

Patient information factsheet

Lower lid entropion

We have written this factsheet to explain what lower lid entropion 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 entropion?

Entropion is a condition in which the eyelid folds inwards towards the eye. This causes the eyelashes to rub against the surface of the eye and may make your eye:

- sore, red and irritated
- watery

Entropion mainly affects the lower eyelid and can occur in one or both eyes. It's not usually serious, but it can be uncomfortable. If the condition is left untreated, it can lead to ulcers (a sore on the eye's surface), infections, scarring of the surface of the eye or in rare circumstances, a loss of vision.

What causes lower lid entropion?

Lower lid entropion 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 fold inwards or outwards. This turning in may be intermittent to start with, but often becomes constant and more problematic as time goes on.

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

- scars or previous surgeries (skin scarred by chemical burns, trauma or surgery can distort the normal curve of the eyelid)
- inflammatory conditions of the eye

What are the treatments for lower lid entropion?

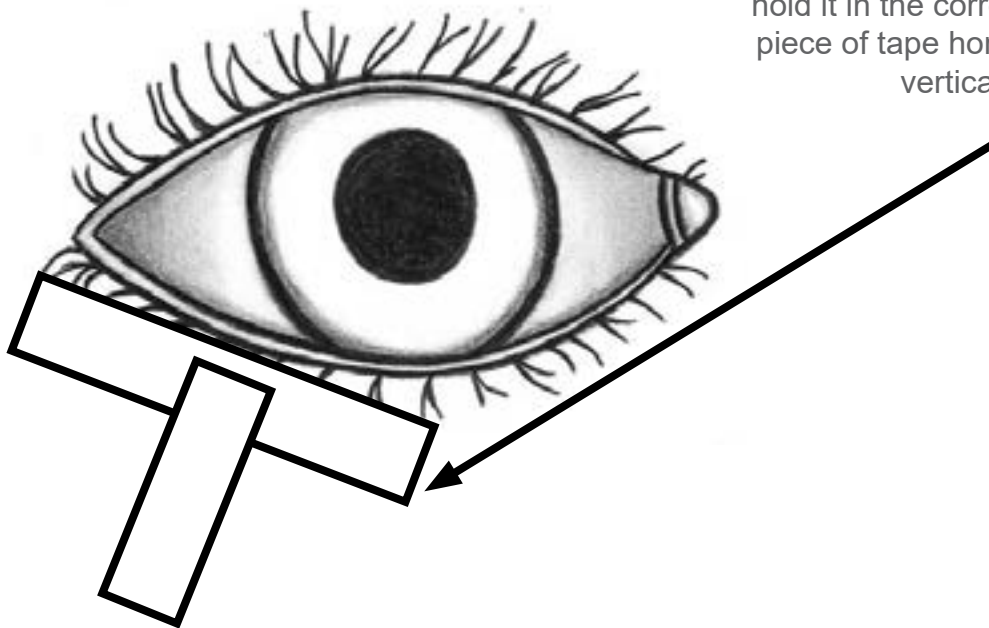
The type of treatment we recommend will depend on the severity of your symptoms:

Very mild symptoms

If your condition is very mild, your eyelid may remain in a normal position most of the time, so you may not notice that you have any symptoms. We recommend using lubricant eye drops to protect your eye and avoid irritation, as this can cause your lid to turn in more.

Moderate symptoms

If you have sore or red eyes, we recommend using a combination of lubricant eye drops and eyelid taping. Eyelid taping is the process of applying special skin tape (micropore, transpore or equivalent) from your lower lid to your cheek to pull your lid downwards and prevent your lashes from scratching your eye. We usually advise using this treatment as a temporary measure while waiting for surgery, but it can also be used as a long-term solution if you do not wish to have surgery. We will show you how to correctly tape your eyelid during your clinic appointment. We have also included the diagram below in case you need to refer back to it.



With your fingers, unroll the turning lid and hold it in the correct position. Then apply a piece of tape horizontally and another one vertically to hold the lid in place.

Severe symptoms

If your symptoms are severe, we will usually recommend surgery as a long-term solution. Surgery for entropion is a relatively minor procedure and is usually carried out under local anaesthetic (a type of medication used to numb an area of the body). It's normally performed on an outpatient basis, which means you won't need to stay in hospital overnight. There are several types of surgical procedure to correct entropion. We will advise you on which is the most appropriate one for your eye during your clinic appointment.

In rare circumstances, if surgery is not possible, we may recommend you have Botox injected into your lower eyelid to help relax the muscles and prevent it from turning inwards. This treatment is usually used as a temporary measure, as the effect of the injections only lasts two to three months.

What are the different types of surgery?

Everting sutures

This is the simplest surgical procedure for entropion and usually takes about 30 minutes. It is not suitable if your lids are very lax (weak).

We will clean your eyelid and then numb it with a local anaesthetic injection. We will then place three or four stitches below your eyelashes to stop your eyelid from turning inwards.

The stitches we use will dissolve after about eight weeks. The stitches create scars inside the lid, which help to maintain the new eyelid position. If the scars created aren't strong enough, your eyelid may turn in again after the stitches dissolve. For most people (80%), the surgery is successful and can last a long time. If your entropion returns, this procedure can be repeated either alone or in combination with eyelid tightening (as described below).

Eyelid tightening with everting sutures

If your lids are very lax (weak), you will need a combination of everting sutures (as mentioned above) and eyelid tightening. This procedure usually takes about 45 to 60 minutes.

We will clean your eyelid and then numb it with a local anaesthetic injection. To tighten your eyelid, we will remove a small part of your eyelid. We will then close the gap with stitches. We may remove the small section from either the inner or outer part of your eyelid depending on which part is most lax. Finally, we will place three or four stitches below your eyelashes to stop your tightened eyelid from turning inwards.

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 entropion surgery. Some scars may feel bumpy. You can help with this by massaging the area after the wound has healed completely.

Over correction

This happens when the eyelid turns out a bit too much after the surgery. Removing the stitches early usually helps this settle, but occasionally you may need another operation to correct the position, especially if the stitches have disappeared already.

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Recurrence

Entropion can return after months or years. This is because eyelids become weaker as you get older. If your eyelid starts to turn inwards soon after your surgery, this may mean your scar is not strong enough to keep your lid in place.

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)

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

Useful links

www.bopss.co.uk/public-information/common-conditions/entropion-of-the-upper-and-lower-eyelids

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