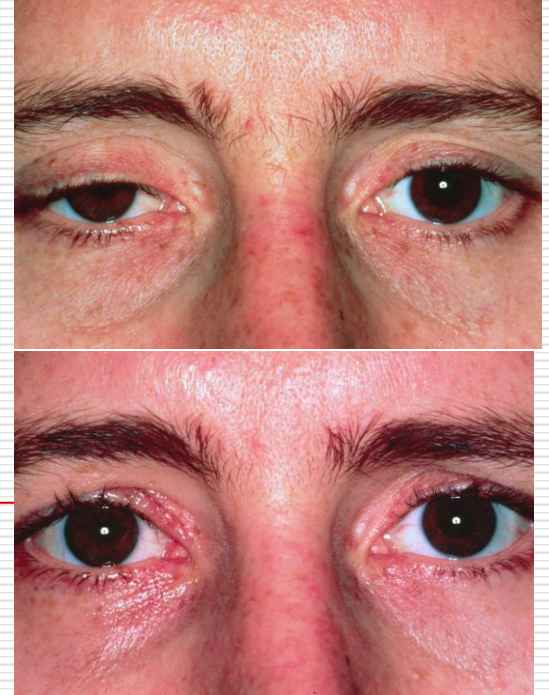


Eyelid Drooping Repair (Myogenic Ptosis)



Kimberly Cockerham, MD, FACS
Central Valley Eye Medical Group

Unilateral Acquired Ptosis

Typically

- one lid droops more than the other
- lid drops lower in downgaze
- lid crease high and indistinct



Lifting the drooping Eyelid and the “normal eyelid” now droops



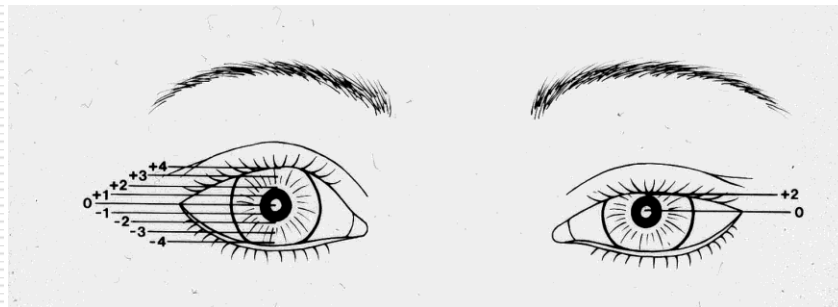
**At least in 5% of cases
will need surgery on other eyelid**

What to Expect on Your Exam

- Do you have dry eyes ?
 - Schirmer's tear strip
 - Look at the surface of your eye
 - Check for Bell's phenomenon
 - Do you have excess skin ?
(dermatochalasis), drooping brows
(Brow ptosis) or eyelid or facial
asymmetry ?
-

During Your Exam; measurements and photos will be taken of your eyelids

- How open is your eye ?
- How strong are your muscles ?
- Does the upper eyelid block your vision ?



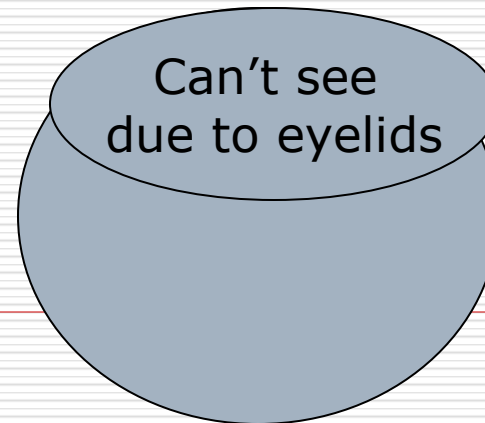
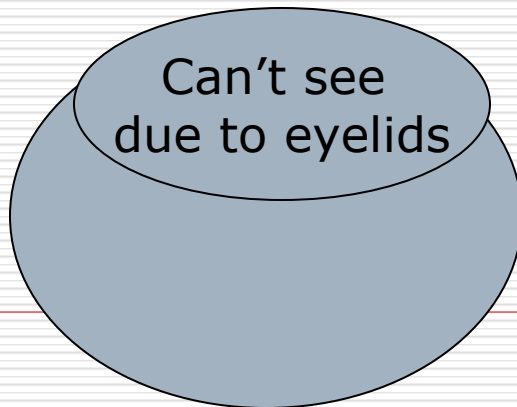
Photos and **visual fields** will be performed to determine if your insurance company will pay for surgery



The pupil is blocked
Insurance will pay for surgery

A Visual Field will be Performed

- ❑ In order for insurance to pay for your surgery, the visual field needs to show that your vision is blocked
- ❑ The test will be performed with your eyelids in natural position and then with taping



