

# EYELID DROOPING REPAIR (MYOGENIC PTOSIS)

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# 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



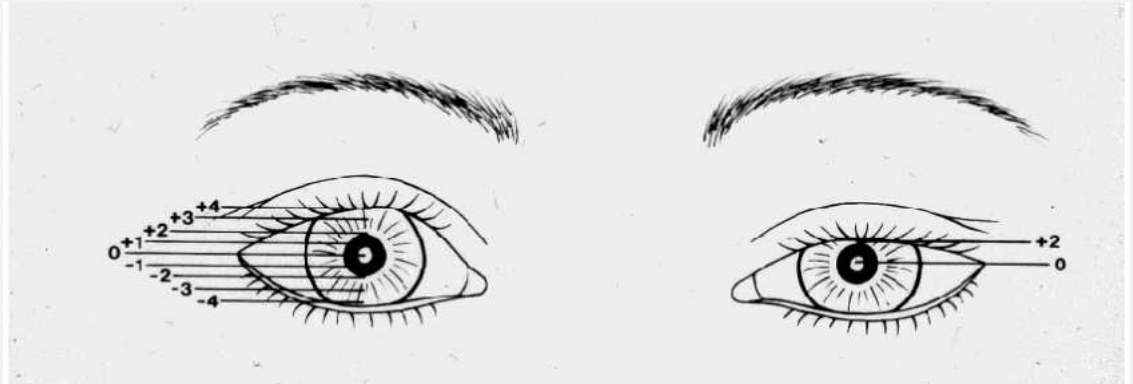
**At least in 5% of cases  
will need surgery on other eyelid**

# 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 ?





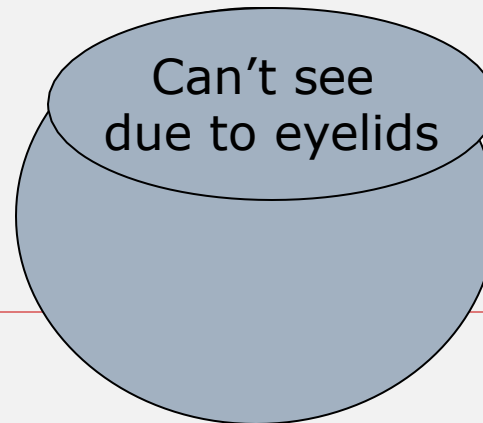
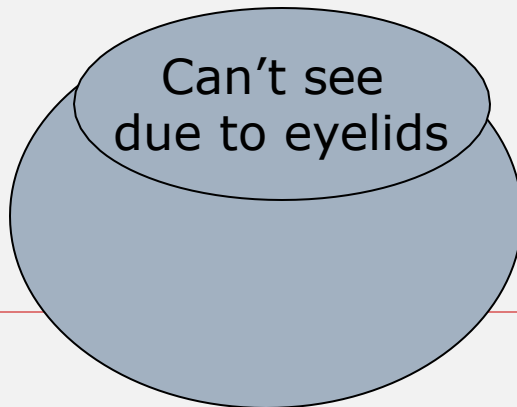
**PHOTOS AND VISUAL FIELDS**  
WILL BE PERFORMED TO DETERMINE  
IF YOUR INSURANCE COMPANY  
WILL PAY FOR SURGERY



