NHS
University Hospitals Sussex
NHS Foundation Trust

Ptosis (Droopy eye lid)

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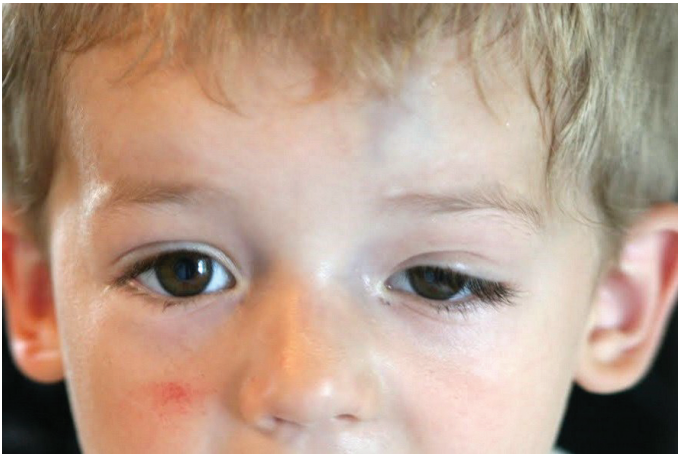
Patient information

This leaflet is intended to answer some of the questions of patients or carers of patients diagnosed with ptosis under the care of University Hospitals Sussex NHS Foundation Trust.

What is Ptosis?

Ptosis (pronounced TOE-SIS) is the medical term for the drooping of one or both upper eyelids. A droopy upper eyelid can interfere with vision and/or be a cosmetic problem.



What causes ptosis?

Ptosis can be congenital (present at birth) or acquired (develop later in life). There is no race or gender predilection. Acquired ptosis can occur at any age. Congenital ptosis usually presents at birth but is sometimes detected within the first year of life. In children with congenital ptosis, the onset may need to be elicited by looking at family photographs. On examining such photographs, other relatives with ptosis may be identified, in which case a familial cause is highly likely. Congenital ptosis is most commonly due to a defect in the development of the levator muscle which raises the eyelid.

In adults, ptosis usually develops when the muscle that lifts the upper lid stops working properly because its tendon has stretched. This is relatively common in old age.

What effect will the ptosis have?

You or your child may compensate for the ptosis by tilting the head or raising an eyebrow to lift the lid.

In children it may cause amblyopia (reduced vision). This is when sight in the affected eye doesn't develop properly. Amblyopia can permanently affect your child's sight if it isn't treated. It is treated with glasses and/or temporary eye patching.

Ptosis affects appearance and this can lead to emotional problems such as loss of self-esteem. This can happen for both adults and children, in children it may lead to problems at school.

What can be done?

Ptosis doesn't always need treating. If you or your child have mild ptosis, treatment may not be necessary, but it may need monitoring. This might mean regular eye tests, particularly for children.

Often mild ptosis resolves with time and becomes less obvious. If the ptosis is severe then surgery may be required.

In children this may be within the first year or two of life if the ptosis is limiting the ability for vision to develop normally but this is rare.

However in most cases surgery is delayed until the child is about 8 years old when more accurate measurements can be taken to assess how well the levator muscle is working.

This will affect the type of surgery performed. It is also possible that by this age the ptosis will not be cosmetically significant. Adults may require surgery if the ptosis significantly affects the field of vision (peripheral vision).

For adults, surgery is usually done as a day case, using a local anaesthetic. If you have a local anaesthetic, you will be awake during the procedure, but you won't feel any pain. If your child has surgery for ptosis, they will have a general anaesthetic. This means your child will be asleep during the procedure.

The most commonly performed operation involves making a small cut in the natural skin crease on your upper eyelid. The muscles that open your eyelid are then shortened. The small incision on your eyelid is closed using dissolvable stitches. Making the cut in line with the skin crease will help to hide any scar.

Contact numbers

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