

## OP07 Entropion and Ectropion Repair

Expires end of February 2023

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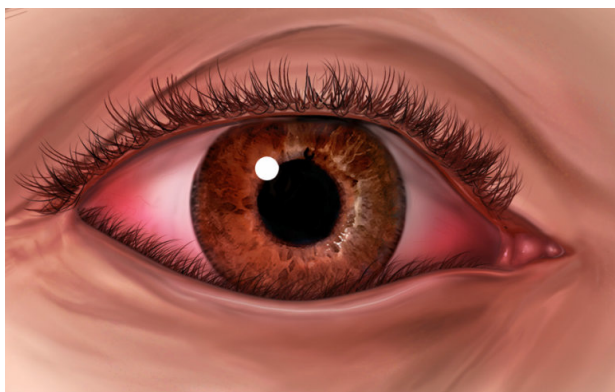
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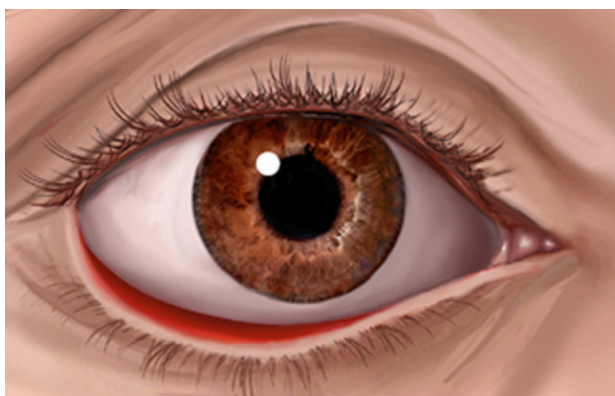
## What is entropion and ectropion?

Entropion and ectropion are conditions that affect your eyelid.

- Entropion – Where your eyelid turns in and causes your eyelashes to rub against the cornea (the clear, dome-shaped outer layer at the front of your eye).
- Ectropion – Where your eyelid turns out and does not touch your eye.



Entropion - eyelid turned in



Ectropion - eyelid turned out

Both of these conditions can usually be treated by a minor operation. Your

surgeon will assess you and tell you if surgery is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## How does entropion or ectropion happen?

The problem is usually caused by ageing. As you get older, your skin and soft tissues of your eyelids slacken, causing them to tilt inwards (entropion) or outwards (ectropion). Sometimes the problem is caused by scar tissue pulling your eyelid out of position. Only the lower eyelid is usually affected.

Your eyelid should usually wipe across your eye to keep it clean and moist. Entropion and ectropion cause irritation of your eye and eyelid, leading to symptoms such as an unsightly appearance, a watery eye, discomfort, dryness or redness.

Entropion symptoms are usually more severe as the constant rubbing of your eyelashes can scratch the cornea, causing infection and scarring.

## What are the benefits of surgery?

Your eyelid should be in a better position and your symptoms should improve.

## Are there any alternatives to surgery?

Artificial tears and ointments can be used to protect the surface of your eye and improve your symptoms. Your surgeon may recommend a special soft contact lens (bandage lens) for you to wear. This is usually a temporary measure to protect your eye until you have an operation.

If you have entropion, your surgeon may recommend one of the following simple treatments.

- Using tape to prevent your eyelashes from rubbing against your eye. The tape can irritate your skin if it is used for more than a few weeks.
- Injecting Botox into the muscle that turns your eyelid inwards (orbicularis muscle). It works by paralysing the muscle and can relieve your symptoms for up to 3 months.
- Using stitches (called everting sutures) to prevent your eyelid from turning in.

## What will happen if I decide not to have the operation?

Your symptoms may get gradually worse with time.

Sometimes ulcers can develop on the surface of your eye, leading to infection, scarring and reduced vision.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a local anaesthetic that is injected in your eyelid and given as local-anaesthetic eye drops. However, various anaesthetic techniques are possible, including a general anaesthetic. Your anaesthetist or surgeon will discuss the options with you.

The operation usually takes 30 minutes to an hour, depending on whether the operation involves both eyes.

Your surgeon may need to remove a small section of your eyelid where the tissues have slackened most. If the problem is caused by tight skin or scar tissue, your surgeon may need to use a skin graft.

Your surgeon will close any cuts with stitches.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

### Keeping in the same position

If the operation is performed under a local anaesthetic, you will need to lie still and flat during the operation. If you cannot lie still and flat, let your surgeon know.

### Lifestyle changes

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Your surgeon may give you an antibiotic cream to use on your wound. Do not

take antibiotics unless you are told you need them.

- Bleeding during or after the operation. Usually there is little bleeding. Your eye may look bruised and your eyelid may swell but this usually settles within a few days. If you bleed, keep your head raised and press firmly on your wound for a few minutes with a clean tissue and an ice-pack. (Do not put ice directly on your skin.) If the bleeding continues, keep pressing firmly on your wound and contact your surgeon or go immediately to your nearest Emergency department.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

### Specific complications of this operation

- Cornea abrasion, where the surface of your eye gets scratched during the operation or by a stitch. You may need to wear a bandage lens until the discomfort settles.

- Lid notch, where a gap is left in the line of the skin at the edge of your eyelid.

- Cosmetic problems. It is difficult to predict exactly how your wounds will heal. Although you will be able to see the scars at first, they will usually fade after 4 to 6 months.

### Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

### Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel pressure or mild discomfort. If you are in severe pain, let your surgeon know as this is unusual.



## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward or day-case unit. You should be able to go home after a few hours. However, your doctor may recommend that you stay overnight.

You may need a pad on your eye for a few days. Hold an ice-pack against your eyelid for up to 10 minutes 3 or 4 times a day to reduce any bruising or swelling.

It is common to have a watery eye and to feel grittiness in your eye for 1 to 2 days. Your surgeon will give you lubricating eye drops to help to ease the discomfort.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities

(this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and

- do not sign legal documents or drink alcohol for at least 24 hours.

Do not get your eyelid wet, do strenuous exercise or bend down until the stitches are removed. Sleep with extra pillows to keep your head raised. Be gentle with your eyelid for at least another month.

Do not wear eye make-up or drink alcohol for a few weeks, and keep your face out of the sun.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

### The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress. It usually takes a few weeks for your eyelid to look and feel more natural. The results of an entropion or ectropion repair last for a long time.

However, as you get older your skin and soft tissues of your eyelids will continue to slacken and the problem may come back (risk: 1 in 10).

## Summary

An entropion or ectropion repair is an operation to correct an eyelid that turns in or turns out. The operation should improve symptoms caused by entropion or ectropion.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

### Acknowledgements

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