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



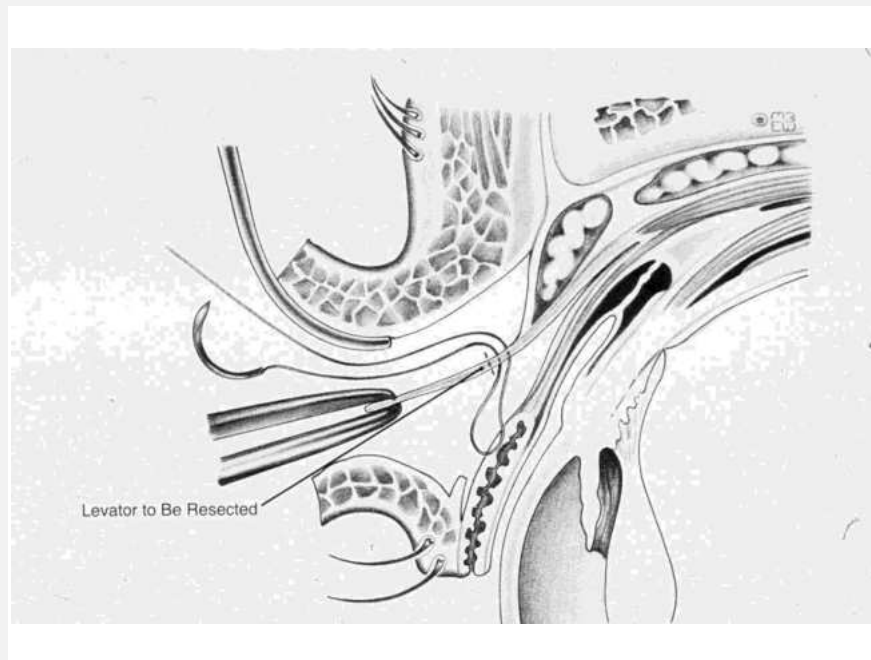
# PTOSIS: TREATMENT OPTIONS

- **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

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



POSTERIOR EYELID TUCK – NO  
EXTERNAL INCISION

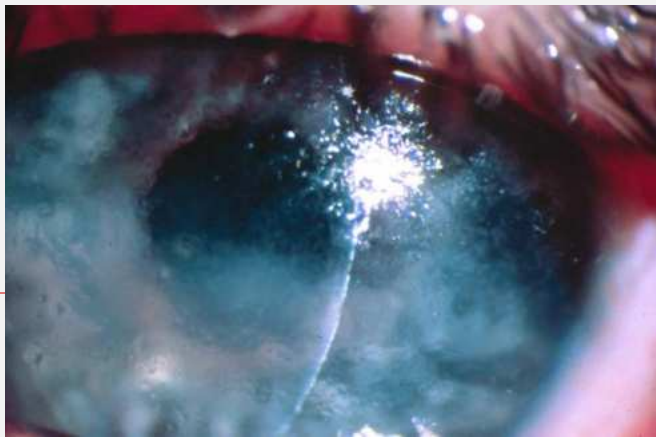


Indication: good levator function

Positive response to 2.5% Neosynephrine test

## INFORMED CONSENT

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



## MEDICATIONS TO AVOID

- 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

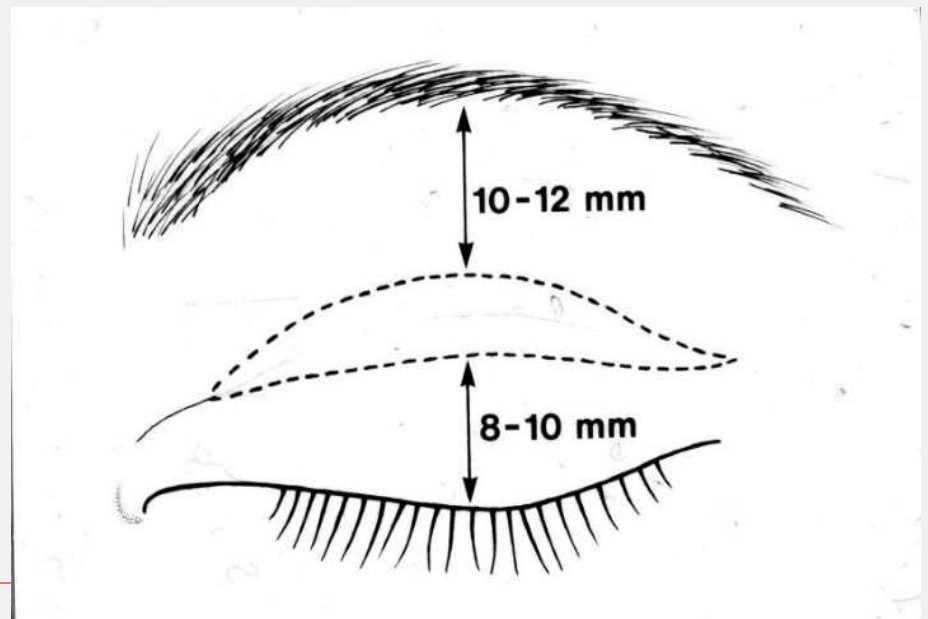




**Steristrips** are placed  
-on sutures/upper lid  
-As a girdle/lower lid  
-to stabilize the area  
of fat repositioning

