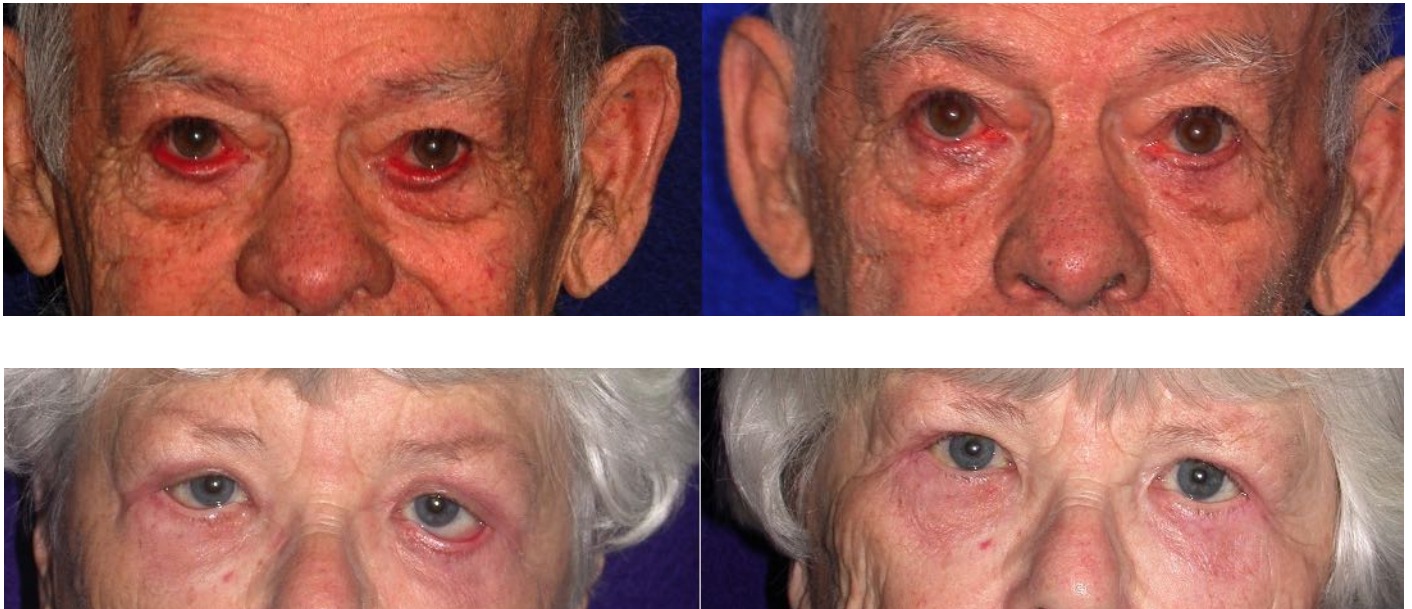




## Ectropion Repair

Ectropion is the laxity and out-turning of the lower eyelids. This occurs because of aging, paralysis, scarring from trauma or resection of tumours, sun damage and other causes. Obviously when the eyelid sits away from the eyeball, the cornea (the window of the eye) cannot be adequately lubricated and protected. Vision suffers and patients will have too much tearing: paradoxically, they also get dry eyes as the tears wash out the important oils that should be against the cornea. Sometimes the lower eyelids can become very red and raw and even bleed because of the exposure of the normally moist part of the inner surface of the lower eyelid to air, wind and dust. The aim of the repair is to reposition your lower eyelids to a more normal position to reduce tearing, improve dryness and reduce discharge and discomfort.



### Blood Thinners

Aspirin, aspirin-containing drugs, ibuprofen and other blood-thinners should be stopped 7 days before surgery. This includes herbs, all vitamins, and certain other drugs: we will give you a list which covers most such thinners. If you are on prescription blood-thinners like Coumadin or Plavix, we will advise you and your physician about possible changes in that medication prior to and after surgery.

### Vision

There will be blurry vision during the healing phase: this may last from a few weeks to, sometimes, more than two months. Most patients can function perfectly well but the refraction may change. Some patients need a refraction for new spectacles about two months (or more) after surgery.

## **Eyelid tightness**

The lower eyelids will feel a little tight and may look like I have raised them a little more than the normal position. This is by design: lids always relax and we want to give you an improvement, whenever possible, without the need for further surgery. This sensation of tightness settles over a few weeks and the tight look to the lower eyelid usually settles within a couple of weeks.

## **Discharge**

Healing eyelids always make the tear gland produce more tears and the tears will be thicker than normal, often with some mucous. This is NORMAL and not a sign of infection. When grafts are used (skin grafts, alloderm grafts, etc), this discharge may persist for a few weeks but gradually reduce and then stop. We will be prescribing an antibiotic ointment which you will apply three times a day to the lower eyelid and the outer corner of the lower eyelid (sometimes also the inner corner, depending upon the procedure performed). You will use this ointment for one to two weeks. We will guide you.

## **Dryness**

Healing eyes and eyelids need extra lubrication. Once we position your eyelid in a more normal position and improve the normal flow of tears, you may find you need to insert some artificial tear drops a few times a day for the first few weeks. When you apply these drops, please do NOT pull your eyelid down but just put the drops onto the cornea or the inner corner of the eye without pulling the lid down.