Ptosis: Treatment Options

□ **Good muscle function**

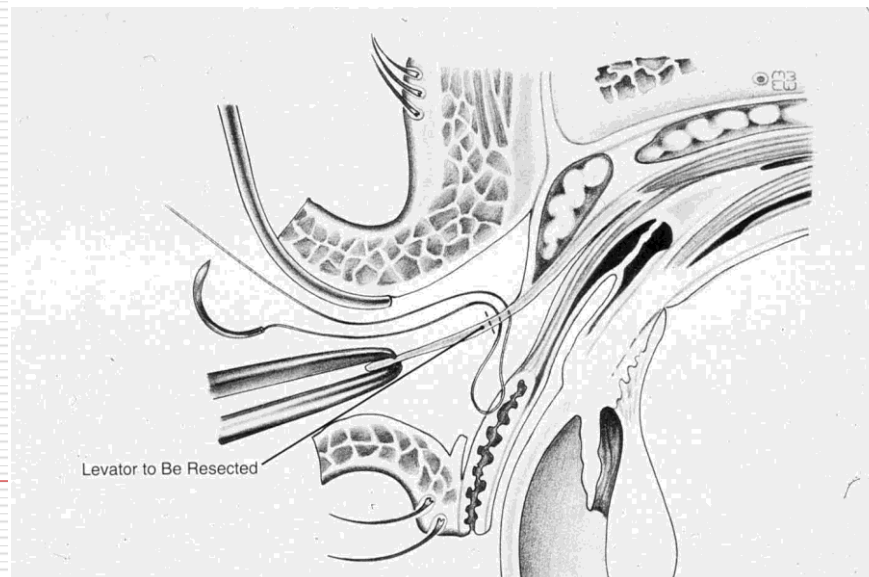
- Take a tuck (like hemming a pair of pants either from the front (levator advancement) or back (Mueller's muscle resection))

Poor muscle function

- Frontalis sling
-

Eyelid Lift: Posterior Ptosis Repair

- Internal approach- no external incision
- If **phenylephrine drop lifts lid this approach will work well**



Posterior Eyelid Tuck – No External Incision



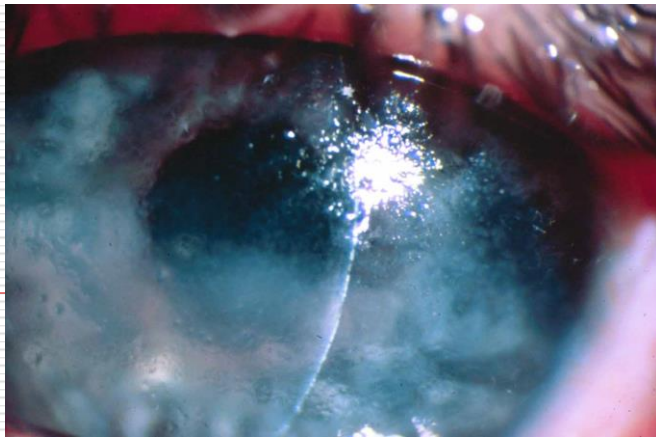
Indication: good levator function

Positive response to 2.5% Neosynephrine test

Informed Consent



- Bleeding**
- Infection**
- Undercorrection/overcorrection**
- Contour asymmetry**
- Eyelid Crease asymmetry**

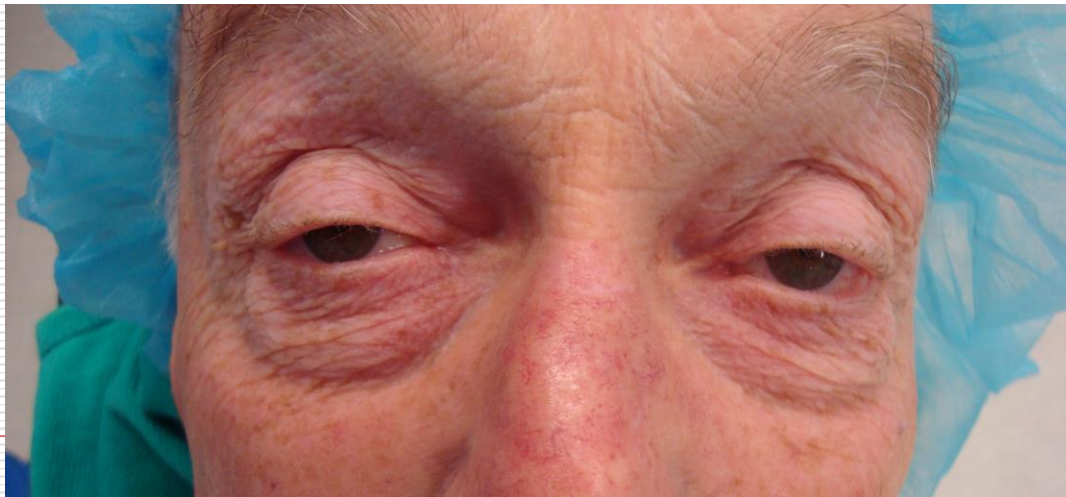


Medications to Avoid Prior to Surgery

- You will be given a comprehensive list of medicines to avoid:
 - **14 days** prior to surgery
 - Stop **aspirin, advil** and other pain relievers (tylenol is ok)
 - Stop **fish oil, flax seed, Vit C and E**
 - **4 days** prior to surgery
 - Stop coumadin/plavix
-

