

Patient information factsheet

Entropion

What is entropion?

Entropion is inward turning of the eyelid. It causes the lashes and lid skin to rub the surface of the eye. This causes discomfort, watering and redness of the eye. If untreated it can lead to ulceration of the surface of the eye, followed by scarring which could cause loss of vision.

What are the causes of entropion?

Lower lid entropion is usually due to aging changes in the eyelid making it lax and prone to flip inwards. To begin with the entropion is intermittent but it often becomes constant later on.

What is the treatment for entropion?

Entropion is treated by lid surgery, which is generally done under local anaesthetic as a day case.

Temporary treatments until surgery takes place include:

- Taping the lid skin to prevent the lid turning in. The doctor or nurse can show you how to do this.
- If your eye is sticky or infected, antibiotic drops will keep this under control until the operation can be carried out.
- Botulinum toxin injections to weaken the muscles that are pushing the lid inwards

What types of operation are there for lower lid entropion?

- Everting sutures

Stitches are placed in the lid to stiffen it and stop it turning in. This is a quick operation, which can be carried out on both lower lids at the same visit. You will lie down on a couch and numbing drops will be put in your eyes. The lids are cleaned with an iodine-containing antiseptic solution. Local anaesthetic is injected in the lid which stings for a short while. The lid is then numb. The stitching only takes a few minutes. The stitches are absorbable and will dissolve and fall out over several weeks.

At the end of the operation the antiseptic is washed off. Ointment is put in the eye and an eye pad may be put on. You will be given ointment or drops to use for some days. You should rest at home for the rest of the day and not drive until your eye feels comfortable again. You will be seen in clinic a few weeks later.

- Quickert's procedure

This is a bigger operation for entropion and may be recommended if the entropion has returned after everting sutures. It takes about 45 minutes. You will be given a date for surgery as soon as possible.

Once again the surgery is done under local anaesthetic as described previously. Your whole face will be cleaned with antiseptic and sterile drapes put round your face.

The lid is tightened by a small part of it being removed and the cut ends being stitched together. Everting sutures are also put in. The stitches do not need to be removed – they will dissolve and fall out. Ointment will be put in the lid and an eye pad put on.

Problems after Quickert's procedure are similar to those after everting sutures but can be a little more severe. It is rare for entropion to come back afterwards.

- Lateral tarsal strip

This is an operation to tighten the lid horizontally. 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 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.

- Jones procedure

This operation may be used if entropion recurs after previous surgery. Preparation for this operation is similar to that described previously. It takes about 45 minutes. A cut is made in the skin of the lid and deep stitches put in to tighten the muscle that opens the lid (the lid retractor). All the stitches are absorbable. Aftercare and post-operative problems are similar to that for Quickert's procedure.

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 the eye pad on for at least four 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.

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 entropion surgery?

- Discomfort and bruising in the lids
- Occasionally the stitches irritate the eye and if necessary they could be removed in clinic.
- Infection of the eyelids. This is not common but if it does occur the stitches may loosen so that sometimes 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 entropion after months or years. This may be because the aging changes in your eyelid have continued. If it does occur your GP can refer you back to hospital for a further operation to be arranged.
- Eyelid scarring
- Rarely, the lid starts to turn outwards after the operation. Removing the stitches early may help this settle, but if they have already disappeared another operation may be needed to correct the position of the lid.

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 (24hour 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.