



**University
Hospitals Sussex**
NHS Foundation Trust

Ptosis drooping eyelid

Orthoptic Department

Patient information

What is this information about?

This leaflet gives clear and simple information about ptosis – a condition that causes the upper eyelid to droop. It explains what ptosis is, what causes it, how it may affect you or your child, and what treatments may be needed.

Why have I been given this leaflet?

You or your child have been seen by a specialist at University Hospitals Sussex NHS Foundation Trust and have been diagnosed with ptosis.

This leaflet is to help you understand the condition and what happens next.

What is ptosis?

Ptosis (pronounced toe-sis) is the medical name for a drooping upper eyelid. One or both eyelids can be affected. It can make it hard to see properly and may also affect how the eye looks.

What causes ptosis?

Ptosis can happen:

- From birth (congenital) – some children are born with it
- Later in life (acquired) – it can happen at any age
- It can affect anyone, regardless of age, gender, or background.

In children:

- Congenital ptosis is often due to a problem with the levator muscle, the muscle that lifts the eyelid.
- Sometimes it runs in families. Looking at baby or family photos can help show when it started and if anyone else has it.

In adults:

- Ptosis often happens because the tendon that helps the eyelid muscle work becomes stretched or weak over time.
- This is more common as people get older.

What effect will the ptosis have?

People with ptosis may:

- Tilt their head back or raise their eyebrows to help them see better
- Feel self-conscious or unhappy about their appearance.

In children:

- Ptosis can cause amblyopia (sometimes called 'lazy eye').
- This is when vision in one eye doesn't develop properly.
- If not treated, it can lead to long-term vision problems.
- Treatment might include glasses or covering the stronger eye (eye patching) for short periods to help the weaker eye.

In adults:

- Ptosis can reduce peripheral vision (side vision), which may affect daily tasks like driving or reading.

What can be done?

- Not all cases of ptosis need treatment.
- If the drooping is mild, regular check-ups may be all that's needed.
- Sometimes ptosis improves by itself and becomes less noticeable over time.

In children:

- Surgery is only needed if the drooping affects vision development.
- In most cases, if surgery is needed, it is delayed until the child is about 8 years old, when better measurements can be taken.
- By that age, it may not be a problem anymore.

In adults:

- Surgery may be offered if the drooping seriously affects vision.

What does surgery involve?

If surgery is needed:

- Adults usually have the procedure under local anaesthetic (awake but no pain)
- Children will have general anaesthetic (asleep during the surgery).

The most common operation:

- A small cut is made in the natural crease of the upper eyelid
- The muscle that lifts the eyelid is shortened
- The cut is closed with dissolvable stitches (they will disappear on their own)
- Because the cut is made in the skin crease, any scar is usually hidden.

Contact details

If you have questions or need to speak to the Orthoptic team:

St Richard's Hospital 01243 831499

Southlands Hospital 01273 446077

Sussex Eye Hospital Orthoptists 01273 664872

Princess Royal Hospital Orthoptists 01444 441881 Ext. 68305

Useful information

For more about children's eye conditions, glasses, patching, and vision development visit:

Squintclinic www.squintclinic.com

This information is intended for patients receiving care in St Richard's Hospital, Southlands Hospital, and Sussex Eye Hospital.

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