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**What is ptosis?**
Ptosis is drooping of the upper eyelid due to weakness, stretching and/ or detachment of the muscle (levator) that lifts the eyelid. This causes the lid margin to sit at a lower than normal level, often producing a ‘sleepy’ look. When severe, the pupil can be partially or totally covered and causes partial or total obstruction to vision. As the levator muscle in ptosis sits higher than its normal position, it tends to give people a hollowed appearance in the upper lid, and the eyebrow elevates to compensate for the weakened muscle. As well as problems with vision, ptosis can also lead to tiredness/strain of the forehead muscles and headaches. Reattachment of the muscle will lift the lid, fill in the hollow, and allow the brow to relax to its normal position.

**The surgery**
Ptosis is performed under local anaesthetic, with or without sedation, as a day procedure. An incision in the upper eyelid is made along the lid crease. The detached levator muscle is then reattached to its normal position with absorbable sutures and the skin is then sutured. These skin sutures will be removed between six to ten days later. The surgery can be done on one side or both sides, if necessary. As the wound is located within the upper eyelid skin crease, it will be invisible.

**Post operative care**After the operation, an eye pad and dressing is applied and left on overnight. This should be removed the next morning. However, if uncomfortable, it can be removed earlier, on evening of the same day of the operation, but lubricating ointment should be instilled on the eye surface before sleep to protect the eye from dryness overnight. Occasionally a protective suture is used to keep the eye covered the first day - if so an appointment will be arranged for the suture to be removed after 24 hours.

Antibacterial and lubricating eye ointment is prescribed to be used three to four times a day and at night, before bed, for a week. After this period, lubricating eye drops can be used if the eye feels dry/ gritty. These symptoms soon subside as the eyelid begins to function in its new position. This may take a week or more.

Care should be taken to avoid rubbing the eyelid or wetting the wound during the first week to ensure that the sutures do not become loosened or detached and that the wound does not breakdown.

An appointment will be arranged for suture removal.