On The Day of Surgery

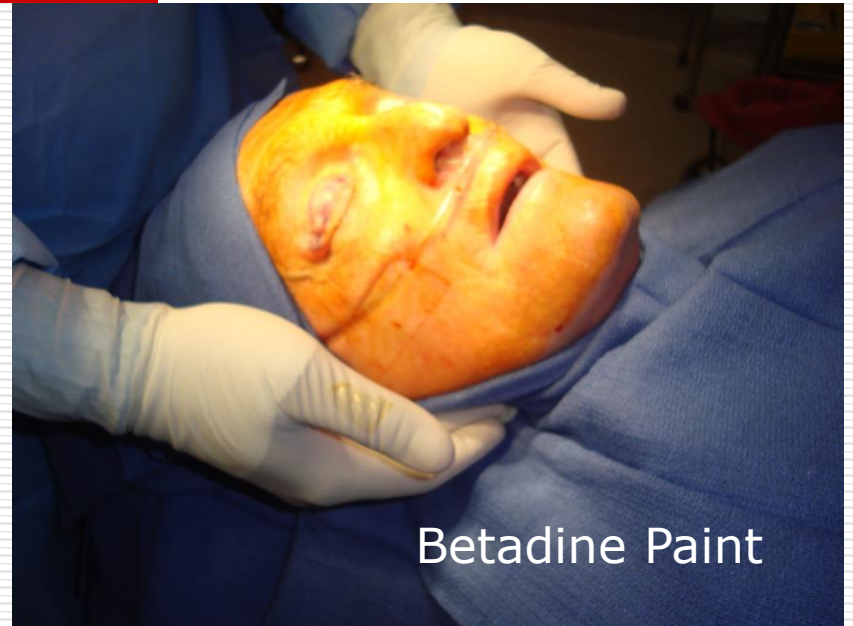
- Arrive 30 -60 minutes before surgery
- Sign Consent
- Surgical hat placed
- IV started with relaxing medication



During Surgery.....



Oxygen
And Warm
Blanket



Betadine Paint



Protective Eye
Shields

During Surgery....



