection, sensory or motor nerve and tissue damage and exceedingly rarely, loss of vision, cardiac arrest or other serious bodily injury.

Additional risks and complications specific to eyelid surgery are as follows:

<b>Dry eye</b>	<b>Keratitis</b> (inflammation)
<b>Ptosis</b> (droopy lid)	<b>Allergic reactions to suture materials</b>
<b>Entropion or ectropion</b> (rotation of the lid)	<b>Excessive bruising</b>
<b>Scleral show</b> (more of the white of your eye is visible)	<b>Irregular or prominent scarring</b>
<b>Asymmetry</b> (Perfect symmetry cannot always be achieved)	<b>Under/over correction</b> requiring revision in the form of a second surgery. (Less than 5% chance)

Temporary punctal plugs are inserted in the lower lid tear drainage channel at the time of surgery for those patients having upper eyelid surgery. This is done to help retain moisture in the eye to alleviate excess dry eye post-operatively. These plugs will dissolve on their own in 2-3 weeks' time. You may find that you have extra tears running down your cheeks during this time. This is normal and is no cause for concern.

The most important risks are infection and excessive bleeding. Although this would be extremely unlikely, there could be a chance of infection getting in the eye and causing loss of vision. In the cases of a severe hemorrhage, blood may track behind the eye (this would look like a tight and severe "black eye") and put pressure on the eye causing darkening or blacking out of vision. Both of these situations are treatable and vision loss is usually reversible. Please advise us ASAP if you are worried about either of these. Telephone numbers are provided.

*Mitchell Eye Centre*

*220, 5504 MacLeod Trail SW, Calgary, Alberta T2H0J5 T. 403.258.1773 F. 403.258.2704*

*www.mitchelleyecentre.com*

