

Patient information factsheet

Ectropion

We have written this factsheet to explain what ectropion is and how it is treated. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is ectropion?

Ectropion is where the eyelid droops away from the eye and turns outwards. Ectropion mainly affects the lower eyelid and can occur in one or both eyes. It's not usually serious, but it can be uncomfortable. This is because the drooping eyelid no longer provides protection for your eye and may make your eye:

- sore, red and irritated
- water excessively (as the eyelid also drains tears)
- feel very dry and gritty

If the condition is severe and left untreated, it can lead to ulceration of the eye (a sore on the eye's surface), infections or in rare circumstances, a loss of vision.

What causes ectropion?

Ectropion is usually associated with ageing. This is because the tissues and muscles of your eyelids become weaker as you get older and are more likely to droop.

There are some other less common causes of ectropion, including:

- facial palsy (a weakness of the facial muscles, mainly resulting from temporary or permanent damage to the facial nerve)
- a scar from an injury or previous surgery
- a lump on the eyelid weighing it down
- excessively dry skin pulling on the eyelid

What are the treatments for ectropion?

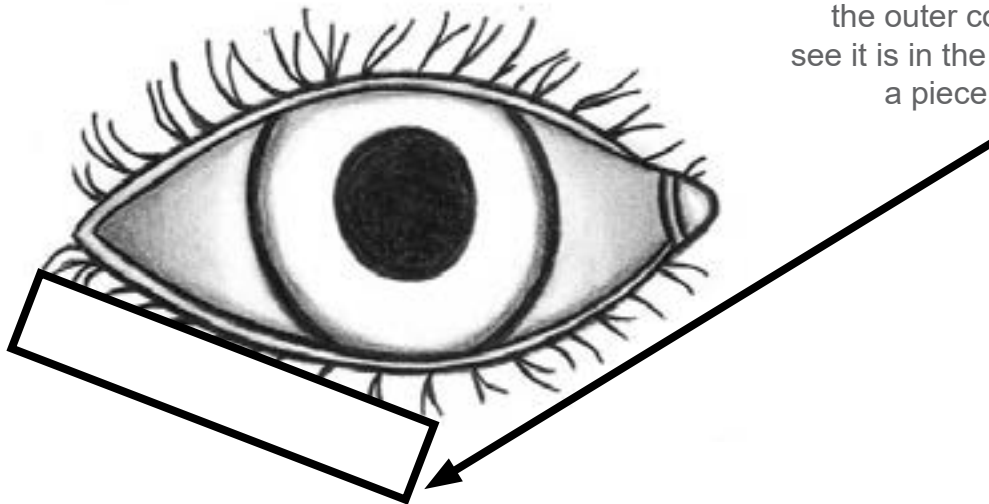
The type of treatment we recommend will depend on the severity of your symptoms:

Very mild symptoms

You may be unaware that you have any symptoms or you may not be bothered by them. We recommend using lubricant eye drops to protect your eye and stop it from drying out, as this can cause your eye to water more.

Moderate symptoms

If you have sore or red eyes, or excessive watering, we recommend using a combination of lubricant eye drops and eyelid taping. Eyelid taping is the process of using special skin tape (micropore, transpore or equivalent) on the outer part of your drooping lower lid to bring it back to its normal position (or as close as possible). Taping will also help to hold in your tears, improve your symptoms and protect your eye. We will show you how to correctly tape your eyelid during your clinic appointment. We have also included the diagram on the next page in case you need to refer back to it.



With your finger, pull your lid towards the outer corner of your eye until you see it is in the right position. Then place a piece of tape to hold it in place.

Severe symptoms

If your symptoms are severe, we may recommend surgery. Surgery for ectropion is a common procedure that is usually carried out under local anaesthetic. It's normally performed on an outpatient basis, which means you won't need to stay in hospital overnight. Various different techniques can be used, depending on the severity of ectropion and its underlying cause. We will discuss which type of surgery you will need during your clinic appointment.

What are the different types of surgery?

Eyelid tightening

Eyelid tightening helps the lid to return to its normal position (closer to the eyeball). We will remove a small segment of either the inner or outer part of your lid and then close the gap with dissolving stitches.

Eyelid lengthening with skin graft

If your lid skin is very tight, for example if you have any scarring or a severe dry skin condition, we may release the scar tissue or we may take some skin from another area of your body and add it to your lid (this is called a skin graft) to help lengthen it and allow it to rotate back to a normal position. Before your surgery, we will ask you to massage the skin around your eye with moisturiser to help prepare it. This may take several weeks or months. This preparation can sometimes improve the skin condition so much so that less or no surgery is needed. To help prevent ectropion from returning after your surgery, we advise that you continue to massage the area around your eye, even after the wound has healed.

Will there be a chance to discuss the surgery and ask questions?

We will discuss the benefits and risks of each type of surgery, and answer any questions you may have during your clinic appointment and then again on the day of your surgery. If you're happy to proceed with the surgery, we will ask you to sign a consent form. This form is a permanent record to show that you have understood the procedure and are happy to go ahead with it.

What are the risks of surgery?

Bruising

Most people experience some bruising or moderate discomfort after surgery. These symptoms can be relieved with paracetamol or your usual pain-relieving medicine.

Infection

Contact your general practitioner (GP) immediately if you develop any of the following symptoms:

- the skin around your wound becomes red or sore, or it feels hot and swollen
- your wound has a fluid discharge (pus) that looks sticky or crusty and is green or yellow in colour
- you feel generally unwell or feverish, or you have a temperature

Stitches can loosen or the wound can split open

This may happen if your wound gets too wet, or if you rub or pull your eyelid. If we think this risk is high for you, we may ask you to wear a plastic shield (especially at bedtime).

Scars

Scars will develop as your wound heals. However, these are not usually visible after ectropion surgery. If we used a skin graft (process of moving skin from one area of your body to another), the scars will be very visible to begin with, but will blend in with time. Some scars may feel bumpy (especially around a graft). You can help with this by massaging the area after the wound has healed completely.

Over correction

This is rare and happens when the eyelid turns inwards too much after the surgery. You may need another operation to loosen the eyelid and return it to a better position.

Recurrence

Ectropion can return after months or years. This is because eyelids become weaker as you get older. If your eyelid starts to droop soon after your surgery, this may mean your wound was not strong enough to keep your lid in place. If you have a dry skin condition, you will need to regularly moisturise the skin under your lid to prevent ectropion from returning.

What happens after the surgery?

If you feel well after your surgery, you will be able to go home the same day.

After your surgery, we will place a pad over your eye to protect it. You will not be able to drive yourself home, so please arrange for someone to pick you up or a taxi to take you home.

We will give you an information leaflet before you go home. It explains how to care for your wound and who to contact if you have any problems.

Contact us

If you have any questions or concerns, please contact us.

Non-urgent queries

Eye unit

Telephone: **023 8120 5073** or **023 8120 1429** (Monday to Friday, 8am to 5.30pm)

Email: nonurgenteyeunit@uhs.nhs.uk

Urgent queries

Eye emergency department triage line

Telephone: **023 8120 6592** (Monday to Friday, 8am to 7.30pm and weekends and bank holidays, 8am to 6pm)

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If you have any concerns outside of these hours, go to your nearest emergency department.

Useful links

www.nhs.uk/conditions/ectropion

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsuppothub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**