After Surgery: Ice and ointment

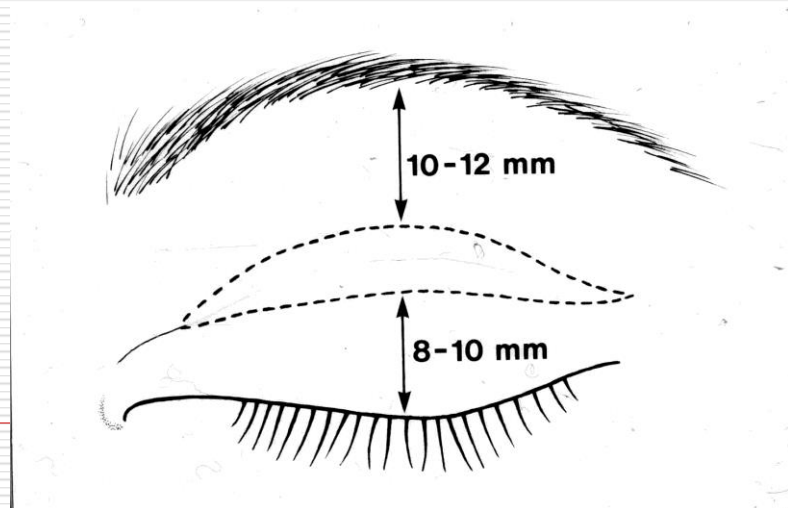


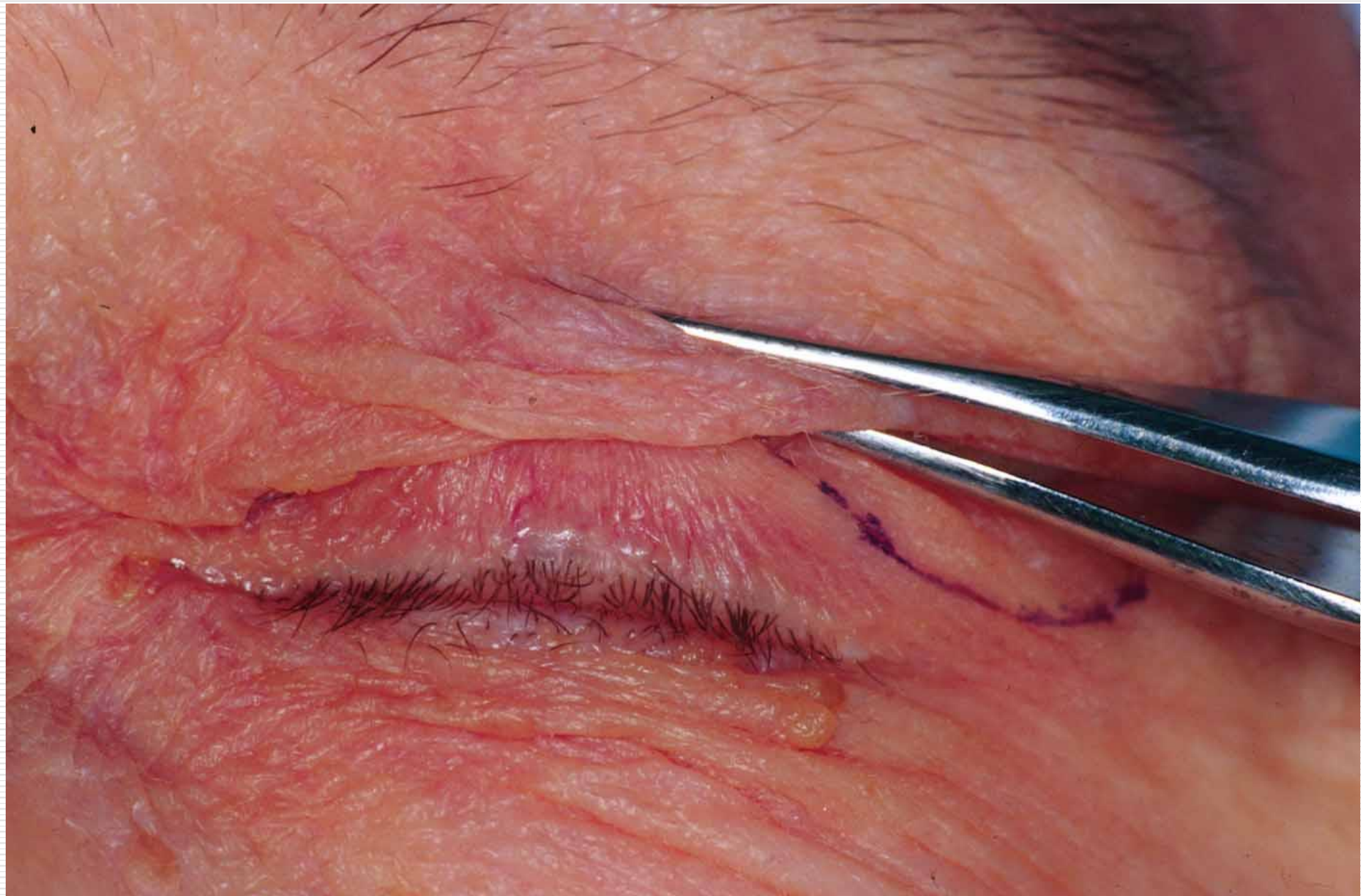


Steristrips are placed
-on sutures/upper lid
-As a girdle/lower lid
-to stabilize the area
of fat repositioning

