
An Overview of Common Oculoplastic Eyelid Problems

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What is Oculoplastics?

- Eyelid
- Lacrimal
- Orbital



Training

Training

- Most General Ophthalmologists first

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- Rarely general plastic surgery first

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 - Eyelid/ Adnexal
 - Lacrimal
 - +/- Orbital

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 - +/- Orbital
- 15 Fellowships in UK. 4 Recognised for Orbital Training

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Workload

Background

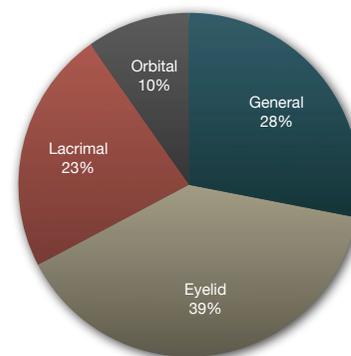
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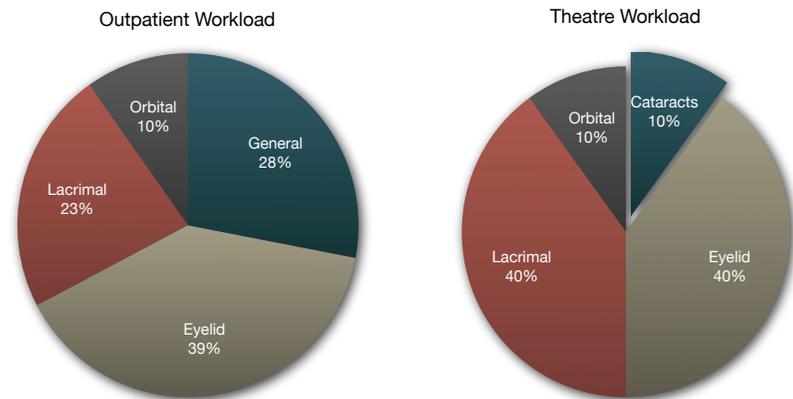
West Midlands Hospital, Halesowen
Priory Hospital, Birmingham

Workload

Outpatient Workload



Workload



Common Oculoplastic Eyelid Problems

Common Oculoplastic Eyelid Problems

- Lumps, Bumps and Cancers

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- Eyelid Malpositions- entropion/ ectropion

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Learning Objectives

- Basic overview of basic oculoplastic lid surgery

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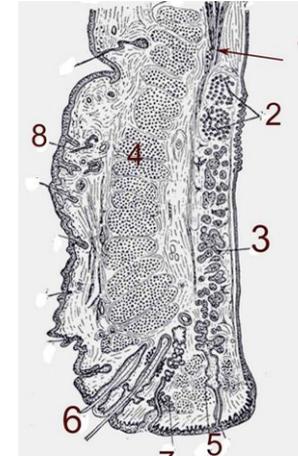
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- Mechanisms of ptosis and surgery

