

# Your child's surgery to treat a droopy eyelid (ptosis)

This leaflet is about your child's procedure to treat an eye condition called ptosis. If your child has ptosis, their upper eyelid droops or falls over the eye. The leaflet explains what you should do before your child's procedure, on the day of the procedure and when you return home.

## Your child's condition and procedure

### What is ptosis?

Ptosis is the medical name used to describe a drooping of the upper eyelid. This can happen in one or both eyes. Your child may:

- be born with the condition (this is called congenital ptosis)
- get the condition later in life (this is called acquired ptosis)

### What are the different types of ptosis?

There are two main types of ptosis:

#### **Congenital ptosis (ptosis that is present at birth)**

If your child is born with ptosis, this is most commonly because of a problem with the muscle (levator muscle) that raises the upper eyelid. Doctors may notice the condition when your child is born or you may notice that they have a droopy or heavy upper eyelid.

Ptosis can affect your child's appearance and the symptoms may be worse if they are tired or unwell. Your child may raise their eyebrows or chin, or tilt their head back, to see better.

A common type of congenital ptosis is called Marcus Gunn jaw-winking syndrome. This is where a droopy eyelid briefly opens wider and appears to wink when the jaw is moved. The condition usually affects one eye and is caused by a problem with the connection of the nerves. It is often noticed when a baby is feeding or chewing.

#### **Acquired ptosis (ptosis that appears later in life)**

Acquired ptosis is when a droopy eyelid appears later in life. There are several possible causes, including:

- a problem with the tendon (piece of tissue) that connects the eyelid-lifting muscle to the eyelid (this usually happens as a result of natural ageing)
- weak eyelid muscles (this may be due to a rare muscle condition)
- a problem with the nerve that controls the eyelid muscles
- a cyst (lump under the skin caused by a build-up of fluid) or swelling that makes the eyelid heavier

## How is ptosis treated?

The treatment for ptosis depends on:

- what is causing the condition and how severe it is
- your child's age, symptoms and any other medical conditions

We assess your child carefully, check the position and muscle strength of the eyelid, and watch their eye movements.

If your child has mild ptosis and this does not affect their eyesight, they may not need any immediate treatment. Their eyesight can be monitored regularly as they grow. Sometimes, we may recommend eye drops or a special device called a ptosis crutch. This device attaches to glasses frames and supports the eyelid.

A droopy eyelid may affect the development of your child's eyesight. If an eyelid hangs low enough, it may block the vision in a child's developing eye. This can cause a condition called amblyopia or lazy eye. One eye then has better sight than the other. Your child may need treatment called vision therapy to help improve their sight in the weaker eye. We talk to you about this at your child's appointment in the eye clinic.

If your child's drooping eyelid covers the opening (pupil) of the eye or is noticeable, we may recommend a surgical procedure. This is the most effective treatment option. The purpose of ptosis surgery is to:

- lift the droopy eyelid
- allow your child's eyesight to develop properly
- improve the appearance of the eye

## What options are there for surgery to treat a droopy eyelid?

If your child is born with a droopy eyelid, this is usually because the levator muscle that raises the eyelid has not developed properly. The muscle cannot lift the eyelid fully and so it droops or hangs lower than usual.

Your child's surgeon talks to you about which type of procedure is most suitable.

- **Levator resection procedure**  
If there is enough strength left in the eyelid muscle, we can do a procedure called levator resection. This is when we tighten the muscle to increase its strength for lifting the eyelid.
- **Brow suspension procedure**  
If there is not enough strength left in the eyelid muscle, we can do a procedure called a brow suspension. This is when we create a connection between your child's eyebrow and eyelid. When your child raises their eyebrow, the eyelid will then also lift. This is because the muscles in the eyebrow and forehead now lift the eyelid rather than the usual eyelid muscle (levator muscle).

The surgeon can make the connection between the eyebrow and eyelid in different ways. If your child is over 5 years old, the surgeon will use plastic (silicone) material or tissue taken from the thigh. This tissue is not fully grown if your child is under 5 years old. For that reason, the surgeon will use a man-made (artificial) material like silicone.

