



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Consent for eyelid, skin, muscle and fat removal or for ptosis surgery

Information for patients, relatives and carers

Department of Ophthalmology

① For more information, please contact:

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Benefits of blepharoplasty and ptosis surgery

The benefit of having a blepharoplasty procedure (removal of excess tissue from the lid) is to reduce the bulk of the eyelid and to remove an overhanging fold of skin, which may have been causing problems with vision, particularly in the upper visual field.

The benefit of ptosis surgery for a dropping eyelid is to raise the eyelid so that the vision, especially in the upper half of the field of vision, is not affected.

Are there any risks of having blepharoplasty and ptosis surgery?

The major risks of blepharoplasty and ptosis surgery (for a drooping eyelid) are listed below. No list is complete. As with any surgery, there are unusual risks that are too numerous to list. The final surgical result cannot be guaranteed and, in extremely rare and unusual circumstances, the result may be worse than the pre-operative condition.

Risks of surgery include orbital haemorrhage (bleeding behind the eye) with a potential for permanent visual loss (around one in 8000). In order to minimise this risk you may be asked to discontinue drugs that thin your blood and this will be discussed at your clinic appointment.

Avoid all strenuous activity for three weeks after surgery to minimise the risk of bleeding and avoid bending and lifting for one week.

An unusual, catastrophic (orbital) haemorrhage accompanied by forward movement of the eye, pain and an inability to move the eye is a medical emergency and treatment is best delivered in an Eye Department.

Post-operative bruising, however, is normal following eyelid surgery and is minimised by cold compresses after surgery and keeping the head up right. Bruising usually resolves.

Infection, if it occurs, usually starts three to four days after surgery, if you develop an infection you may notice decreased vision, increased pain, swelling, redness or mucous discharge that is worse than the day before. Infections generally start gradually and are usually treated effectively with antibiotics.

Other risks include under-correction with the potential for an appearance that is unequal or bulging skin/fat. Further surgery is not normally required for under-corrections. Under-corrections are relatively common and preferable to over-corrections.

In a blepharoplasty procedure, over-correction results from removal of too much eyelid skin or fat (resulting in a sunken appearance of the eyelids). In some patients excessive scarring may result in a decreased number, completeness and speed of the blink, which can cause dry eye (especially in individuals prone to dry eye).

Eyelid closure problems affect vision since the eyelids (especially the upper lid) clear the tear film and provide a smooth surface for clear vision. Dry eye may cause temporary blurred vision. Topical lubricating drops and conscious blinking over several days to months can improve the condition, you may experience temporary blurred vision however immediately after treating the eyes with lubricating drops. Rarely the cornea breaks down and it may be necessary to stitch the eye partly closed to protect it until further corrective surgery can be performed. Abnormal scarring, persistent eyelid swelling and other unusual skin changes, especially in patients with thin, sensitive skin, are extremely rare complications. Crow's feet are generally not improved by this surgery. Smile lines are not improved by this surgery and may change after surgery.

Permanent double vision is an extremely rare complication and may necessitate prisms in corrective lenses or even eye muscle surgery.

There are specific risks for ptosis surgery (drooping lid repair). The surgeon hopes to achieve equal eyelid height and contour but the results are not entirely predictable for several reasons;

- During surgery, the eyelid tissues are swollen from the injection of the anaesthetic and from the actual surgery. This swelling distorts the eyelid tissues.
- The level of sedation and anaesthetic also affects eyelid position.
- The surgery is performed with the patient lying down but the results are intended for patients in an upright position.
- The drapes may affect the eyebrow, which also affect upper eyelid position.
- The final upper eyelid position and its contour are determined by factors of healing, eye dominance and the degree of eyelid swelling. These factors are in part genetically determined and unpredictable.

Therefore, the final healed eyelid position may not be entirely evident even one to two weeks after surgery. Mild under-corrections whereby the upper eyelid is not sufficiently elevated are less of a problem than over corrections where the eye may dry due to poor upper lid coverage of the eye. Further surgery may be required in the first week after surgery. Otherwise revision eyelid surgery is best delayed for at least six months.

As with any surgery, revisions have the small potential to make the condition worse. Each successive revision is accompanied by increasing risk. However, in the case of ptosis (droopy eyelid) repair a revision may be performed within two weeks of the initial surgery prior to the eyelid scarring into position. Residual eyelid swelling may hamper this revision. Surgery is timed before the eyelid scars to avoid permanent interference with the normal blink.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Denise Brown, Ophthalmic Nurse Practitioner, York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726758.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Mr T Fearnley Consultant Ophthalmologist
Date first issued	February 2003
Review Date	September 2028
Version	4 (reissued September 2025)
Approved by	Department of Ophthalmology
Document Reference	PIL 161 v4.3

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