

Minor Lid Surgery

Information for patients

This leaflet has been produced to give you information about the problems you have been having with your eyelid. If you have any questions or require further explanations please ask any member of staff responsible for your care.

What is an ectropion?

Ectropion is a condition that causes the lower eyelid to sag and turn outward. You may not be able to close your eye or blink properly. This can lead to eye soreness and irritation, excessive mucous discharge, crusting of the eyelid and, in some cases, tearing of lower lid. If left untreated your cornea can get an ulcer and may even be permanently damaged and this will affect your eyesight. The cornea is a vital part on the front of the eye which protects all the structures inside your eye and helps you to see.

What is an entropion?

Entropion is a condition that causes the lower eyelid and eyelashes to turn inward. The eyelid and eyelashes rub the conjunctiva which is the lining of the eye responsible for moisture and protection. They also rub against the cornea. This is a vital part on the front of the eye which protects all the structures inside your eye and helps you to see. This results in irritation of the cornea, a constant feeling that you have something in your eye, excessive mucous discharge and crusting of the eyelid and, in some cases, tearing of the eyelid.

If left untreated your cornea can become infected and may even be permanently damaged due to the constant rubbing from your eye lashes and this will affect your eyesight.

What is Ptosis?

Ptosis is the medical term used to describe the drooping of your upper eyelid. The edge of the eyelid actually drops down and can make it difficult for you to see and/or open your eye properly.

What is a Blepharoplasty?

Blepharoplasty is performed when the skin of the upper part of your eyelid (i.e. the area just underneath your eyebrow) is drooping making it difficult for you to see and/or open your eye properly.

What causes these conditions to occur?

They are usually caused by the weakening of the skin, small muscles, nerves and/or tendons of the eyelid due to ageing.

Other causes include;

- Existing eye disease and medical conditions, including skin cancers.
- Severe allergic reactions

- Scarring and/or nerve damage due to previous eye surgery
- Scarring and/or nerve damage due to previous eye injury especially burns.
- The development of too much fat around the eyelid

How are these conditions treated?

All these conditions have to be repaired by surgery. First you will be seen in the Ophthalmic Clinic i.e. the eye clinic and an ophthalmic doctor will examine your eye and place you on the waiting list for day surgery.

As an entropion has a higher risk of causing damage to the cornea, the doctor may turn the eyelid outwards and secure it with tape. You may have to continue to do this yourself for a few weeks prior to surgery. He/she may also prescribe lubricating drops and/or ointment.

What do I need to do before I come in to hospital?

- Have the following ready at home to use after your surgery
- Cotton wool pads, tissues and mild painkillers. These are available from most chemists
- Take your tablets and medication as normal. (including eye drops). Two weeks prior to surgery you should liaise with your GP and inform the

Waiting List office if you are taking any drugs that increase the risk of bleeding after surgery. These include aspirin, warfarin, clopidogrel, dipyridamole (sometimes called persantin) and anti-inflammatory drugs such as ibuprofen. Your GP may advise you to stop taking these for a short time prior to surgery.

- Please arrange for someone to take you home as you may have blurred vision afterwards. Alternatively you can go home in a taxi or via public transport if accompanied by a responsible adult.
- Wear loose, comfortable clothing, please do not wear make-up especially mascara.
- Do not bring in any unnecessary money or valuables

Will I need an anaesthetic?

You will normally have a local anaesthetic. This involves numbing the eyelid with a small injection. For more information please read “You and Your Anaesthetic” patient information leaflet.

What are the benefits?

The surgery is performed to stop the irritation in your eye, reduce the risk of further loss of sight and to enable you to open your eyelid properly.

What are the alternatives?

There are no alternatives to surgery.

What are the risks?

- Infection.
- Inflammation (causing a red eye).
- Bleeding
- Scarring
- Problems with opening and closing eyelid of your eyelid (rare)
- Dry, irritated eyes
- Reoccurrence

What happens on the day of surgery?

On arrival you will be asked to wait in the Day Case Reception area after which you will be asked to go to the day unit where your nurse will check that your personal details in the notes are correct and prepare you for theatre.

You will be seen by your surgeon who will explain what the operation involves and answer any questions. You will be asked to sign a consent form (if you have not already done so in the outpatient clinic).

