



General Aging

Anno Domini – this affects us all if we are lucky enough!

Changes due to ageing occur in all parts of the body. Those affecting the face are most noticeable. It is often impossible to say when a specific change occurs as we tend not to look at ourselves in the mirror every day. However, changes are better appreciated when we look at previous photographs or meet people whom we have not seen for sometime. I find that asking a patient to bring their previous photographs is an extremely good way of documenting changes that have occurred, and photographs are also helpful in pointing these out to the person concerned.

The changes in the face are exacerbated by gravity which tends to pull the face downwards, causing general sagging of facial features. Many of these changes are further worsened in patients with facial palsy where there is loss of muscle power/strength and tone, allowing the face to sag. This is particularly seen in the area overlining the cheek bone and the area between the nose and the cheek. When deeper tissues in the eyelids (the septum) become weaker, the fat that surrounds the eyeball moves forward. This is seen as swelling or lumps under the skin of the lower and upper eyelids.

With aging, the skin becomes less elastic and this can create wrinkling on the surface of the skin. The movements of the muscles of the face cause deeper wrinkle lines. Wrinkles are worse in those who live in sunny climates where the sun causes people to keep their eyes narrowed in brightness. Added thinning of tissue beneath the skin often leads to the face appearing hollow, especially in the upper lid. Primarily this is due to loss of fat that tends to shrink as aging changes set in.

The eyebrow

This has three parts:

- the tail which is at the outer part of the eye,
- the body which is above the eye,
- the head which is at the inner corner near the nose.

The eyebrow is normally arched, although it is higher and thinner in females compared to males. With aging, the tail of the brow drops – this is called a temporal brow droop. This can push the upper eyelid skin down and create the appearance of excess skin in the upper lid.



Aging changes affecting the upper face : wrinkles, brow droop, hollowing of the upper eyelids, drooping of the lower eyelids with the tear duct entry turned out, fat prolapse in the upper and lower eyelids. Note a co-incident skin tumour of the right lower eyelid.



Aging changes affecting the upper face : wrinkles, brow droop, hollowing of the upper eyelids, drooping of the lower eyelids, sun damaged skin.



The left eyebrow is more droopy than the right, causing overhanging and excess skin in the left upper eyelid.

The upper eyelid

As the patient ages, the skin of the lid also sags, hiding the crease in the upper lid. There is a natural concavity between the eyelid and the eyebrow, called the sulcus. If the fat around the eyeball pushes forward, this can tend to fill in the sulcus. If there is shrinkage of the fat, the sulcus may be increased giving a hollow appearance. A muscle called the levator muscle lifts the eyelid. The orbicularis muscle closes the eyelids. The opening and closing of the upper lid protects the cornea (the window of the eye) and lubricates it. If the levator muscle comes away from the fibrous tissue in the upper eyelid, called the tarsus, the upper lid droops (ptosis). When severe, this can cover the pupil and hinder vision.



Aging changes of the upper face : drooping of the brows, excess skin of the upper eyelids, drooping of the upper eyelids (ptosis – left upper eyelid is worse), bulging of fat in the eyelids.

The lower eyelid

The lower eyelid normally rests on the eyeball at the junction of the clear part of the eye called the cornea, and the white of the eye, the sclera. The lower lid is held against the eyeball by tension in the lid. If the lower lid becomes lax, then the eyelid can turn inwards or outwards. As the cheek falls, it makes the lower lid look thinner and makes the bone underneath the eyeball more prominent. As elsewhere, there may be redundant skin and muscle in the lower lid. Again, if the fat in the lower lid bulges forward, this can make the lower lid appear swollen or lumpy.



The lower eyelids are turned outwards (ectropion). There is also redundant skin and muscle in the lower eyelids.



Inturning of the left lower eyelid (entropion)



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Ahmed's career

Ahmed qualified from the University of London in 1987, and started training in Ophthalmology in London in 1989. He was a registrar and a fellow in Nottingham, and was appointed as Consultant Ophthalmic Surgeon specialising in phacoemulsification and oculoplastics at the Manchester Royal Eye Hospital in December 1998. He has over 40 publications, more than 40 presentations, and a DM (thesis on endonasal laser DCR).

Ahmed's roles at the Manchester Royal Infirmary & University

Ahmed interviews for the Medical School, and teaches medical and optometry students. He examines medical students, and for the MOptom. He is a member of the Local Negotiating Committee on behalf of the Manchester Royal Eye Hospital, and is a North West Representative of the Hospital Consultants and Specialists Association. He has raised money for the New Children's Hospital by arranging sponsored events. Ahmed has drafted a new mobile telephone use policy for the Trust which will become part of the hospital's policies.

Ahmed's roles outside CMMC

Ahmed is a nominated representative of the Royal College of Ophthalmologists (RCOphth) on the General Optical Council (GOC). He is a Member of The RCOphth and a Founder Member of The British Oculoplastic Surgery Society. He is an examiner for the RCOphth as well as part of the Training The Trainers and Microsurgical Skills faculties. He has an interest in facial palsy management and is a medical adviser to the British Acoustic Neuroma association. He used to work as an Ophthalmic Medical Practitioner whilst a registrar, is a member of the Ophthalmic Qualifications Committee of the British Medical Association, and is involved with the Education Visitor Panel of the GOC.

He is active in research, a journal editor and reviewer. He is a committee member of the British International Doctors Association. He is a medical member of the Appeal Panel of The Postgraduate Medical Training and Education Board. As well as a journal reviewer, he is a reviewer for Research for Patient Benefit and Map of Medicine.

Outside medicine, Ahmed is a school governor, is involved with medical charities and community finance initiatives, and is co-chair of the Manchester Christian-Muslim Forum.

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