

PTOSIS OPERATION

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Ptosis is the term given to drooping of the upper lid, usually due to paralysis and defective development of the levator palpebrae superioris. The condition may be unilateral or bilateral, partial or complete. Ptosis may be congenital or acquired.

Treatment:

In case of paralysis of the third nerve, treatment must be for the removal of the cause. In case of congenital mechanical ptosis, the deformity can be relieved only by operation.

There are different operation techniques for ptosis which seldom give perfect results. The following method has pleasing cosmetic result: To begin with ptosis should be carefully measured. This method is done with an instrument called Caliper Castroviejo. Ptosis can either occur in one eye or both. If it occurs only in one eye, the amount of the ptosis can be determined by comparing it with the normal eye. If it occurs in both eyes then according to the proportion of ptosis surgery should be done on both eyes.

Surgery

A superficial incision is made on the upper lid about 6 mm above the eyelashes at the length of the eye lid. The upperlid is then everted with an Erhardt eyelid clamp. Parallel to the outside incision 6 mm above the eyelashes, another superficial incision should be made on the conjunctiva. The conjunctiva dissected 3-4 mm in each side. This procedure should be performed in a way that it

should not tear the conjunctiva. Deepening the superficial incision that has an approximately 6 mm from the free edges, so much that it becomes one with the outside incision of the eyelid. At this stage the levator palpebrae superioris has been dissected. The lower section of the levator palpebrae superioris should be brought out through the opening. The size of the muscle being cut is the same as the amount of the ptosis previously measured by the caliper. Then the end of the muscle should be attached with interrupted sutures with 5-0 chromic catgut under the skin at 3mm away from the root of the eye lashes on the tarsus.

The conjunctiva with 6-0 catgut and the incision on the eyelid with 5-0 silk with running suture will finish the operation.

With the above operation many deformity has had satisfactory results. For an example A. J., eleven years o'd was born with ptosis, Fig. 3. He has been satisfactorily operated.

Postoperative Management:

- 1) A protective dressing is applied with sufficient petrolatum album to prevent drying of the cornea for a period of seven days.
- 2) Change dressing daily.
- 3) Out of bed the first day.
- 4) The upper eyelid should not be everted for approximately one month, to allow for complete healing.

The ptosis operation can be performed after the age of 3 without any complications.

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