# EXTERNAL APPROACH

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



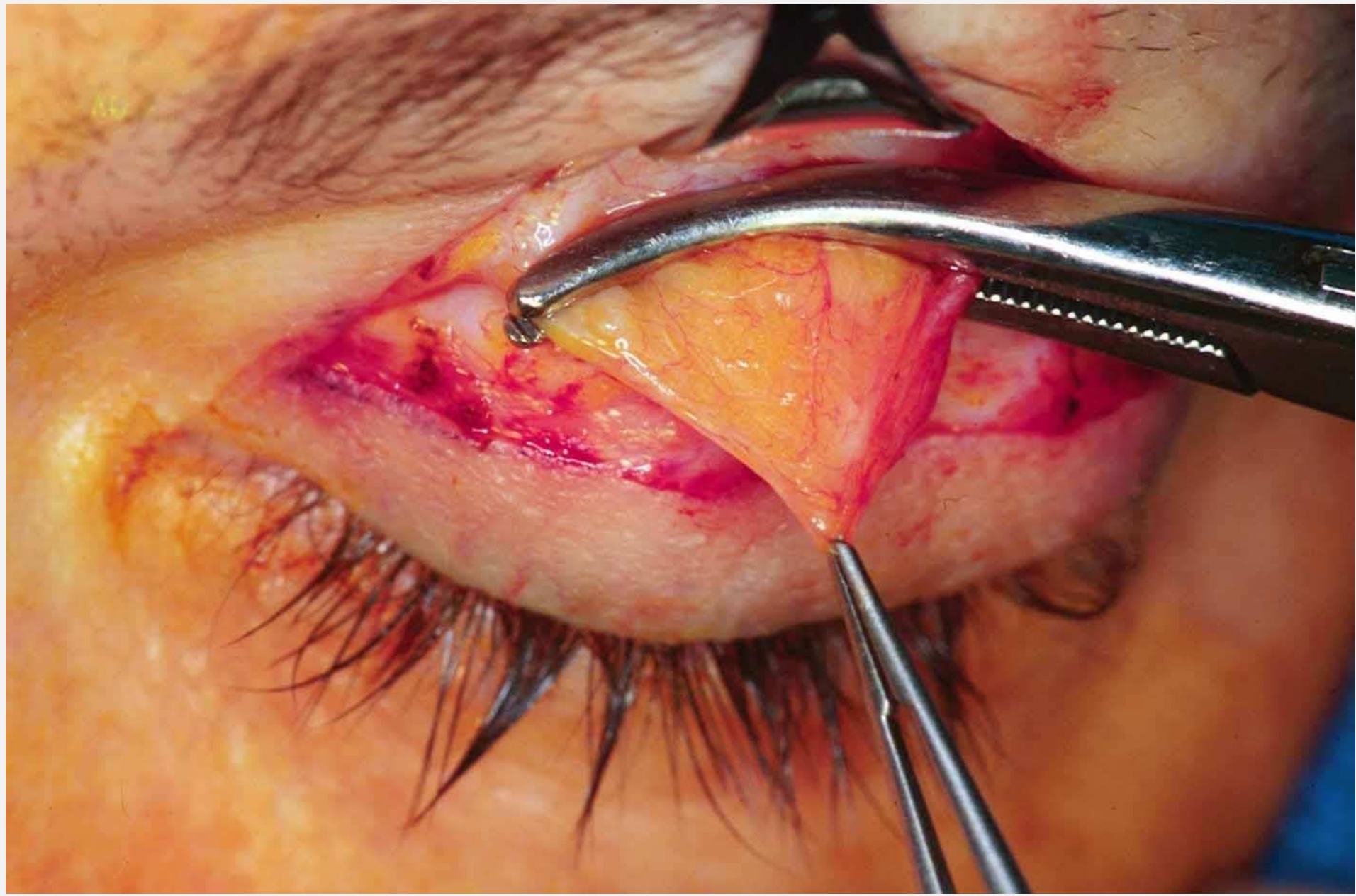


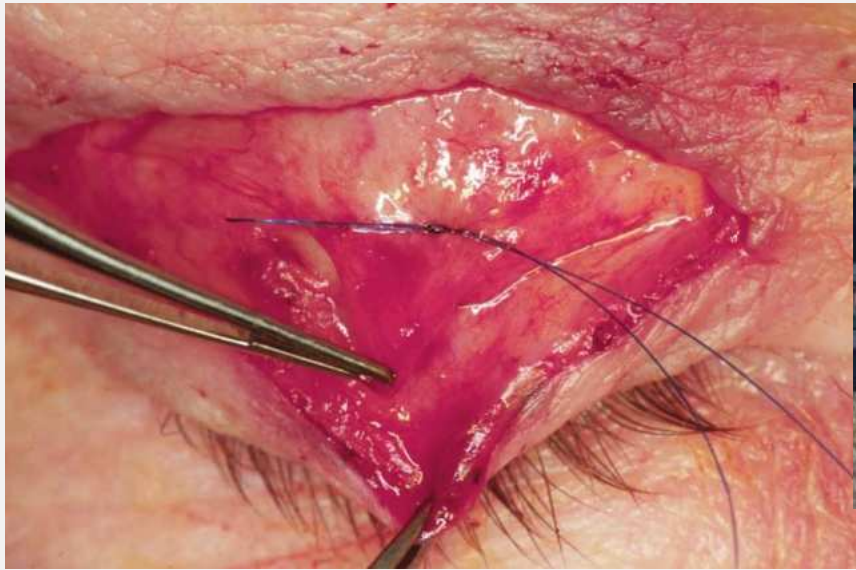