The operation usually takes about 30 minutes. During this time you will be asked to keep your head as still as possible. A member of the theatre team will usually hold your hand during your surgery. This is not just for your comfort as it is used as a line of communication between you and your surgeon. If you need to move, sneeze, cough, say something etc please hold up your hand and the surgeon will stop operating whilst we find out what you need. The surgeon will remove any excess fat and tighten the skin and small muscles of the eyelid. Stitches are used to keep them in place, normally the stitches are dissolvable and do not need to be removed later. Your nurse will advise you about this. The surgeon may also put some antibiotic cream in to your eye along the eyelid that has been repaired.

What happens after my operation?

You will be brought back to the day unit from the operating theatre.

DO NOT RUB YOUR EYE!

You are usually able to go home after about 30 minutes. You may have a pad over your eye if so your nurse will advise you how long to keep this on for. If your eye is uncovered you may notice that you have blurred vision. This is due to the antibiotic cream. The local anaesthetic may make your eye feel numb for a few hours afterwards.

Your nurse will recheck your eye, give you any eye drops or cream as prescribed by your doctor and make a follow up appointment if necessary.

Your eye cream/drops are:

Remember:

- Your eye cream/drops help your eye to heal so it is very important to continue to use your cream/drops as directed.
- Always wash your hands before you put in your cream/drops and do not let the end of the tube/bottle touch your eye to reduce the risk of infection.

What should I do at home?

- Take it easy for the remainder of the day. You may take mild painkiller such as paracetamol if you experience any discomfort.
- **WASH YOUR HANDS** before touching or cleaning your eye.
- If your eye feels sticky and needs cleaning, use freshly cooled boiled water and bathe gently using cotton wool pads. Clean from the inside corner of the eye outwards. Do not rub back and forth. Use

one pad one wipe then throw away. Use disposable tissues **not handkerchiefs** to dab away any tears.

- If bleeding occurs apply gentle pressure with a **clean cloth or tissues**.
- Watching television and reading will do no harm.
- You may look down and bend down (but avoid bending down for long periods).
- Do not wear eye makeup or use any cosmetic cream products on or around yours eyes for 6 weeks
- Avoid getting soap or shampoo in your eye.

When can I drive?

You are usually able to drive when your vision is clear and when you have no pain as this can reduce concentration. Please note: If you have been prescribed antibiotic cream this may cause your vision to be blurred for about 30-60 minutes. Do bear in mind that if an accident occurs when you could be considered unfit to drive your car insurance may not be valid so please check with your own insurance company prior to driving.

When can I return to work?

You are usually able to return to work straight away depending on the type of job you do (please seek advice from your surgeon). Your vision must clear and it is best to avoid dusty environments.

What symptoms would require me to seek advice?

- Severe pain, **especially if the discomfort had gone away or was getting better** and you have been taking painkillers regularly.
- Your eye appears to be bulging.
- Large swelling around the eye.
- You can't open and close your eyelid properly, i.e.- you can't close your eyelid or it is difficult to blink. Your eye closes and you cannot open it without using your fingers (Please note that your eye may remain closed on the day of your operation and that this is normal).
- The eye is continually sticky even after it has been cleaned.
- Your eye is red and inflamed.
- An increase in your temperature and feeling generally unwell.

Who should I contact for further help and advice?

Before you telephone for advice please read through your leaflet again very carefully as this may answer your query. However here are some useful contact numbers;

In the first instance please contact the Day unit where you had your surgery.

If your operation was at Pinderfields Day Unit: telephone 01924 541854.

The unit is open Monday - Friday, 7.30am – 7.30pm

If your operation was at Pontefract Day Unit: telephone 01977 747547

The unit is open Monday - Friday, 7.30am – 7.30pm

If your operation was at Boothroyd day unit: telephone 01924 816132.

The unit is open Monday - Friday 7.30am – 7.30pm

During working hours the Eye Condition advice line is: 01924 816027

If you have a problem out of these hours please telephone the main hospital number 0844 811 8110 and ask for Pinderfields, Pontefract or Dewsbury Accident & Emergency Department **depending upon where you had your operation.**

Waiting List office (operations)

01924 214152

Alternatively you can seek advice from your own optician or GP.

Other useful information can be found at:

NHS Choices - www.nhs.uk

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: 01924 542972 or email: pals@midyorks.nhs.uk

To contact any of our hospitals call: 0844 811 8110
To book or change an appointment call: 0844 822 0022

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