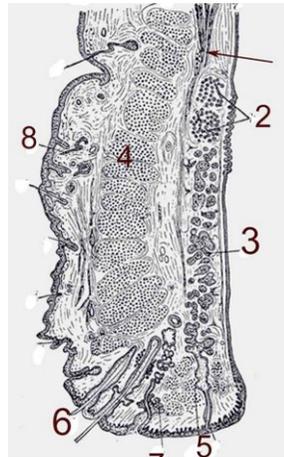
Benign Eyelid Lesions

Adnexal Cysts



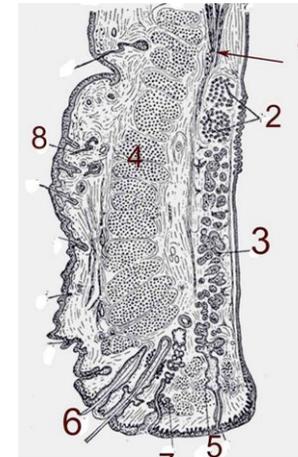
Adnexal Cysts

- Various glands within eyelid



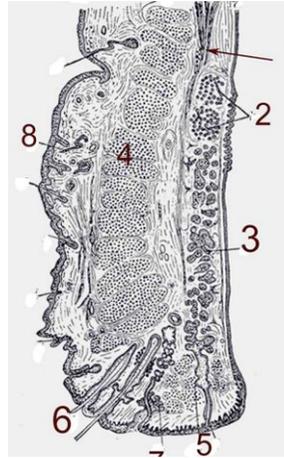
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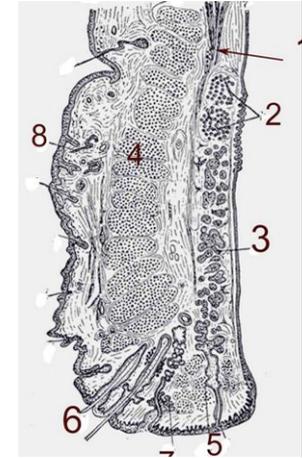
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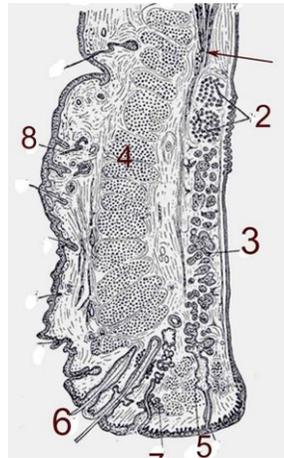


Adnexal Cysts

- Various glands within eyelid
- Oil Producing (meibomian/sebaceous) or Fluid Producing glands (sweat, apocrine, conjunctival mucus)
- Skin or tarsal plate
- Constant movement and friction- high cellular turnover- constant cellular debris- blockage

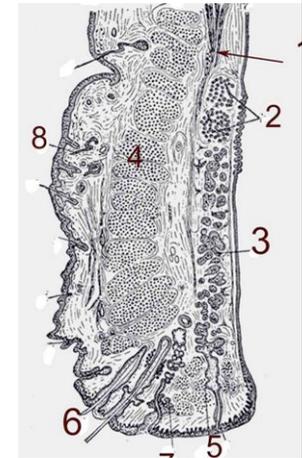


Adnexal Cysts



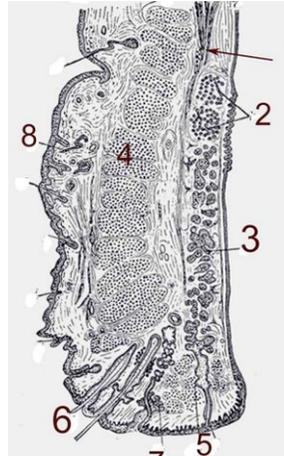
Adnexal Cysts

- Chalazion- chronic blockage of the oil glands in tarsal plate



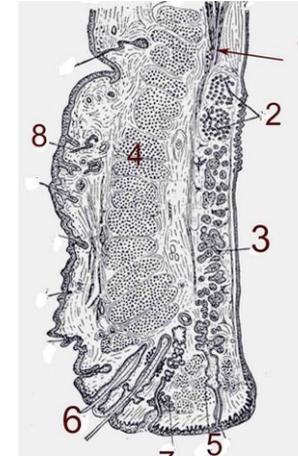
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Adnexal Cysts

- Chalazion- chronic blockage of the oil glands in tarsal plate
- Sebaceous Cyst & Cysts Of Zeiss - Chronic blockages of the oil producing glands of skin
- Hydrocystoma/Cyst of Moll- Chronic Blockage of a sweat gland



