



Ectropion

Ectropion is the medical term used to describe the lower eyelid turning outwards and drooping away from the eye. One or both eyes may be affected at the same time. This leaflet aims to answer some of the frequently asked questions our patients have. If there is anything you do not understand or you have further questions after reading this leaflet, please do not hesitate to speak to a member of the team treating you.

How does ectropion affect the eye?

The lower eyelid protects the eye and helps tears into the inner corner of the eye, where they are drained away through the tear duct.

When the eyelid is turned outwards or droops away from the eye, the affected eye becomes exposed, which can cause:

- dry and sore eyes
- excessive watering in the eye.
- damage to the cornea, the clear outer layer at the front of the eye, leading to vision problems.

What causes ectropion?

Ectropion is more common in older people because the muscles of the eyelid weaken with age. Figure 1 opposite shows what ectropion can look like. Other causes of ectropion

include damage to the skin near the eyelids which causes scarring and other tissue damage.

Using eye drops for a long period of time can cause this impairment to the facial nerve, as seen with Bell's Palsy. This type of damage can cause the eyelid to loosen and as a result turn outwards and form a secondary ectropion.

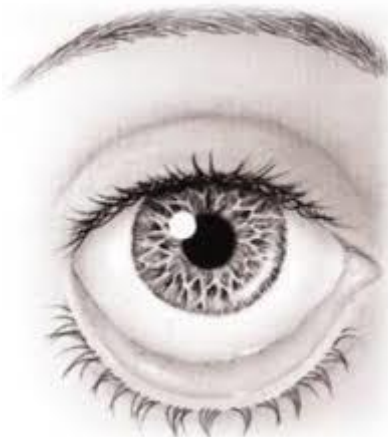


Figure 1 showing ectropion

Treating ectropion

At your initial appointment at Moorfields, you will be seen by an ophthalmologist (a doctor specialising in eyes) in an outpatient clinic. The type of treatment offered to you for your ectropion will depend on what caused the condition. If



you have developed ectropion through long-term use of eye drops, changing or ceasing use of the eye drops could fix the damage to the eyelid. For most patients with ectropion, a minor operation to turn the eyelid inwards to its normal position is required. Ectropion caused by a previous injury, surgical procedure or facial nerve damage may require sedative or more extensive surgery. If you decide to have an operation following your consultation, you will need to have a pre-operative assessment. This is usually completed over the phone by a nurse at a pre-arranged time.

Before your surgery

You are allowed to eat and drink before your surgery. You can also take your tablet medication as normal, except for anticoagulants, such as aspirin, clopidogrel and warfarin.

Please note: You should stop taking aspirin and clopidogrel 14 days before your operation. If you take warfarin, you will need to have an International normalised ratio (INR) blood test within seven days before your surgery and should stop taking warfarin three days before your operation. Please bring your yellow anticoagulant book with the results with you on the day of surgery.

You should be able to start taking your anticoagulant medication again the day after the surgery. Please talk to your GP or anticoagulation specialist before you stop taking your medication to check that it is safe for you to do so.

On the day of your surgery

Ectropion surgery is usually performed as a day case under local anaesthetic. This means you will be awake during the operation, however you will be given an injection into the affected eyelid to numb the area and eye drops to make you feel more comfortable.

Your surgery will be performed or supervised by a specialist eye surgeon who is experienced in treating eyelid conditions, including ectropion. The doctor performing your surgery will tighten and reposition your lower eyelid, so that it returns to its normal position. Stitches will be used to close the wound and a pad will be placed over your eye at the end of the operation.

How long will I be in hospital for?

The operation takes around 45 minutes per eyelid. You should expect to spend half a day in hospital, but will be free to go home an hour after the procedure.

Should I drive to the hospital for my operation?

We advise you not to drive to the hospital for your operation. After the surgery, a pad will be placed over the affected eye which will affect your vision. Please try and arrange for a friend or family member to take you to and from the hospital.

What are the risks of ectropion surgery?

Potential side-effects and risks from ectropion surgery are uncommon but could include:



- bruising and swelling around the eyelid.
- bleeding and infection.
- reoccurrence of the condition over time.
- changes to the lid position which might require a further operation.
- minimal scarring.
- damage to the eyeball, nerves in the eye and other surrounding structures in the eye can occur, although this is very rare.

If you experience any problems with your eye following your operation, such as bleeding, increasing pain or worsening vision, please go to Moorfields A&E department in City Road immediately (open 24/7 for eye emergencies only). Alternatively, you can go to your local A&E department to be seen. You can also contact the Moorfields Direct telephone helpline for advice (please see details at the end of this leaflet).

After your surgery

Removing the eye pad

You can usually remove the eye pad one day after your operation. It is important that you wash your hands with soap and water before removing the pad and that you put the pad in the bin once you are finished with it.

Before leaving the hospital, you will be given gauze, normal saline and eye ointment. After removing the eye pad, gently bathe the affected eye with the gauze and normal saline.

Medication

You will be given an eye ointment (chloramphenicol ointment 1% QDS) to apply to the operated eye four times a day (during waking hours) for 14 days.

To apply the ointment, put approximately 1cm of the eye ointment on a clean fingertip and gently apply to the area where the stitches are or place directly on the wound. You should also apply the ointment into the eye(s) that have been operated on.

Please carry on using any other eye drops that you were prescribed before the surgery unless the doctor treating you has advised you to stop.

Removing the stitches

Your stitches will be removed in the outpatient clinic between one and two weeks after your operation.

FOLLOW- UP APPOINTMENT

.....

.....

Authors: George Saleh, Daniel Lindegger and Crina Guarino

Revision number: 2

Approval date: January 2021

Review date: January 2024

Moorfields Eye Hospital NHS Foundation Trust
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline
Phone: 020 7566 2345



Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye
conditions and treatments from
experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides
confidential advice and support to help
you with any concerns you may have
about the care we provide, guiding you
through the different services available
at Moorfields. The PALS team can also
advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients
have the right to begin consultant-led
treatment within 18 weeks of being
referred by their GP. Moorfields is
committed to fulfilling this right, but if
you feel that we have failed to do so,
please contact our patient advice and
liaison service (PALS) who will be able
to advise you further (see above). For
more information about your rights
under the NHS constitution, visit
www.nhs.uk/choiceinthenhs

