

Informed Consent for Ptosis Surgery
(Droopy eyelid surgery)

WHAT IS PTOSIS AND HOW IS IT CORRECTED?

Ptosis is a condition that occurs when one or both upper eyelids droop and the edge of the upper eyelid falls towards or over the pupil. Ptosis is usually caused by stretching or thinning of the muscle that raises the eyelid which makes it harder for you to lift it. This may lead to eyelid and forehead muscle fatigue and an overall feeling of eyelid heaviness. Less common causes of ptosis include nerve or muscle damage from injury, prior surgery, infection, muscle weakness, and neuromuscular disorders related to stroke, tumors, Horner's syndrome, Parkinson's Disease and myasthenia gravis. Children can be born with congenital ptosis; the muscle is abnormally stiff and does not function well. This condition usually lasts until it is surgically corrected.

To correct ptosis in most adults and some children, the Dr. Fountain makes an incision in the upper lid to reach and shorten the muscle or tendon that opens the eye. The incision may be made from the outside or from inside the lid—Dr. Fountain will decide based on your individual examination and can outline the relative pros and cons of each. With the front or anterior approach, Dr. Fountain makes a cut in the skin in the upper lid crease; if there is no eyelid fold, one will be created where the incision is made. With the inside approach the incision is made through the moist part of the upper eyelid. If the muscle is not strong enough to lift the eyelid, more commonly seen in children, the Dr. Fountain must create a “sling” by connecting the eyelid to the frontalis muscle in the forehead.

Ptosis surgery does not usually include removal of excess fat or skin in the upper eyelid. Under certain circumstances it can be combined with the operation known as blepharoplasty in which fat and skin removal is the primary goal of surgery.

HOW WILL PTOSIS SURGERY AFFECT MY VISION AND APPEARANCE?

The droopy eyelid is like a curtain that blocks the view. Patients with ptosis frequently notice that they have less peripheral or side vision, particularly when looking up. The more ptosis, the greater the peripheral vision loss. When the eyelid is raised, either manually by hand, or surgically through one of the approaches described above, the blockage is removed and the eye can see more fully. Ptosis surgery only corrects vision loss due to droopy eyelids. It does not improve blurred vision caused by problems inside the eye, or by visual loss caused by neurological disease behind the eye. To prevent

amblyopia or poor visual development in children born with congenital ptosis, the surgery may need to be done early in life.

Patients with ptosis often report that droopy eyelids make them look and feel “tired.” When the eyelid is raised in ptosis surgery, patients usually prefer the new eyelid position, and feel it improves their appearance as well as their peripheral vision. It is important to understand that while Dr. Fountain will make every attempt to make the lids as even possible, perfect symmetry may not be attainable. When only one eyelid is raised, it may cause the other eyelid to relax and drop a little bit. If this happens, ptosis surgery on the other side may be needed. When both lids need to be raised, it may result in new sagging of the upper lid skin as it drapes over the now-raised lid edge. This can usually be managed with skin removal (blepharoplasty) at the time of surgery or as a subsequent procedure but is often not covered by insurance. *If you have questions about this, be sure to ask your doctor.*

WHAT ARE THE MAJOR RISKS OF PTOSIS SURGERY?

General--Risks of ptosis surgery, like most eyelid surgical procedures, include but are not limited to: bleeding, infection, and asymmetric or unbalanced appearance, scarring, difficulty closing the eyes (which may cause damage to the underlying corneal surface), a “wide-eye” or “open” appearance, difficulty with or inability to wear contact lenses, double vision, tearing, or dry eye problems, numbness and/or tingling in the operated eyelid, near the eye, or on the face, and in rare cases, loss of vision. While ptosis correction is usually permanent, the condition can recur. If it does, you may need to have repeat surgery.

Dry Eye and Light Sensitivity--A specific consequence of ptosis surgery is that in making the eye more open and improving peripheral vision, the higher lid position also allows more of the surface of the eye to be exposed to air. People who have never had dry eye or light sensitivity problems before surgery, may develop them afterwards, at least temporarily but sometimes permanently. People who already have dry eye or light sensitivity are at risk for this condition to worsen after surgery, sometimes permanently. If you have even moderate or severe dry eye, ptosis surgery may not be advisable for you. Please advise Dr. Fountain if this applies to you.

Asymmetry (eyelids that are not even)--The result of ptosis surgery cannot be guaranteed. No two bodies are the same and no two eyelids respond the same way to surgery. Ptosis correction involves shortening the tendon and/or muscle inside the eyelid, which can make results unpredictable from one patient to the next. You may have friends or family members who’ve had very successful ptosis surgery. This is no guarantee that you will. At times, Dr. Fountain may need to adjust the position and shape of the eyelid after ptosis surgery. The adjustments can be done early (within the first ten days) after surgery, or later on if significant asymmetry of the eyelid position or shape occur. Adjustments to improve symmetry are usually considered to be cosmetic and therefore,

may not be covered by insurance. The final result depends upon your anatomy, your body's wound healing response, and the underlying cause of the ptosis.

Some patients have difficulty adjusting to changes to their appearance. Some patients have unrealistic expectations about how changes in appearance will impact their lives. Carefully evaluate your goals, expectations and your ability to deal with changes to your appearance and the possible need for repeat surgery before agreeing to this surgery.

WHAT ARE THE ALTERNATIVES TO PTOSIS SURGERY?

Patients can live with ptosis and blocked or reduced peripheral vision, the condition is NOT harmful to the eye itself; however, there is no reliable method to correct ptosis on a permanent basis without surgery. Patients who are too sick to have surgery may find relief by lifting their eyelid with their fingers or tape in order to see. Obviously, the eyelid droops again as soon as the temporary lifting is stopped.

WHAT TYPE OF ANESTHESIA IS USED AND WHAT ARE ITS RISKS?

In children, general anesthesia is necessary. In teenagers and adults, ptosis surgery may be performed under local anesthesia in the office or with mild sedation as an outpatient at Highland Park Hospital. Risks of local anesthesia and sedation include but are not limited to damage to the eye and surrounding tissues and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

PATIENT'S ACCEPTANCE OF RISKS

I have read the above information and understand that it is impossible for Dr. Fountain to inform me of every possible complication that may occur. I also acknowledge that results cannot be guaranteed, that adjustments and more surgery may be necessary and that I may have to live with some unevenness between the two eyelids after surgery. By signing below, I agree that Dr. Fountain or her staff have answered all of my questions and that I understand and accept the risks, benefits, and alternatives of ptosis correction.

I consent to ptosis surgery on (circle one): Right Eye Left Eye Both Eyes

Patient Name

Signature

Date