Chalazia

Chronic blockage of the tarsal plate meibomian gland



Chalazia

Chronic blockage of the tarsal plate meibomian gland



Cyst of Zeiss

Blockage of oil producing gland
of thin pretarsal skin



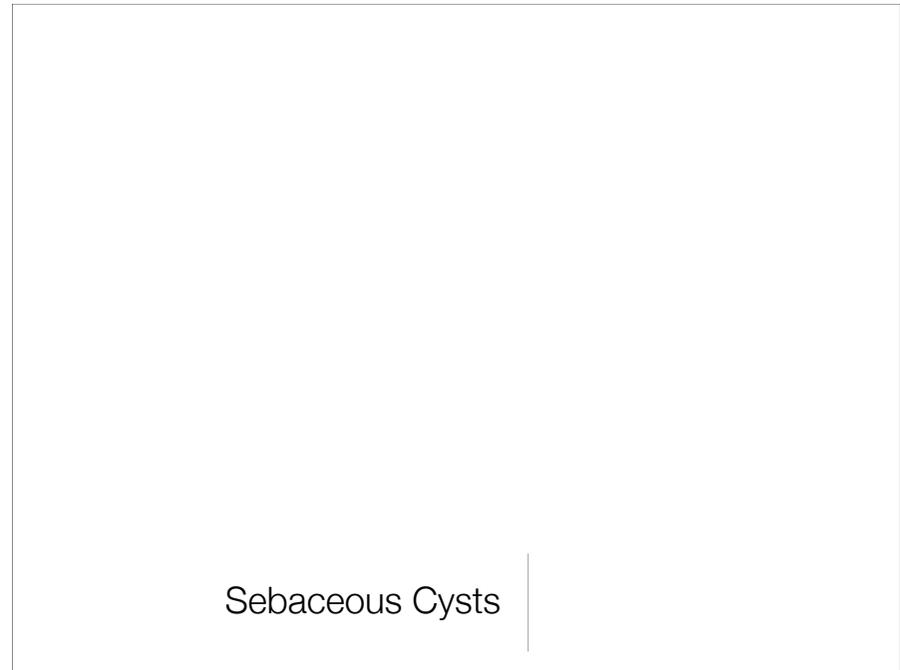
Sebaceous Cysts

Chronic blockage of oil gland of
thicker skin



Sebaceous Cysts

Chronic blockage of oil gland of
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Sebaceous Cysts



Sebaceous Cysts



Sebaceous Cysts



Hydrocystoma/ Cyst of Moll

Blockage of specialised sweat gland
Often confused for skin cancers



Xanthelasma

Hypercholesterolaemia in 50%

Xanthelasma

50 %Hypercholesterolaemia



Xanthelasma

50 %Hypercholesterolaemia



Xanthelasma

50 %Hypercholesterolaemia



Xanthelasma Treatment

TCA Peels
Argon Laser
Excisional Surgery



Xanthelasma or Sebaceous Cysts?

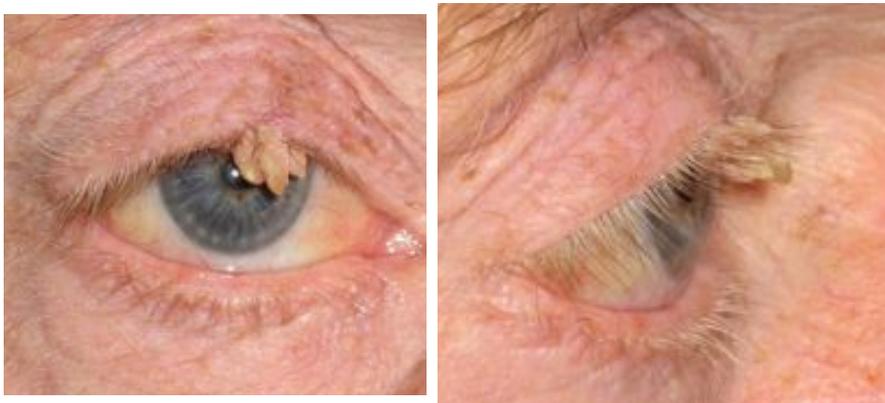


Sebaceous Cysts or Xanthelasma?

