

# Patient information factsheet

## Ectropion

### What is ectropion?

Ectropion is when the lower eyelid turns outwards so that the edge of the lid flops away from the eyeball. The lining of the lid may become red and swollen due to exposure to the air and there may be mucous discharge and crusting of the lids. The eye may water because the tear drainage tube in the lid is no longer in the right position to collect the tears.

### What causes ectropion?

- The commonest cause of ectropion is aging change making the lid sag. If the eye waters due to the ectropion, constant wiping may pull the lid further away from the eye.
- Tightness of the lower lid skin from a variety of causes can pull the lid outwards.
- Ectropion may occur in a facial palsy, for example Bell's palsy.
- A heavy lump or cyst in the lid can also cause ectropion.

Examination of the eyelids will enable the doctor to determine the cause and best treatment for your ectropion.

### What is the treatment for ectropion?

Ectropion may get better as a Bell's palsy improves or if any heavy lump or cyst is removed from the lid.

Treatment with ointment or drops may improve symptoms by reducing inflammation in the lining of the lower lid. Wiping of the eye should be upwards and towards the inner corner of the eye to prevent further stretching of the lid. The lid skin should be kept protected with Vaseline or moisturising cream.

If ectropion is troublesome an operation may be needed. Ectropion rarely threatens the vision so surgery is rarely an urgent matter. Most ectropion surgery is carried out under local anaesthetic as a day case.

### What operations can be performed for ectropion?

- Retropunctal cautery

This is used for mild ectropion of the inner corner of the lid. It may be combined with a Three-Snip operation to enlarge the entrance to the tear passage if this is tight. It can be carried out on both lower lids at the same time. It only takes a few minutes.

You will lie on a couch and numbing drops are put in the eyes. The lids are cleaned with an iodine-containing antiseptic solution. Local anaesthetic is injected into the inner corner of the lid, which stings for a short while. The lid is then numb. A fine cautery is used to make tiny burns on the inside of the eyelid. You may hear a buzzing noise. The tiny burns cause controlled scarring of the inside of the eyelid and this helps to pull the eyelid in again.

The antiseptic is washed off, antibiotic ointment put in the eye and an eye pad may be put on. If both sides are treated only one eye will be padded. You will be given drops or ointment to take home. You should not drive yourself home. You should rest for a few hours before returning to normal activities. The eyelid may be bruised, swollen and sore for a few days. The tears may be bloodstained for a day or so.

- Three- snip procedure

A fine probe is put in the entrance to the tear passage to stretch it. Three tiny cuts are then made to keep it enlarged.

- Medial spindle (Diamond excision)

In this operation a small diamond shaped piece of tissue is removed from the lining of the lid at its inner corner. A stitch is put in the lid to tighten it so that the ectropion is corrected. The stitch may be tied over a little pad of cotton wool, which you should not try to remove. This operation takes about 15 minutes and the aftercare is similar to retropunctal cautery except that follow up is at about 2 weeks. The stitch will dissolve and fall out after several weeks, but can be removed in clinic if necessary.

- Horizontal lid shortening.

A piece of lid near its outer end is removed and stitches put in to repair the lid. This tightens the lid and stops it flopping outwards. The operation takes about 45 minutes. Your whole face will be cleaned with antiseptic and sterile drapes put around your face. The stitches used most often dissolve by themselves. You will be seen for a follow up appointment to review the lid.

The lid may be bruised, swollen and sore for a week or so. Occasionally the stitches irritate the eye and can be removed. One effect of horizontal shortening is that the lid may appear shorter from side to side afterwards. However the eye usually looks better than it did before the operation because the ectropion has been cured.

- Lazy-T operation.

This is a combination of the medial spindle operation and horizontal lid shortening. The piece of lid removed is taken from the inner end of the lid.

- Lateral tarsal strip.

This is another operation to tighten the lid and stop it flopping outwards. The lid is tightened at the outer corner by stitching the outer part of the lid to the tissue covering the bone of the eye socket. It is a very good choice for ectropion caused by facial palsy and can also be used for other types of ectropion. It takes about 45 minutes to perform.

A deep stitch is used in this operation, which may be permanent or may dissolve. All the surface stitches are absorbable and will dissolve and fall out after a few weeks. Occasionally the deep stitch will come loose and then the operation may need to be redone.

- Medial canthoplasty

This operation may be useful after a facial palsy. The inner corners of the upper and lower lids are joined together by fine stitches. This helps to lift up the lower lid and stop it flopping outwards. It may help to protect the eye.

This operation may make the eye look slightly shorter from side to side, but usually the eye will still look better than it did before, because the redness and watering are controlled. It takes about 30 minutes and may be done at the same time as a lateral tarsal strip if necessary.

- Other operations

There are some other procedures, which may be done for ectropion. This leaflet only covers the more common ones.

### **What about consent for the operation?**

Before your operation, usually on the day of surgery, you will be asked to sign a consent form. The form is signed both by you and the doctor. It is a permanent record to show that your operation and the type of anaesthetic have been discussed with you.

When you sign the consent form you are indicating that you want to go ahead with the operation. If you are not happy with anything on the form you should not sign it until you have had your worries discussed and resolved. You can refuse any operation. Remember that you may need to bring your reading glasses into hospital with you to help you read the form. If your sight is poor you can ask the doctor or a relative to read it to you and check it before you sign.

### **What happens after the operation?**

Leave any eye pad on for at least 4 hours - this will help to reduce bruising.

Do not worry if there is some blood on the eye pad when you remove it. Clean the eyelids gently with cooled, boiled water and cotton wool or tissues. It is normal for the eyelids to appear swollen and bruised for the first week or so.

If your eyelid feels sore when the anaesthetic wears off, take painkillers like Paracetamol or Ibuprofen. The discomfort usually settles within one or two days. Use the ointment in the eye and on the stitches as instructed. If you have severe pain, not relieved by simple painkillers, please ring the eye short stay unit or Eye Casualty for advice (see below).

The surgeon will normally use dissolving stitches in your eyelid. These do not need to be removed and will drop out over several weeks.

### **What are the risks of ectropion surgery?**

- Discomfort and bruising in the lids
- Infection of the eyelids. This is not common but if it does occur the stitches may loosen so that a gap develops in the lid. The lid will often still heal well especially if antibiotic tablets are given but may take longer to settle down.
- Recurrence of the ectropion requiring further surgery
- Eyelid scarring
- Granuloma – this is a small lump that forms due to a reaction to the buried stitches. It may settle by itself or it may need to be surgically removed.

If you have any queries following your treatment, please contact us on the following telephone numbers:

Eye short stay unit	023 8120 8600
Eye Casualty	023 8120 6592 (Anytime - 24 hour service)

**For a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688.**