

Ophthalmology - Correction of Ectropion NEC - Correction of Deformity of Eyelid

Introduction

The COVID pandemic has had a significant impact on the NHS' ability to provide routine elective services. We recognise that patients are waiting longer than we would like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

Ectropion is a common eye condition, especially in older people, as age tends to weaken the delicate muscles around the eyes. Ectropion causes the lower eyelid to droop away from the eye and sometimes jut outwards. This leaves the inner surface of the eye visible and exposed, which can leave it teary, sore and vulnerable.

The most common symptom of ectropion is a watery eye. The tear duct is a tiny passageway that drains tears from the surface of the eye to the back of the nose. An ectropion eyelid droops and turns outwards, taking the tear duct away from the surface of the eye. This prevents the tears from draining properly and they build up inside the drooping eyelid causing the eyes to weep constantly. As tears cannot drain properly, bacteria cannot be cleaned away from the surface of the eye. This makes the eye vulnerable to infection and irritation, which can cause redness, irritation and discharge.

The most common causes of ectropion is age related weakening of the muscles around the eyes, which can no longer support the eyelid in its normal position.

The condition can also be caused by:

- Injury or sun damage to the skin around the eyes. This causes contraction of the skin of the eyelid, pulling it out of its normal position.
- **Facial palsy.** This is when the muscles of the face, including the muscles that control the eyelids, become paralysed or weak, due to temporary or permanent facial nerve injury.
- **Eyelid lesions.** The weight of some lumps and bumps around the eye may physically pull the eyelid out of its normal position.

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Guidance for Patients

In most cases ectropions can be relieved fairly simply. Surgery to tighten the skin and muscles that hold the lid in place is the most common and effective treatment. This is an operation often performed under local anaesthetic as a day case (meaning you will be able to go home the same day) and usually takes about 40 minutes. The tightening procedure most often involves the use of small dissolvable sutures (stitches) at the outer corner of the eyelid and sometimes under the lashes of the lower eyelid.

As with any surgery, there are some risks, and these usually include infection / bleeding or recurrence of the problem at a later stage.

Your eye will usually be padded for one day and you will be given eye drops and ointment to take for 2 weeks following the operation.

In more complex cases your surgeon will discuss the surgery with you in more detail according to the cause of the problem.

What should I do if my health is deteriorating?

We would greatly appreciate being contacted in advance of your surgery if you experience any changes to your ocular (eye) or general health. This can include any changes to prescribed, or over-the-counter medication that you are taking. This is because certain medical conditions and medications can affect your eyelid surgery. Informing us of any changes in advance will reduce the likelihood of you being cancelled on the day of surgery. For example blood thinning drugs may need to be stopped prior to your surgery, and our preassessment team would need to know about these medications.

Ocular examples would include: A red or painful eye (which may be the one listed for surgery, or indeed the other eye), any discharge coming out from either eye, sudden reduction of vision in either eye, or any other ocular concerns.

Systemic examples would include: A new stroke or heart attack, new infection anywhere in the body, new heart murmur or irregular beating of the heart, any falls or fractures, new medication prescribed by a GP or specialist (or over-the-counter medication) or any other systemic concerns.

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