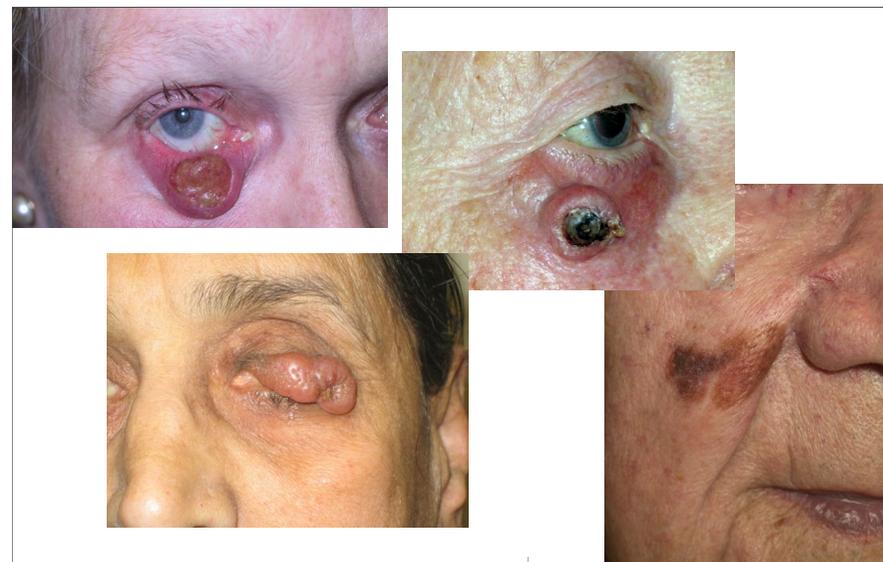
Skin Tags
Papilloma



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Skin Tags
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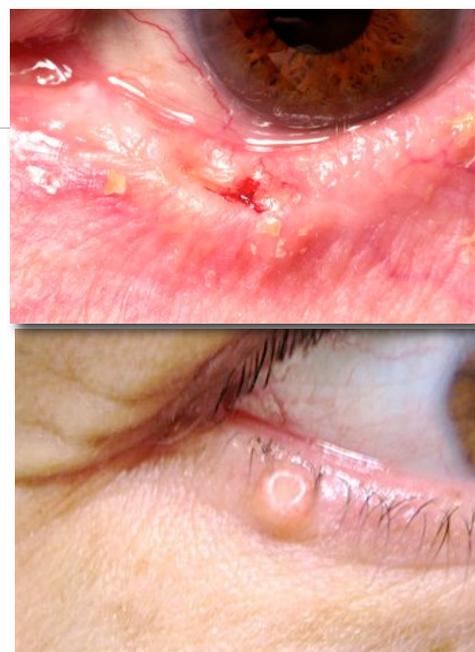
Periocular Skin Cancers

Multiple Types



BCCs

BCC



BCC

- most common (90%)



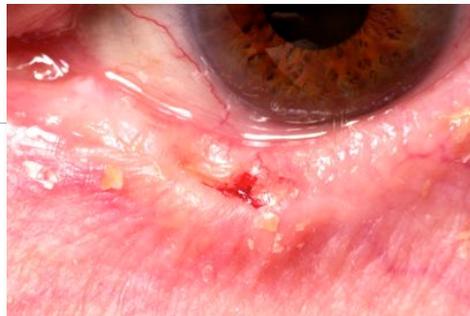
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- Lifetime risk M40%: F 30%



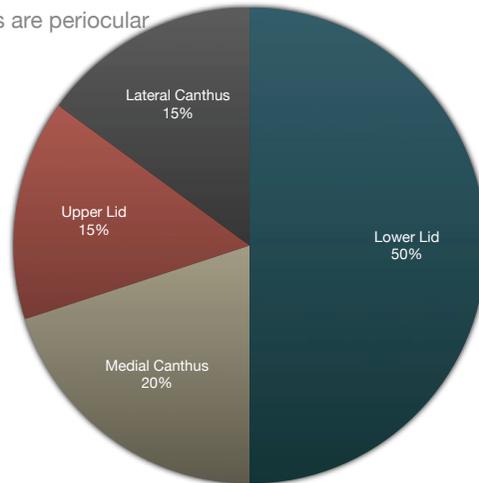
BCC

- most common (90%)
- M:F 2:3
- Lifetime risk M40%: F 30%
- Related to sun exposure and fairness of skin



Distributions

- 10% of BCCs are periocular



Management of all skin cancers

- Clarify diagnosis (Incisional Biopsy)

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- Treat i.e. surgery & others (DXT, cryotherapy, PDT, cautery, curettage)