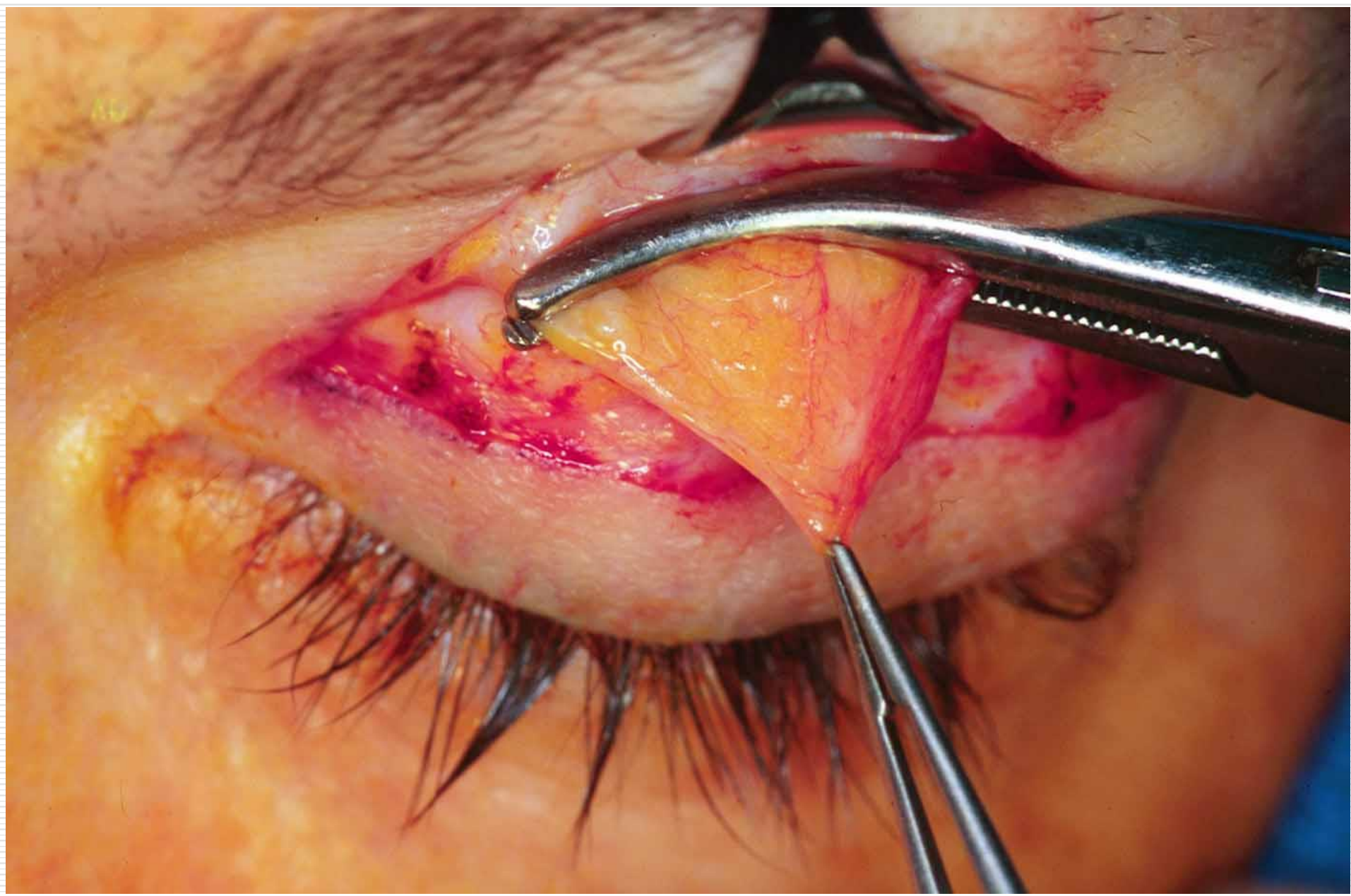
External Approach

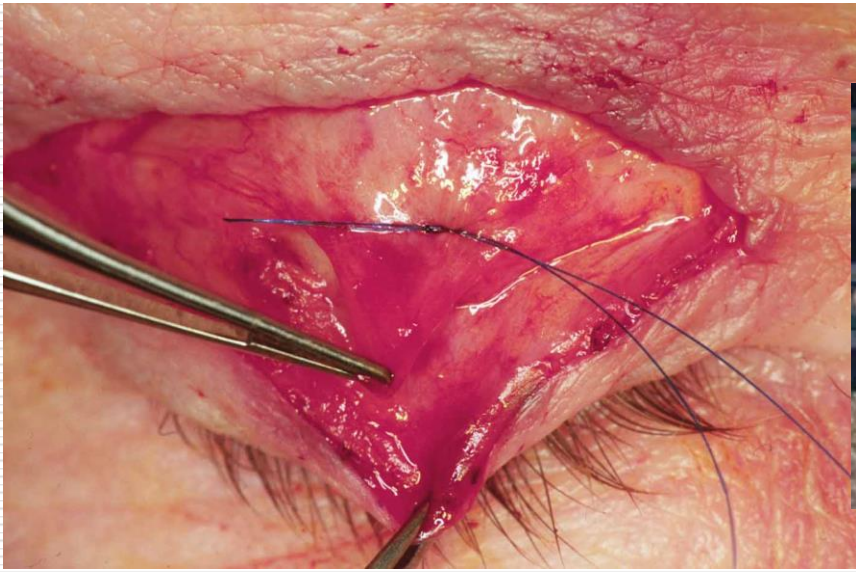
- Eyelid skin incision
- Tuck and/or excise eyelid muscle





