Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Information for patients & parents
Ptosis — Answers to some common questions

The Orthoptic Department

What is a ptosis?

Ptosis (pronounced toe-sis; plural: ptoses) is the medical term for a droop of the upper eyelid. A ptosis may be complete, where it covers the entire eye, or partial, where it covers part of the eye.

Partial ptoses are sometimes difficult to spot and often become more obvious when the patient is tired. In young children it is particularly important to assess whether the affected eyelid is covering the pupil.

What causes a ptosis?

In congenital ptosis, there is no other cause for the droopy lid; it is present from birth, though may not be noticed straight away.

In adults (and a very small minority of children), a ptosis can be a feature of various disorders or may be an illusion due to another eye condition (pseudo-ptosis). An orthoptic assessment is therefore important to give a more precise diagnosis.

What is the visual impact of ptosis?

In children, a ptosis that covers the pupil prevents vision from the affected eye developing properly (amblyopia). This can have marked and long-term visual implications for the droopy eye. It is therefore important to monitor the child's vision closely.

In adults, a ptosis often occurs with other eye problems, especially double vision. A temporary ptosis that covers the pupil can relieve such symptoms.

Sometimes, a ptosis may induce a need for glasses or cause the person to consistently lift their chin.

Will the ptosis resolve?

This is unlikely in children but a milder ptosis may not be as noticeable as they get older, and may not affect the child's visual development. A cosmetically poor ptosis, or a ptosis that covers the pupil, may indicate the need for surgery.

In adults, the ptosis may improve but in some cases it does not resolve. Improvement of the ptosis often depends on what the underlying cause of the ptosis is. This will require further medical tests to be established.

Does the ptosis require surgery?

The decision to go ahead with corrective surgery lies with yourself and agreement from the Oculoplastic Ophthalmologist. The Paediatric Ophthalmologist and Orthoptist may help advise in making the decision.

Generally, surgery is not indicated when the ptosis is cosmetically acceptable, when it does not cover the pupil in children or does not cause the person to adopt a large head posture.

The Oculoplastic Ophthalmologist will discuss with you the reason(s) for and aim(s) of surgery. They will also talk you through the risks, so you can make an informed decision.

In older people, ptoses that are age-related may be managed with ptosis props, however, the majority require surgery.

Who is involved with the diagnosis and treatment of ptosis?

An eye team will treat you/your child, which may include the following people:

- The Orthoptist specialises in the diagnosis and management of squints and the visual development of children. They will regularly monitor your child's sight and ptosis, and advise you when specialist input is required.

- The Optician/Optometrist will prescribe glasses if necessary, and advise you on any change required.

- The Paediatric Ophthalmologist is an eye doctor who is responsible for your child's general care and eye health. They may prescribe glasses and refer you to the Oculoplastic Ophthalmologist.

- The Oculoplastic Ophthalmologist is the eye doctor specialising in the surgical correction of ptosis. Certain patients may be referred to them by the Orthoptist or Paediatric Ophthalmologist

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