

ECTROPION – EYELIDS THAT TURN OUT



What is ectropion?

An ectropion is an outwardly turned or sagging lower eyelid. The sagging lower eyelid leaves the eye exposed and dry, and as a result, excessive tearing is common with ectropion. If it is not treated, the condition can lead to crusting of the eyelid,

mucous discharge, and irritation of the eye. A serious inflammation could result in damage to the eye. Ectropion can be diagnosed with a routine eye exam. Special tests are usually not necessary.

What are the causes?

Generally the condition is the result of tissue relaxation with aging, although it may also occur as a result of facial nerve paralysis (Bell's palsy), trauma, scarring, or other surgeries.

What are the symptoms?

The wet, inner, conjunctival surface is exposed and visible. Normally, the upper and lower eyelids close tightly, protecting the eye from damage and preventing tear evaporation. If the edge of one eyelid turns outward, the two eyelids cannot meet properly, and tears are not spread over the eyeball. This may lead to irritation, burning, a gritty, sandy feeling, excess tearing, visible outward turning of the eyelid, and redness of the lid and conjunctiva.

Is ectropion serious?

Corneal dryness and irritation may lead to eye infections, corneal abrasions, or corneal ulcers. Rapidly increasing redness, pain, light sensitivity, or decreasing vision should be considered an emergency in a person with ectropion.

What are the treatments?

The irritation can be temporarily relieved with artificial tears and ointments to lubricate the eye. Surgical treatment for an ectropion often depends on the underlying cause. In the type of ectropion associated with aging, most surgeons elect to shorten and tighten the lower lid. This typically is completed with an incision of the skin at the outside corner of the eyelid and reattachment of the eyelid to underlying tissues and the upper eyelid.

Sometimes, there are scars following trauma or the surgical removal of skin cancers. Your surgeon might need to use a skin graft taken from the upper eyelid or from behind the ear to repair the ectropion. Both the donor site for the graft and the surgical site will usually heal nicely within two weeks following the surgery.

The surgery to repair ectropion is usually performed as an outpatient procedure under local anesthesia, and with the patient lightly sedated with oral and/or intravenous medications. You may have a patch overnight and then you will commonly use an antibiotic ointment for about a week. After your eyelids heal, your eye will feel comfortable again.

What are the risks and complications?

In addition to the removal of the sutures, minor bruising or swelling may be expected and will likely go away in one to two weeks. Bleeding and infection, which are potential risks with any surgery, are very uncommon. As with any medical procedure, there may be other inherent risks that should be discussed with your surgeon.

Is the surgery effective?

Most patients experience immediate resolution of the problem once surgery is completed with little if any post-operative discomfort. After your eyelids heal, your eye will feel comfortable and you will not longer have the risk of corneal scarring, infection, and loss of vision.

Who performs the surgery?

Patients are most commonly treated by ophthalmic plastic and reconstructive surgeons who specialize in diseases and problems of the eyelids, tear drain, and orbit (the area around the eye).

You should look for a doctor who has completed an American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) fellowship. This indicates your surgeon is not only a board certified ophthalmologist, but also has had extensive training in ophthalmic plastic surgery. When you are ready, you will be in experienced hands. Your surgery will be in the surgeon's office, an outpatient facility, or at a hospital depending on your surgical needs.

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