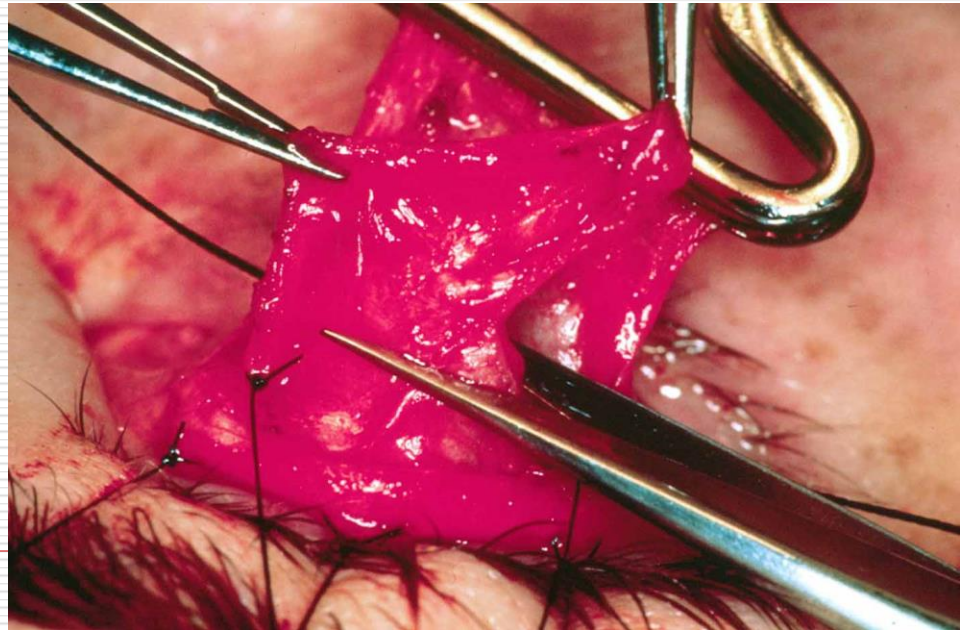
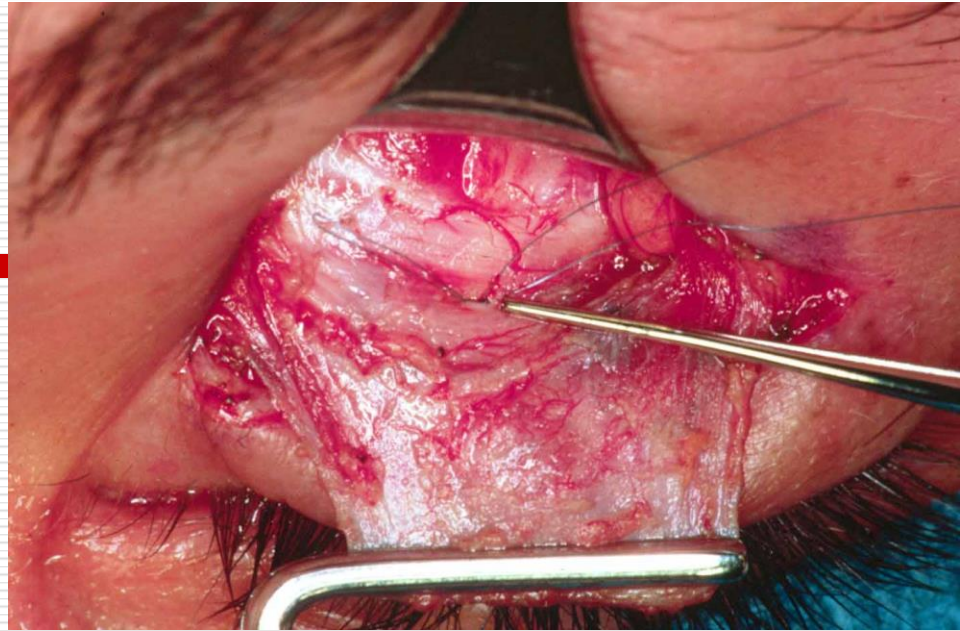
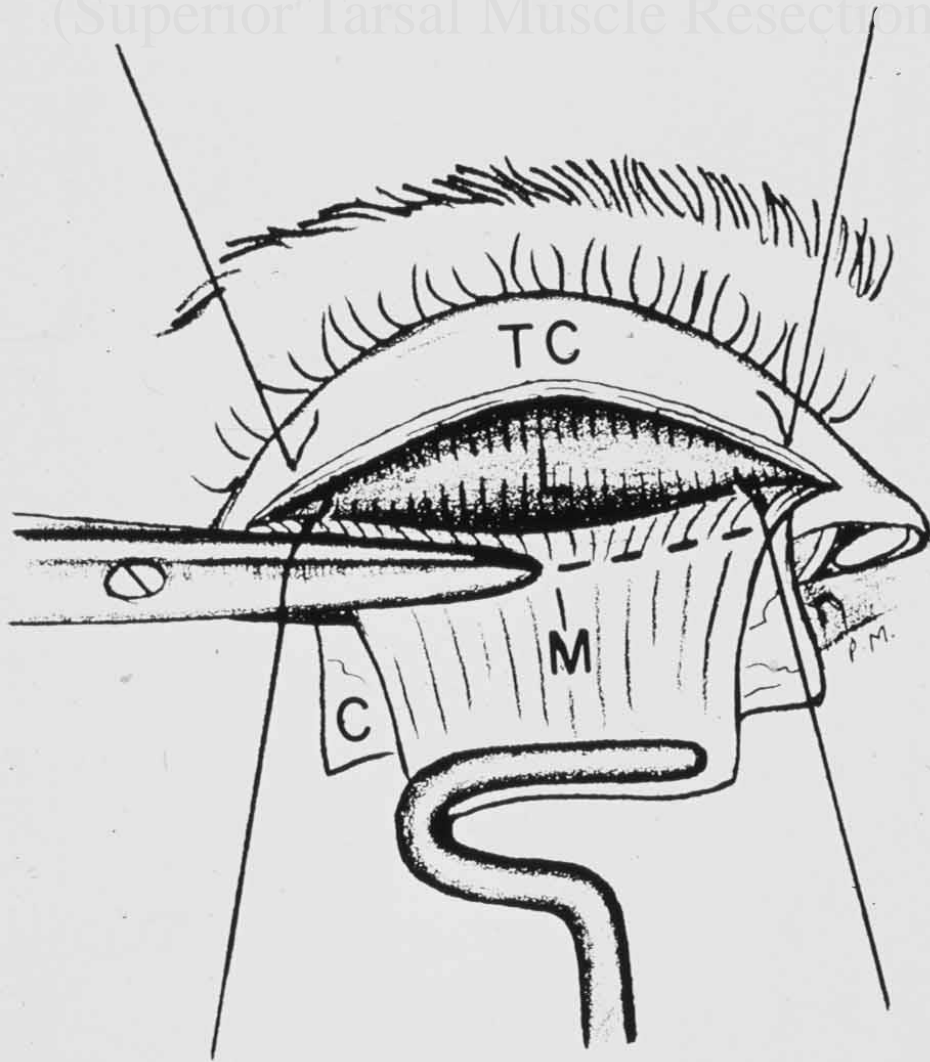






