



EYELID ECTROPION

WHAT IS AN ECTROPION?

Ectropion is the medical term used to describe an outward turning of the lower eyelid. The majority of ectropia are caused by laxity of the tissues of the eyelid as a result of the natural ageing process. As we get older the eyelid stretches and becomes floppy allowing it to turn out. It can also be caused as a result of sun damage to the cheek skin, causing it to contract and pull the eyelid down. This condition is known as a cicatricial (scarring) ectropion and is common in Devon due to the large amount of sun exposure we experience.

WHAT ARE THE SYMPTOMS?

Ectropion can lead to excessive tearing, redness, mucous discharge and irritation of the eye. There is also a chance of damage to the surface of the eye.

WHAT IS THE TREATMENT FOR ECTROPION?

An operation is usually needed to fix an ectropion. The surgery lasts between 45 to 60 minutes and is performed with “freezing injections” (local anaesthesia) as a day case procedure. This operation will involve tightening of the lower lid, which will correct the lid laxity. You may have a small incision of 10-15mm with a few stitches at the outer corner of the eye or extending down from the edge of the eyelid. A small skin graft may be needed if there is sun damage to the lower lid skin. The graft is usually taken from behind the ear, the upper eyelid or the arm.

Sometimes a watery eye may persist after successful ectropion surgery as the tear ducts may not be functioning and this may be corrected with a further surgery if necessary.

WHAT SHOULD I DO IN PREPARATION FOR SURGERY?

Blood thinning medications such as aspirin, clopidogrel, rivaroxaban and warfarin can make bleeding more likely during and after surgery. If you are taking these drugs your doctor will tell you if and when to stop these medications prior to surgery. You should also stop anti-inflammatory drugs like ibuprofen (Nurofen), fish oil, ginger, ginseng and garlic containing supplements 2 weeks before surgery.

WHAT HAPPENS AFTER THE OPERATION?

The eye will be padded after surgery and you can then return home to rest, with instructions for when to remove the dressing over the eye. If no skin graft has been used the eye pad is usually removed the next day. If a skin graft is present then the dressing may need to remain in place for a few days. You will also be given a post-operative care leaflet that describes how to clean the eye and apply the medication that you will be given.

It is advisable to keep the operated area relatively dry for 7 days, although showering is permitted once the dressings are removed. You will unusually require one week off of work.

Do not swim, wear your contact lenses or eye make-up for at least 2 weeks following surgery. However you may need to avoid for longer if the eye remains red.



PATIENT INFORMATION LEAFLET

WHAT IS THE FOLLOW-UP TREATMENT?

You will be given a clinic appointment for between one and two weeks after surgery when the skin stitches will be removed by one of our nurses.

If a skin graft has been used then we may organise to see you in 2-3 days to remove the dressing.

WHAT ARE THE MAIN COMPLICATIONS FOLLOWING ECTROPION SURGERY?

The risks of surgery include:

Recurrence: Ectropion surgery is generally very successful with 95% of patients corrected with one operation. A few people may require a second procedure some months later if the initial surgery fails to correct the lid position. The ectropion may also rarely occur again over the years usually due to continued scarring of the eyelid skin due to sun damage. The surgery can be done again to fix this.

Scarring: this is normally hidden in the natural skin crease of the eyelid. Stitches may be visible for the first week, then, when they are removed, a faint scar is visible. The scar may seem a bit thickened & red for 6 to 12 weeks, becoming almost invisible after that period. Not every scar heals equally well. A thickened or reddened scar can be improved with silicone scar remodelling gel, but the treatment needs to be continued for months to have a good result.

Infection: this is very rare; occasionally the stitches may have an infective or inflammatory response, which settles with oral and topical antibiotics.

Wound problems: Wound healing issues such as the wounds splitting or coming apart are uncommon and can be managed by either letting the wound heal in by itself or by stitching the wound.

Bleeding/Bruising : If you experience bleeding from the wound or eye use an ice pack (or frozen peas are a good alternative) wrapped in a towel to apply firm pressure (without releasing) to the eye for 15 minutes by the clock and then repeat if the bleeding continues. Almost all cases of bleeding will settle with pressure. Infection is rare and is associated with a marked increase in pain, tenderness, swelling and redness. Most infections can be easily treated with a course of antibiotics.

Corneal abrasion: Very rarely an internal stitch may rub against the surface of the eye causing an intense scratching pain every time the eye is moved. If this fails to settle, put some of the antibiotic eye ointment in the eye and contact the eye clinic to be seen within a day.

Theoretical risk to vision: any eyelid surgery carries the risk that an undiagnosed infection or bleed could damage the optic nerve. This is incredibly rare.

Asymmetry of eyelid shape: this is rare, but can occur.