We only recommend the procedure in children under 5 years old if the eyelid position could affect the development of their vision. The procedure to lift the eyelid may need to be repeated. This is more likely if your child has the surgery at a young age.

There is also a new type of brow suspension procedure called frontalis flap surgery. This involves using the child's own eyebrow muscle rather than artificial material like silicone or tissue from the thigh.

## Before your child's procedure

### What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

### Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol<sup>®</sup>. Ibuprofen for children may also be called Calprofen<sup>®</sup> or Nurofen<sup>®</sup>. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

## On the day of the procedure

### When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

### During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

We may treat one or both of your child's eyes and talk to you about this in advance. The surgeon also explains in advance which type of procedure is suitable for your child.

When your child is asleep, the surgeon makes small cuts to the eyelid. This gives them access to tighten the eyelid muscle (levator muscle) or do a brow suspension. If your child has a brow suspension that involves taking tissue from the thigh, there will be a cut to the skin of the leg.

The procedure takes between 30 and 60 minutes.

### **Are there any risks to my child's procedure?**

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The specific risks of ptosis surgery are:

- bleeding
- an infection of the eyelid (it is very unusual to need to return to hospital for antibiotic treatment)
- scarring (the surgeon tries to hide the cuts made during the procedure in the eyelid creases)

In about 1 out of 10 cases, the eyelid may be too high or too low after the procedure. However, you do not see the final result immediately because the eyelid height changes during the first week after surgery. If the eyelid is too high, your child may need more artificial tears. These are eye drops to protect the surface of the eye and keep it wet (moist).

The shape of the eyelid may be slightly different after the procedure or not perfectly even with the other side. In 8 or 9 out of 10 cases, the eyelid shape is good or satisfactory afterwards.

## **After your child's procedure**

### **How will my child look and feel after their procedure?**

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have mild discomfort and feel or be sick (vomit), but this is not common.

After the procedure, your child has a patch over the eye that has been treated. This patch reduces swelling and keeps the eye closed. We explain how long your child needs to wear the patch. This is usually until later on the day of the procedure or the morning afterwards. It is important not to remove the patch until then to give the eye time to heal.

If your child has a brow suspension and the surgeon takes tissue from their thigh, they will have a large bandage on the leg.

### **Will my child be in pain after their procedure?**

Your child does not feel any pain during the procedure because they are asleep under a general anaesthetic. Their eyes may be a little sore, gritty and watery when they wake up.

Your child's eyelid is likely to feel a bit uncomfortable and be red with some swelling. The redness may be slightly harder to notice on brown or black skin.

We may give your child paracetamol, ibuprofen or both medicines while they are with us. You can continue to give your child these pain medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

### **When can my child eat and drink or feed after their procedure?**

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

### **Do we see the surgeon after my child's procedure?**

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

### **When can my child go home?**

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

## **After you go home**

### **How do I care for my child's eyes after the procedure?**

Depending on the type of procedure, your child may have stitches just above the eyebrows and on the forehead on the side that has been treated. These stitches dissolve or fall out themselves during the first 2 months after the procedure. They do not need to be removed.

If your child has tissue taken from their thigh, the stitches on the leg may dissolve themselves. However, in older children, the stitches are usually removed after 10 to 14 days. We explain if you need to return to the hospital eye clinic to have your child's stitches removed. Sometimes, we may recommend that you make an appointment at your child's GP surgery instead.

Here is some guidance on how to care for your child's eyes:

- **Eye patch**

We explain when you need to remove your child's eye patch. This is usually later on the day of the procedure or on the morning afterwards.

- **Eye drops**

We give you artificial tears (eye drops) and antibiotic drops or ointment. You need to put them in your child's eye 3 to 4 times each day for at least 2 weeks. They keep the surface of the eye wet (moist). Do not worry if you miss the occasional drop.

- **Antibiotics**

We give you antibiotic tablets or syrup that your child needs to take for 5 to 7 days. This is to lower the risk of infection.

