

Ectropion

Information and advice for patients

Birmingham and Midland Eye Centre

Ectropion

What is it?

Ectropion is a condition in which the eyelid turns outward.

What are the symptoms of ectropion?

Ectropion can be diagnosed by a routine eye examination and special investigations are not needed.

What causes ectropion?

The main cause of lower lid ectropion is increased laxity of the eyelid due to advancing age but it may also occur as a result of trauma, scarring or other previous surgery. Finally, impairment of the facial nerve, which maintains the strength and tone of the eyelids (as can occur in Bell's palsy or facial nerve palsy) can lead to laxity of the eyelid and a secondary ectropion.

What are the symptoms of ectropion?

Symptoms can include the following:

1. Watery eyes

When the lower lid punctum (the tear drainage hole in the inner aspect of the eyelid) no longer sits against the eye surface, tear drainage from the eye is reduced.

2. Irritable, red and sore eyes.

When the eyelids are lax and the eyelids do not close fully, the spread of tears across the eye surface can be compromised causing the exposed eye surface to become dry. This can lead to uncomfortable red eyes and reflex tearing (increased watering of the eyes).

Is ectropion serious?

Rarely, untreated ectropion can lead to corneal exposure and corneal infection. This can then pose a risk to vision. The cornea is the clear part of the front of the eye that allows light to enter the eye.

How is ectropion treated?

The management of ectropion depends on the cause but usually involves an operation whereby the lower eyelid is tightened at the outer corner of the eyelids. This is usually performed as a day-case procedure in our operating theatre under local anaesthetic, sometimes with the patient lightly sedated with oral or intravenous medications. The operation usually takes about 40 minutes. More complex cases such as those caused by scarring may require more extensive surgery such as a small skin graft to the lower lid. After

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surgery, the eye is usually padded overnight to reduce swelling and bruising. Antibiotic drops and/or ointment are prescribed for 2 weeks. A review in clinic is organised for two weeks later to check on the position of the eyelid and wound healing.

Is the surgery effective?

Most patients experience immediate resolution of their symptoms after surgery with little, if any post-operative discomfort. After your eyelids have healed, there will no longer be a risk of corneal scarring, infection and loss of vision.

What are the risks of ectropion surgery?

No operation is without risk. In addition to removal of sutures (which are not always removed and are often left until they fall out), minor swelling and bruising can be expected and may last for up to 2 weeks. Other risks include bleeding and infection, scarring, under or over correction, recurrence of the ectropion and irritation from the stitches or from the preservative in the prescribed eye drops. These risks are very uncommon. Damage to the eye or eyesight. This risk is very small in the hands of a specialist Oculoplastic surgeon.

What are the risks of not having the treatment?

The risks of not having the treatment include discomfort and soreness of the eye, and secondary infection, which could lead to permanently impaired vision. Other risks include: excessive tearing and sensitivity to light and wind.

Are there any alternatives to this treatment/investigation?

Alternative options to surgery are unusual but may include using ocular lubricants to soothe the eye. This is a simple treatment method, which may be impractical in the long term.

During the treatment

How long does it take?

The operation usually takes about 40 minutes.

After the treatment/investigation

Will the operation be painful?

There will inevitably be some pain after the operation but this may be managed with painkillers and usually subsides within 24-48 hours. Pain is usually associated with head and eye movement and can be minimised by limiting head and eye movements. Elevating the head at night with 2 or 3 pillows can also help to reduce pain.

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When can I go home and resume my normal activities?

Usually patients are admitted on the day of surgery and discharged home the same day. When the eye pad is removed the morning after surgery, it is important not to rub the eyelid. Patients are advised to rest for a day or so before resuming their usual activities, including returning to school or work when they feel ready. Swimming however should be avoided for 2 to 3 weeks after surgery.

You may gently clean the eyelids with cooled boiled water. You can clean the rest of your face normally.

Will I be able to continue to drive?

If you have normal vision in your non-operated eye you can continue to drive as long as you can read a number plate from 20.5 metres.

Follow-up

You will be given a post-operative follow-up appointment for about 2 weeks to monitor wound healing. The stiches are absorbable but may be removed if they are causing itching or irritation.

Symptoms to report

If you have any concerns after your surgery including pain not relieved by simple painkillers (such as paracetamol or ibuprofen), bleeding or reduced vision, please contact your GP (General Practitioner), NHS Direct (Tel: 111 from any landline or mobile phone free of charge) or if symptoms are severe, the Eye Casualty on 0121 554 3801. The Eye Casualty team will be able to liaise with your Oculoplastic team to help you.

Will I require further surgery?

More than one operation is occasionally required.

Contact details

If you have any questions or are worried about any of the information in this leaflet, please contact the Oculoplastic nurse practitioner on 0121 507 6894 Monday to Friday 9.00am to 4.00pm.

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Further information and support

British Oculoplastic Surgery Society

www.bopss.co.uk

For more information about our hospitals and services please see our website

www.swbh.nhs.uk, or follow us on Twitter @SWBHnhs and Facebook

www.facebook.com/SWBHnhs.

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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