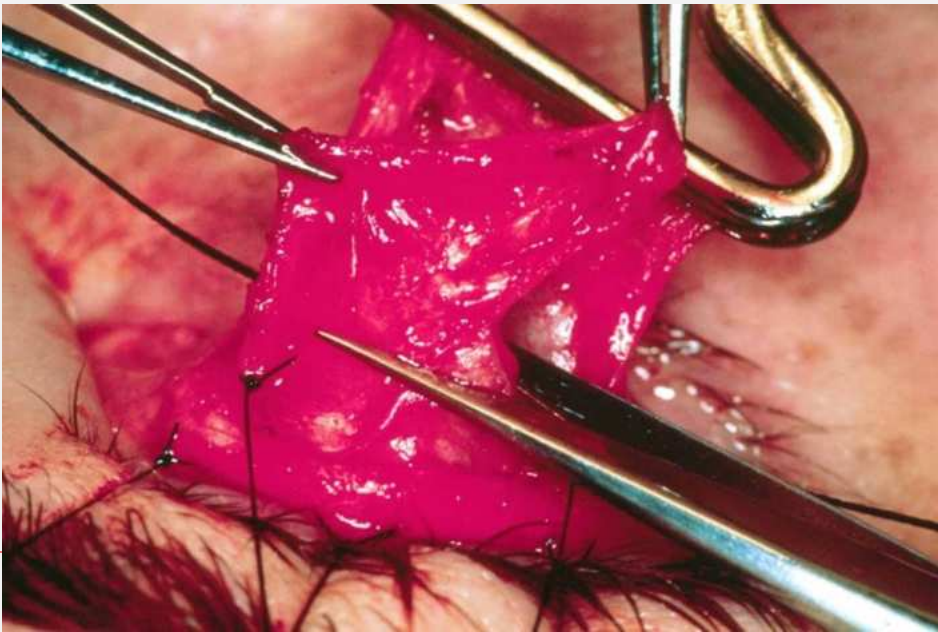
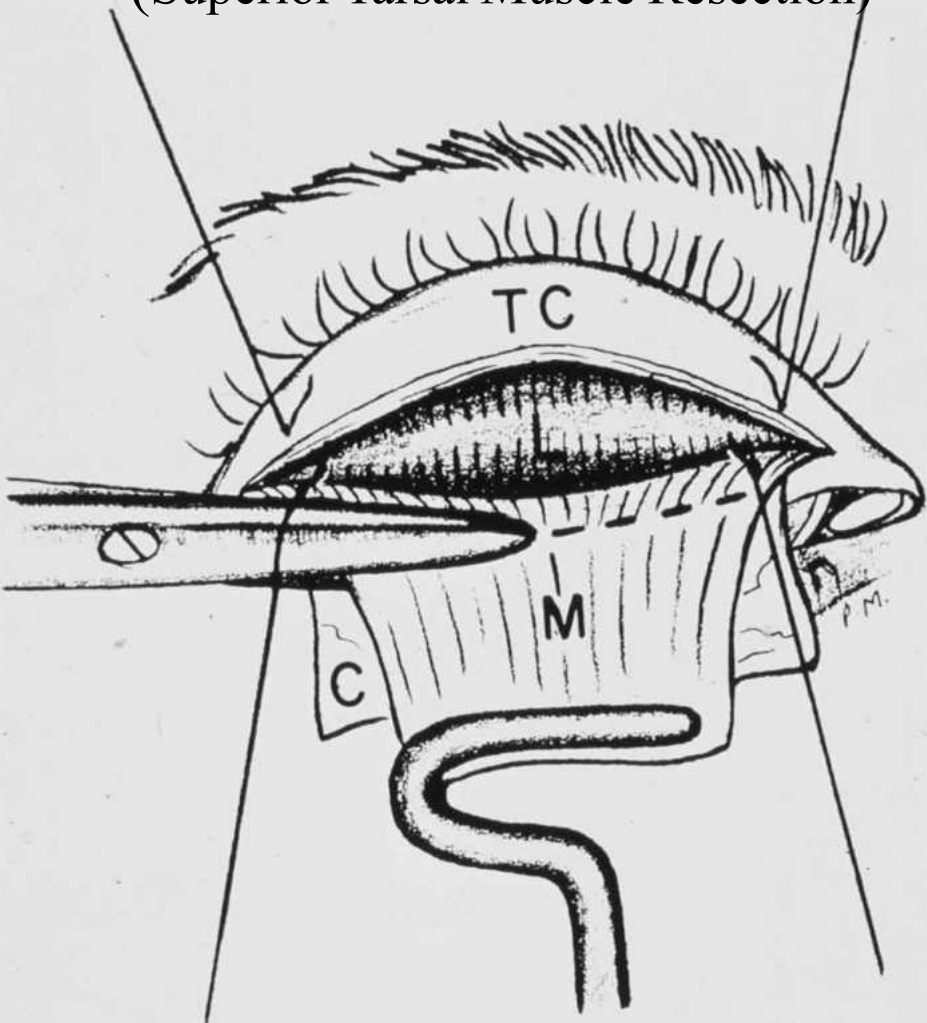






