



**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** 01273 696955

## Useful information

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

**Squintclinic** [www.squintclinic.com](http://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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