



## Ptosis correction (eyelid surgery)

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**This leaflet aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.**

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A general anaesthetic requires your child to be starved beforehand.

**Morning admission:**

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

**Afternoon admission:**

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

*Please be aware that milk and chewing gum is considered food.*

**If you do not follow these instructions your child's procedure may be delayed or even cancelled.**

### What is congenital ptosis?

Ptosis is drooping of the upper eyelid. The most common reason for congenital ptosis (present from birth) is a defect in the muscle that raises the eyelid (levator muscle). Although usually a cosmetic problem, vision on the affected side may be reduced in some. Children with congenital ptosis may also have amblyopia (lazy eye), strabismus or squint (eyes that are not properly aligned or straight), or refractive errors (need for glasses).

### What is the treatment and when it is done?

Congenital ptosis is treated surgically; the type of operation is based on how severe your child's ptosis is and the strength of their levator muscle. If the ptosis is not severe, surgery is generally carried out when your child is between 3 and 5 years old. However, when the ptosis interferes with your child's vision, surgery is done at an earlier age to allow proper visual development.

### How is ptosis correction performed?

It is done under general anaesthetic as a day case. Your child will have dissolving stitches at the site of the operation and may have a temporary dressing over the eye. Your child will be away from the ward for approximately 2 hours.

### What are the risks of the procedure?

After having an anaesthetic some children may feel sick or vomit, have a headache, sore throat, feel dizzy or be upset. Side effects are usually not severe and are short-lived.

Risks and side effects from the surgery include bruising around the eye; a small risk of infection of the eyelid or the eye; the possibility of under or over correction of the eyelid; or asymmetry with the opposite eyelid, which may require further surgery. There is a possibility that your child will be unable to completely close the eyelid permanently – particularly when asleep – although discomfort due to this is quite rare. Eye drops can be prescribed to ease discomfort if this happens.

### **What are the benefits?**

Surgery restores the normal appearance of the eyelid and an improved cosmetic appearance may improve your child's self-confidence, especially if they are teased at school.

### **What shall I bring?**

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into.

### **What happens on admission?**

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

### **What happens afterwards?**

After your child has had their operation, they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if the vomiting persists.

### **When can we go home?**

Your child may go home later the same day providing both you and the staff are happy that they have recovered sufficiently. Your child should be awake and comfortable, and must have had something to eat and drink before we will let them go home.

### **Advice following ptosis surgery**

We will tell you when to remove your child's eye dressing, if this has not already been done in hospital. Use the prescribed eye drops as instructed, as this will help ensure healing and prevent infections. Wash your hands thoroughly before using drops. The eye may be cleaned with cooled, boiled water and clean cotton wool. Use a separate piece of cotton wool for each wipe to the area.

- **Bruising** – this is quite normal after this type of operation and will fade within a week.
- **Pain** – take paracetamol (Calpol) or Ibuprofen, following the dosage on the bottle.

- **Stickiness** – if the eye becomes very sticky, hot or swollen please contact Kempton Day Bed Unit on 0118 322 7512/8754 or visit Eye Casualty.
- **Activities** – do not let your child rub their eye; do not let them swim for 4 weeks; your child may return to school after 1 week.

### **Contact us**

Pre-op nurse: 0118 322 7518

Kempton DBU: 0118 322 7512

Paediatric Unit: 0118 322 8075

Eye Casualty (Triage Nurse): 0118 322 8855

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Paediatric Unit, February 2025

Next review due: February 2027