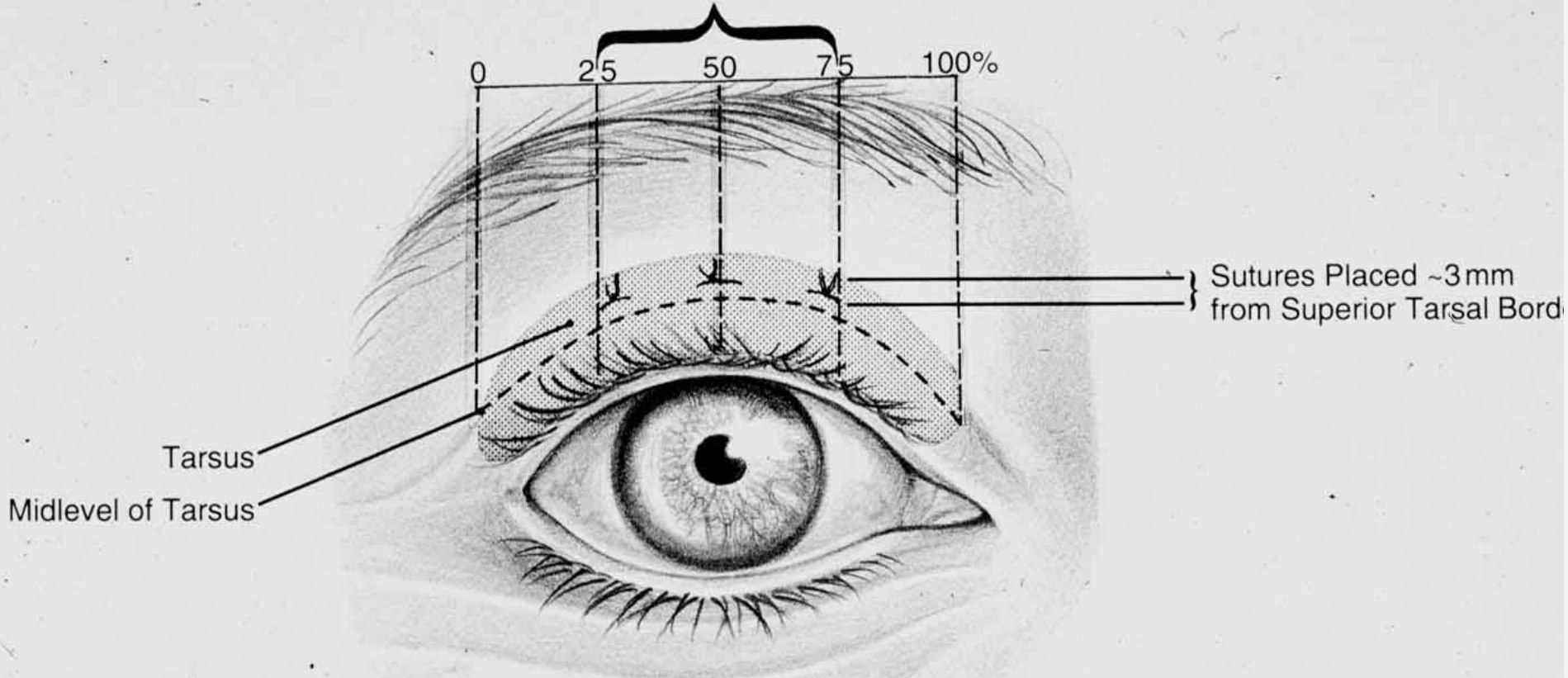
# MUELLER'S MUSCLE RESECTION

(Superior Tarsal Muscle Resection)