## **Sutures**

The lower eyelid sutures will dissolve between one and three weeks after surgery. As the sutures dissolve, little bumps will be felt on the incision sites, especially on the outer corner of the eyelid. These will be palpable for a few weeks: this is normal. They eventually disappear. There are slow-dissolving sutures under the surface of the skin which cause these bumps.

## **Numbness of Eyelids and Cheeks**

The lower eyelid margins (eyelashes, roots of the eyelashes, and the margin of the lower eyelids) will feel numb for a number of weeks: the sensation recovers over six to eight weeks, sometimes a little longer. Some patients, when they cannot normally feel their lower eyelid lashes, will think that their eyelashes have been cut: WE NEVER CUT EYELASHES! They are too valuable!

## **Bruising & Swelling**

Everyone gets bruising and swelling! One side always bruises more than the other! Using ice on-and-off (20 minutes on and 20 minutes off works well) for the first two days helps reduce bruising and swelling more quickly. Sleeping with two or three pillows for the first couple of nights helps reduce swelling. You may use warm soaks on your eyelids after the first couple of days.

## **Discomfort**

Surprisingly, most patients find they get very little discomfort after this surgery. You may need the prescription pain medication for one or two days; thereafter, simple over-the-counter pain medication like Tylenol suffices.

## **Time off work**

If your work involves heavy lifting or a lot of computer time, you would be wise to get a week off work. Depending upon your specific requirements, we will be happy to give you a note for work.

## **Surgery Duration & Surgery Times**

Surgery takes about an hour, but we do not rush anything. When you come for surgery, please do not make any other appointments for the day as the duration of surgery is not always predictable. Also, by the nature of Medicine, emergencies are seen almost daily and may delay more routine cases. Furthermore, it is not uncommon for the surgeon to take longer (or shorter) on some cases, depending upon findings: therefore, surgery times are ESTIMATES ONLY.

## **Lower Eyelid Bags**

Performing lower eyelid surgery to repair ectropions does NOT improve or worsen any bags that may be there on the lower eyelids! In order to improve lower eyelid bags and hollows, cosmetic lower blepharoplasty can be undertaken and involves removal of some fat, repositioning of fat, filling out hollows, tightening skin, improving wrinkles and the use of laser. This can be performed if you so desire but is not medically necessary or indicated. Some of our patients will ask us to perform lower blepharoplasty to improve the results for cosmetic reasons. Please ask us any questions you may have about this or any other procedures.

## **Adjustments**

Plastic surgery is more an art than a science. In about one in twenty patients, it may be necessary to make a small adjustment to remove or add sutures and change the tightness of one or the other eyelid. As lids settle over a number of months, such adjustments are only performed a few months after surgery: we will guide you as needed. Most patients will get about a 50% or more improvement in their tearing.

## **Postoperative Care**

1. You may wash/bathe the day after your surgery and even get your eyelids wet.
2. Do not rub your eyelids vigorously for the first two weeks.
3. Expect some oozing of blood for the first two to three days: this is normal.
4. No swimming in a swimming pool for two weeks please.
5. No vigorous exercise for one week (tennis, skiing, etc).

6. Most patients can drive/walk/etc the day after surgery. Sometimes, swelling can make driving difficult for a couple of days.
7. You will have trouble wearing contact lenses for about a week.

## Do I Need This Surgery?

This surgery is performed only to improve tearing and protection of your eyes. As with most elective operations, the patient always has **the choice of having or not having this surgery: it is entirely your choice.** If you decide to undergo the correction, our job is to perform the surgery safely and effectively!

## Will my ectropion surgery be covered by Insurance?

Ectropion surgery is performed to improve the protection of your eyes and improve tearing. Therefore, such surgery is considered medically necessary. We always document your findings and obtain clinical photographs as these are needed by your insurance for preauthorization. If you have Medicare insurance, you will know that Medicare does NOT give preauthorization prior to surgery. We generally do not get rejections for the repair of ectropions because this is well-known to be functional reconstructive surgery. Please remember that we work for you and do everything possible to get your surgery covered by your insurance company when you meet the necessary requirements.

## How long does it take to get preauthorization from my insurance company?

Preauthorization may take four to six weeks from the time of submission of your information to the insurance company: we don't have control over this, unfortunately.

## Further Questions

Please be sure to ask us any questions you may have whilst you are being seen in clinic so we can help you understand the procedures. Our team of Abraham, Mike, Diana, Patricia and others in clinic will be delighted to help you. You may also contact us: Dena Magallanes ([dena.magallanes@hsc.utah.edu](mailto:dena.magallanes@hsc.utah.edu) or 801 585 6646) or Jill Streeter ([jill.streeter@hsc.utah.edu](mailto:jill.streeter@hsc.utah.edu) or 801 585 6641). Thank you for coming to see us.

Sincerely,



Prof. BCK Patel MD, FRCS

**I certify that I have read and I understand what I should expect after surgery. All my questions and concerns have been answered.**

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**Patient Signature / Date**