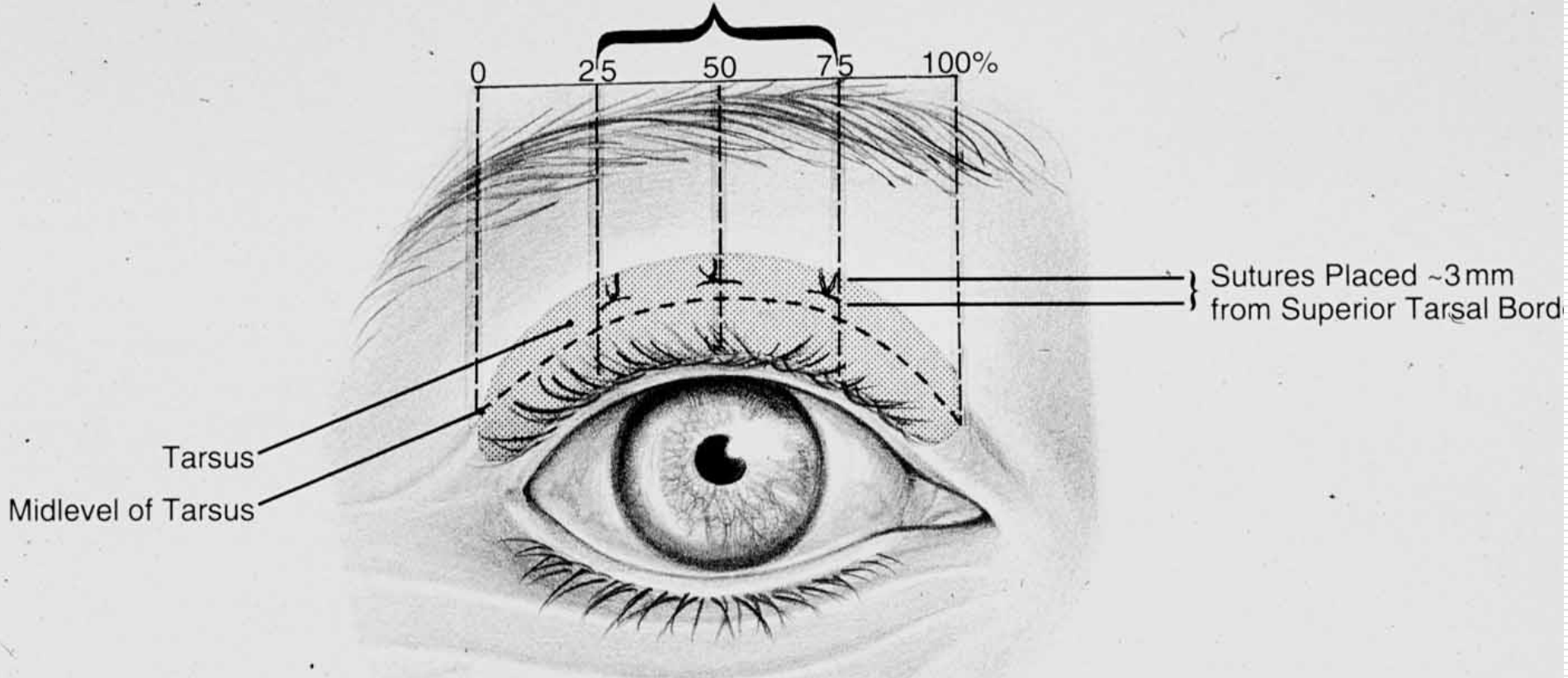
Mueller's Muscle Resection

(Superior Tarsal Muscle Resection)



