Droopy Eyelid (Ptosis)

Patient with Ptosis.

How do you know if you have droopy eyelids (Ptosis)

You may find it more and more difficult to keep your eyes open, or you may feel eye strain and eyebrow ache from the increased effort to raise the lids, or fatigue when reading. In severe cases, it may be necessary to tilt your head backward in order to see from under the eyelid. Your family and friends might also notice that you have a constantly 'tired' appearance.

Causes

Ptosis may be present at birth (congenital) or appear later in life (aquired).

Congenital ptosis is usually a result of maldevelopment of the levator muscle responsible for the lifting of the upper lid.

Acquired ptosis has several causes. Among them, the most common cause is the stretching of the levator muscle, due to the ageing process. This is called aponeurotic ptosis.

It is also not uncommon to develop this type of ptosis after eye surgery or after contact lens wear. Other causes of ptosis include third cranial nerve palsy and neurological muscular disorders such as myasthenia and muscle dystrophies.

Treatment

The type of treatment available depends on the cause of the ptosis. Aponeurotic ptosis can frequently be repaired surgically.

Surgery is usually performed under local anaesthesia. The main goal of surgery is to elevate the upper eyelid to permit better vision. At the same time, the surgeon aims to achieve a reasonable amount of symmetry. Good to excellent results can be achieved although perfect symmetry may not always be obtained.

Congenital ptosis is different from acquired ptosis in that the surgeon has to deal with an abnormal muscle. When operating on an abnormal muscle, it is not always possible to achieve complete symmetry of both lid positions and function after surgery. Patients with congenital ptosis may still have a drooping lid on up-gaze and the white of the eye (sclera) will become visible on down-gaze. There may be inadequate lid closure during sleep.

Congenital ptosis is usually repaired in childhood if it is severe and obstructs vision. If mild, it can be repaired either in later childhood or early adulthood.