



# Oculoplastics

## Frequently Asked Questions (FAQs)

### **I have yellow deposits around my eyelids**

Xanthelasma are fatty deposits in the skin of the eyelids and often occur in patients with high cholesterol levels. It is possible to improve the appearance using skin creams but the best improvement follows application of trichloroacetic acid or surgical excision. There may be a small chance of recurrence in the future.



Xanthelasma (cholesterol) in the left lower eyelid.

### **My upper eyelids are very droopy, especially when I am trying to read**

The upper eyelid droops (ptosis) when the muscle that opens the eyelid becomes stretched. The drooping is worse when looking downwards e.g. when reading. Surgery normally involves finding the stretched muscle and placing it in its normal position. Most patients have drooping of both eyelids, although one may be worse than the other.



Drooping of both upper eyelids (ptosis) before surgical correction. The pupils are covered by the upper eyelids causing difficulty in seeing.



Same patient a few weeks following ptosis correction. The upper eyelids are above the pupils and the patient's vision has improved.

### **My child was born with a droopy eyelid**

Congenital ptosis is due to a diseased muscle of the upper eyelid which functions poorly. If the drooping is severe, the upper eyelid may cover the pupil and lead to laziness of the vision. In such cases surgery to elevate the eyelid is performed as soon as possible. As long as the vision is equal in both eyes, surgery can wait until your child is older.



Upper eyelids are drooping (congenital ptosis) and lie just above the middle of the pupils – hence they will be affecting the vision.

### **What is Mohs surgery?**

Mohs micrographic surgery is the best way of ensuring full removal of basal cell carcinomas of the eyelids. The tumour is removed in layers and checked for presence of tumour cells. Further removal is only required where remnants of tumour are found. This ensures that the minimal amount of tissue is excised. Following this, reconstruction of the eyelid defect is performed.



A basal cell carcinoma of the right lower eyelid before removal.



The basal cell carcinoma has been removed by Moh's surgery, and the defect is ready for repair.



The right lower eyelid a few weeks after repair of the eyelid defect above.

### **My lower eyelid turns inwards**

The lower eyelid can turn in or outwards and is due to a combination of factors (eyelid laxity, problems with the eyelid muscles, loss of orbital fat). Surgery is required to correct this problem, but taping the lower eyelid to the cheek will provide temporary relief.



Inturning of the right lower eyelid (entropion).



Same patient's right lower eyelid following correction of the right lower eyelid. The lashes no longer rub onto the front of the eyeball.



### **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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