BLEPHAROPTOSIS

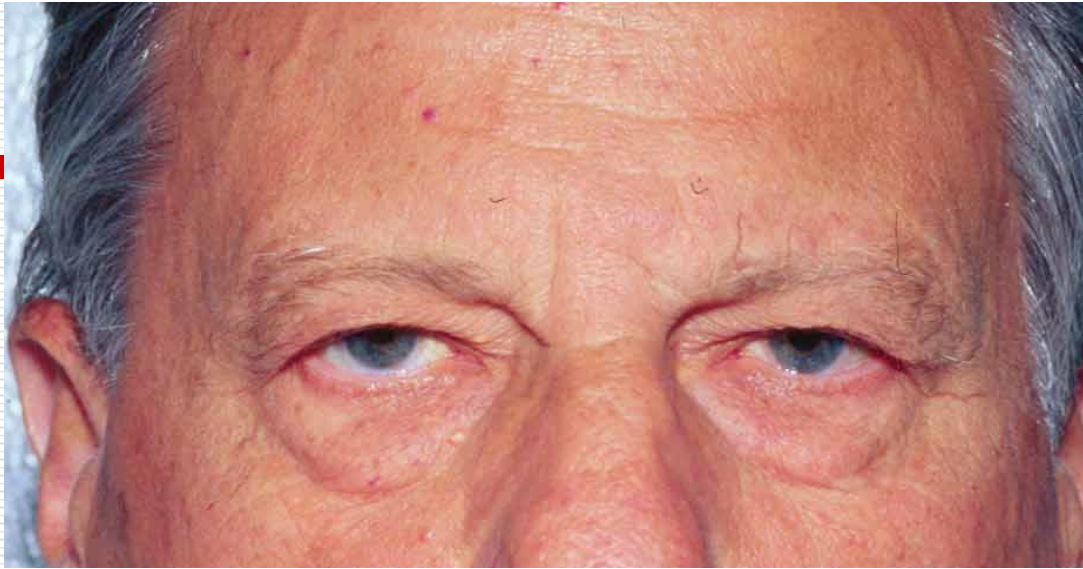
Group Sutures in Central 50% of Tarsus



Bilateral Acquired Ptosis

Pre- & Post-Op External Tuck





Pre and Post-op External Levator Tuck



Direct Brow Lift

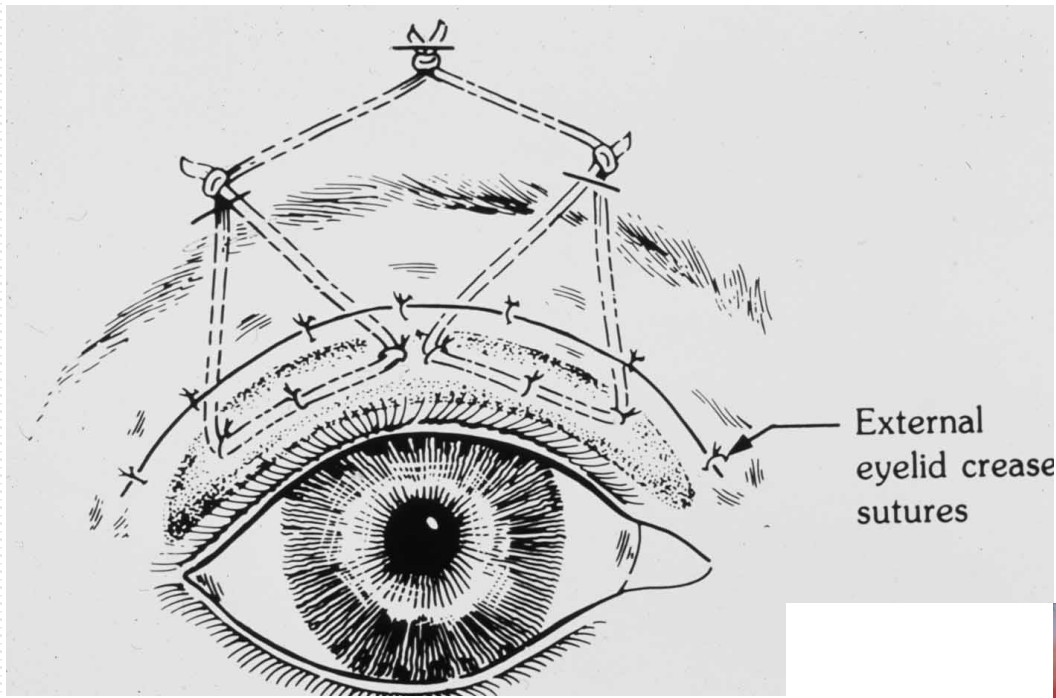


■ Myogenic Ptosis Repair Plus

- ◆ Upper lid blepharoplasty

- ◆ Brow lift





Frontalis Sling



Pre and Post-op: Unilateral Frontalis Sling