# BLEPHAROPTOSIS

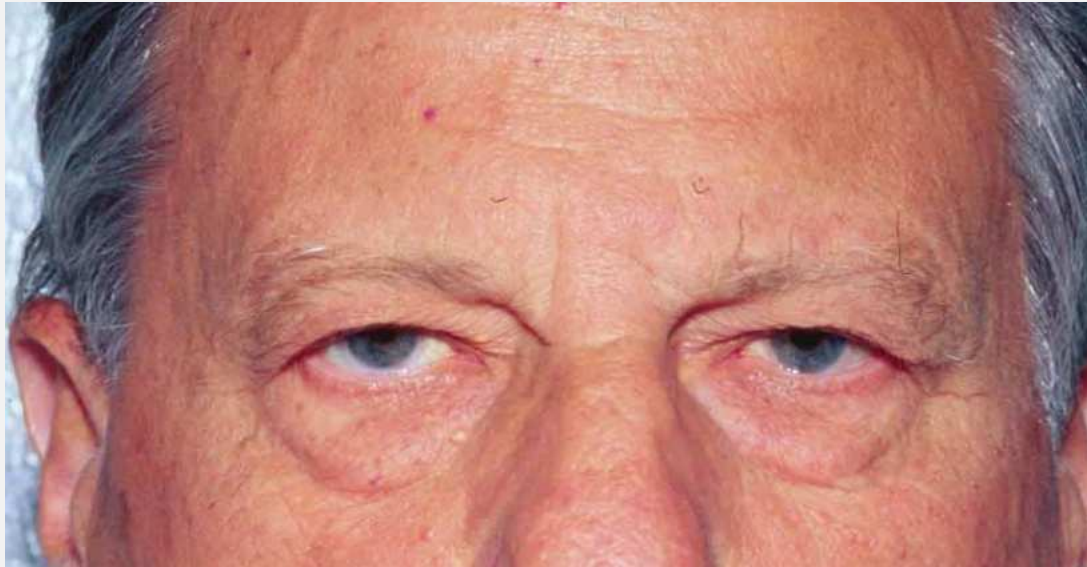
Group Sutures in Central 50% of Tarsus



**BILATERAL ACQUIRED PTOSIS PRE-  
& POST-OP EXTERNAL TUCK**









# PRE AND POST-OP EXTERNAL LEVATOR TUCK





**DIRECT BROW  
LIFT**

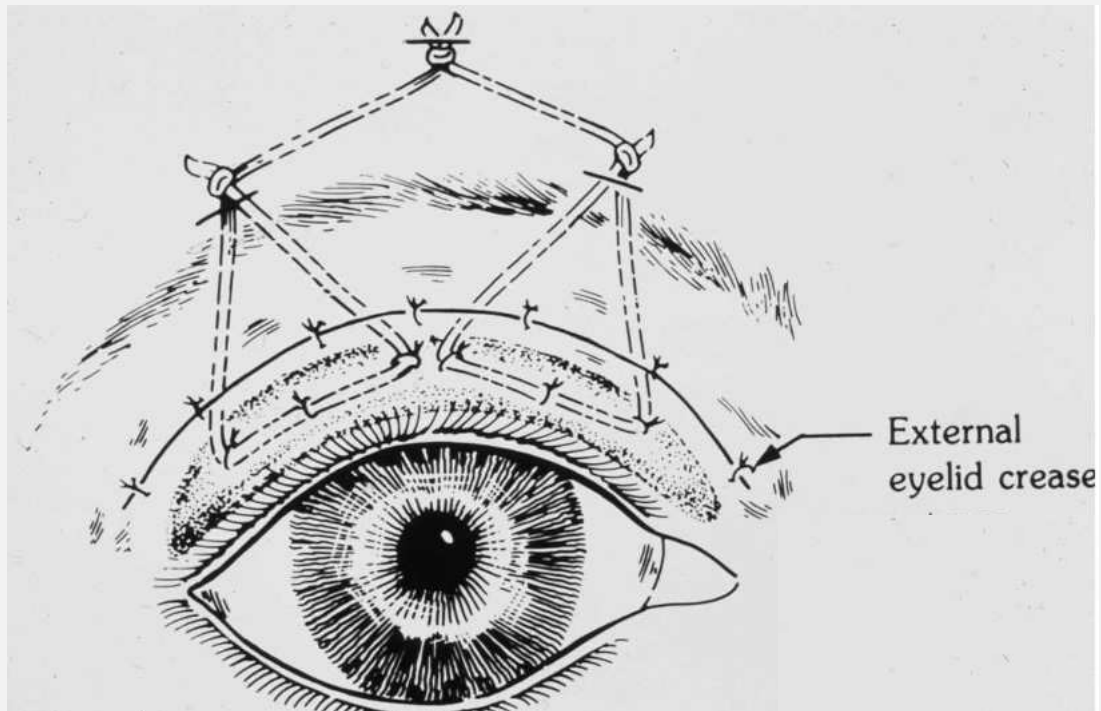


- Myogenic Ptosis Repair Plus
  - Upper lid blepharoplasty
  - Brow lift





# Frontalis Sling



PRE AND POST-OP: UNILATERAL  
FRONTALIS SLING