- **Ice packs**

Ice packs help to reduce swelling of the eyelid, ease pain and make the area heal faster. To make an ice pack, wrap some ice or a packet of frozen food such as peas in a plastic bag, flannel or towel. Put the ice pack on your child's closed eyelid for 5 to 10 minutes every hour during the daytime for the first 2 days after the procedure. You can start doing this immediately after removing the eye patch.

- **Protecting the eyes**

During the first week while your child's eye is healing, try to discourage them from touching or rubbing their eyes.

- **Cleaning the eyelids**

If there is too much mucus (slippery liquid) or ointment on your child's eyelids, you can clean them gently. It is best to use cold water that you have boiled and then allowed to cool, and a clean piece of cotton wool.

- **Bathing**

Your child can have a bath or shower as usual and you can wash their hair. Try not to get too much water in their eyes or on their face. A splash of water is fine. Also try to avoid getting soap or shampoo in their eyes, as you would normally do.

- **School or nursery**

Your child needs to take about 5 days off school or nursery after the procedure. Sometimes, they may be able to return 1 or 2 days earlier than this.

- **Swimming**

It is best not to take your child swimming until 2 weeks after the procedure. If your child does swim before then, they need to wear watertight goggles.

- **Glasses**

If your child has glasses, they can start wearing them again straight away after the eye patch has been removed.

## **How can I manage my child's pain after their procedure?**

Your child's eye is likely to be a bit sore and painful after the procedure. Their eyelid may be bruised and swollen at first. These symptoms gradually improve.

We recommend giving your child paracetamol and ibuprofen regularly for 1 to 2 weeks after the procedure. Please remember to buy these medicines before the day of your child's operation. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

## Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

### Do I need to look for any symptoms after my child's procedure?

You need to get urgent medical help for your child if you feel that they are unwell or:

- their eye feels more painful
- they cannot open their eyelid because of swelling
- their eyesight becomes worse
- their eye becomes redder
- there is a yellow-green liquid (pus) or leaking fluid (discharge) from the eye
- they have a high temperature (fever)
- they are not eating or drinking well

These can be signs of an infection or a reaction to the eye drops. Call our eye casualty on 020 7188 4336 (Monday to Friday, 8.30am to 4pm). Outside these hours, call 999 or go to your nearest emergency department (A&E) immediately.

### Do you see my child again after their procedure?

Your child has their first follow-up appointment 1 to 2 weeks after the procedure. We usually book this appointment for you before you leave the Evelina London children's day surgery unit. It takes place in the children's eye clinic at St Thomas' Hospital. We check your child's eye and, if tissue has been taken from their thigh, make sure that the leg is healing well.

## Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** [gst-tr.paediatricadmissions@nhs.net](mailto:gst-tr.paediatricadmissions@nhs.net)

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns about your child's procedure but it is not an emergency**, contact our eye department, **phone** 020 7188 4299 (please leave a message on the answerphone and we will call you back within 3 working days), **email** [gst-tr.paediatricophthalmologyenquiries@nhs.net](mailto:gst-tr.paediatricophthalmologyenquiries@nhs.net) (we reply to emails within 3 working days)

If you are concerned that your child is **seriously unwell during working hours**, contact our eye casualty, **phone** 020 7188 4336 (Monday to Friday, 8.30am to 4pm)

If you are concerned that your child is **seriously unwell outside working hours**, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)

## Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk). To make a complaint, contact the patient resolution team **phone** 020 7188 3514 **email** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your child's care in a different language or format, please get in touch, **phone** 020 7188 8815 **email** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

This service offers medical help and advice from fully trained advisers. They are supported by experienced nurses and paramedics, **phone** 111 (24 hours a day) **web** [www.111.nhs.uk](http://www.111.nhs.uk)

## NHS website

This website gives information and guidance on all aspects of health and healthcare. It can help you to take care of your child's health and wellbeing, **web** [www.nhs.uk](http://www.nhs.uk)



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Our values: **Put patients first** | **Take pride in what we do** | **Respect others** | **Strive to be the best** | **Act with integrity**