



# Oculoplastics

This involves surgery of the **Periorbital** and **Facial** tissues (including eyelids and eyebrows, orbit and lacrimal system). Oculoplastic surgeons have completed their general ophthalmic training, followed by further extensive training in this super-speciality.

## What type of operations do Oculoplastic surgeons perform ?

### Eyelid:

- Correction of ptosis (drooping eyelid)
- Excision and reconstruction for skin tumours affecting the eyelid skin (eg. basal cell carcinoma)
- Correction of eyelid malpositions (entropion, ectropion)
- Management of diverse eyelid lesions (cysts, xanthelasma)
- Cosmetic surgery of the upper face (blepharoplasty, brow lift)

### Orbital:

- Management of thyroid eye disease
- Evaluation and management of orbital tumours
- Surgery for anophthalmia (in co-operation with The department of Ocular Prosthetics)
- Assessment and repair of orbital fractures

### Lacrimal:

- Assessment of patients with epiphora (watery eye)
- Repair of diseases of the nasolacrimal system (externally, endonasally)

## Entropion

Entropion describes in-turning of the lower eyelid so that the eyelashes rub the eyeball. This happens as the eyelid tissues become lax and stretchy, and the muscle in the lower eyelid overacts and turns the lower eyelid inwards.

Entropion causes irritation, a scratchy feeling, grittiness and watering of the eye due to the rubbing of the eyelashes onto the eye ball.

Taping of the lower lid down onto the cheek can result in temporary relief of the symptoms. However, permanent relief requires surgery which turns the lower eyelid outwards. This can usually be performed with local anaesthetic injections and involves tightening of the lower lid, with or without stitches in the lower lid. This is usually be done under local anaesthesia.

After surgery, the lower lid can be bruised and swollen for one to two weeks. Scarring is minimal as the incisions are hidden in the crows feet at the outside of the eyelid and the lower lid skin creases. There is a small chance that the entropion can recur as the factors that cause the initial problem are still at play.

## Ectropion

An ectropion describes a lower eyelid that is turned outwards. This again happens because of increased laxity and stretching of the eyelid tissues. Occasionally it may be due to shrinkage of the skin of the lower eyelid or cheek which turns the lower lid outwards.

An ectropion results in the eye being watery, red, uncomfortable and sticky. There can be some dryness of the lower part of the eyeball.

Treatment for ectropion is surgical and involves tightening of the lower lid, with perhaps an extra procedure to turn the lid inwards. The tear duct may need to be opened also. These can be done under local anaesthetic.

After surgery, the eyelid is bruised and swollen for one to two weeks. The correction may not be 100% as the cause of the ectropion cannot necessarily be fully corrected.

## Ptosis (drooping of the upper eyelid)

A ptosis describes drooping of the upper eyelid, and this can occur in one or both eyes. This can be congenital (present from birth) or can be acquired as the muscle that lifts the eyelid stretches and comes away from the eyelid tissues.

Ptosis can block the vision from the eye, especially when reading. It can cause the patient to appear as if they always look sleepy or tired. It can be cosmetically embarrassing.

Ptosis is corrected by surgery which usually involves tightening the muscle that lifts the upper eyelids. This is usually done by an incision in the skin crease at the front of the eyelid. This position is chosen as the wound is rarely perceptible once the surgery has healed. This is usually performed under local anaesthetic.

After the operation, the upper lid can be bruised and swollen for one to two weeks. The eye can be a little dry as the eyelids are more open. There is a small chance



Inturning of the right lower eyelid (entropion).



Drooping of the lower eyelids (ectropion).



Drooping of the upper lids (ptosis) before surgery.



Same patient about 2 weeks following surgery to lift the upper eyelids (ptosis correction).

that the upper eyelid can be too high or remain low. These may entail further surgery.

## Eyelid Tumours

A variety of tumours can affect the eyelids, including:

- Cysts
- Basal cell carcinoma
- Squamous cell carcinoma
- Sebaceous cell carcinoma
- Tumours from elsewhere



A benign tumour of the left upper eyelid before surgery.

## Epiphora / Watery Eye

Watering from the eye can occur because of excess tears being produced (lacrimation), or tears not flowing away from the eye into the nose (epiphora). It can also occur due to the eyelid not being in the correct place (entropion, ectropion, facial palsy).

Drainage can be reduced because the tear duct entry is small (punctal stenosis), there is poor flow along the drainage channels from the punctum to the lacrimal sac (the bag that holds the tears at the side of the nose), or there is obstruction of the naso-lacrimal duct (which takes tears from the lacrimal sac to the nose).

Treatment is complex but may include reducing irritation of the eye so that fewer tears are produced. If the cause of watering is due to a narrowing or blockage along the tear system, then surgery will be required.



Left upper eyelid of the same patient following removal of the eyelid tumour.



Narrowing (stenosis) of the lower punctum – the entry point for tears into the tear drainage system.



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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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