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 - Histological confirmation of clearance

Management of all skin cancers

- Clarify diagnosis (Incisional Biopsy)
- Treat i.e. surgery & others (DXT, cryotherapy, PDT, cautery, curettage)
- Surgery best:
 - Best cure rates
 - Histological confirmation of clearance
 - Highest burden on service

Surgery for skin cancers



Surgery for skin cancers

- Principles:



Surgery for skin cancers

- Principles:
 - Excise

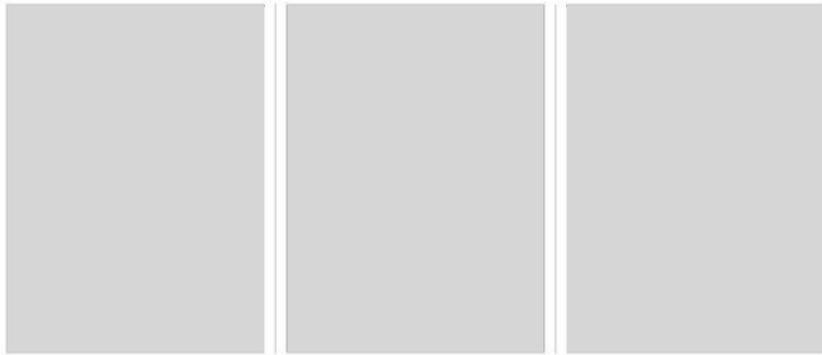


Surgery for skin cancers

- Principles:
 - Excise
 - Reconstruct

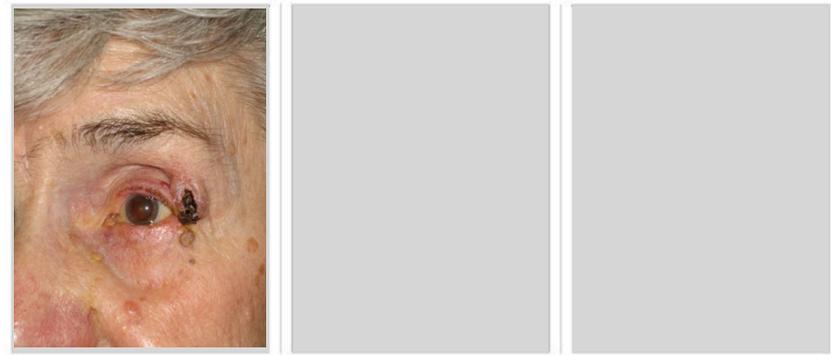


DUDLEY/ WEST BROM STOICISM = LONG OPERATIONS



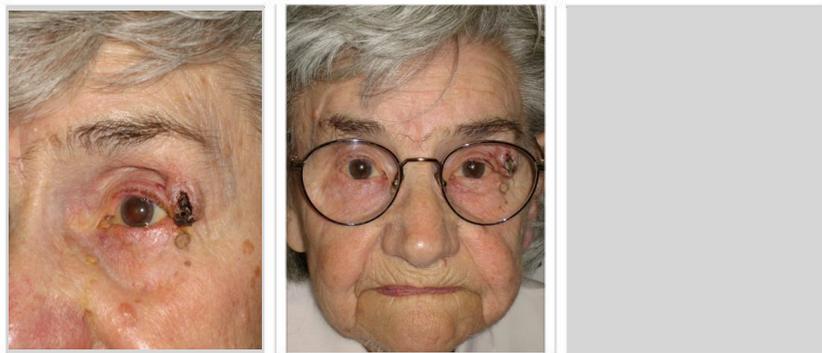
78 yo. Lesion Left lateral canthal lesion 3 years.
Requesting referral because left spectacle lens 'dirty' constantly

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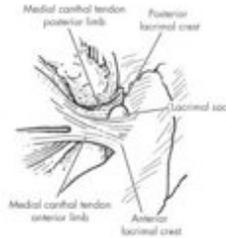
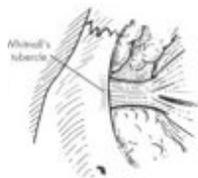
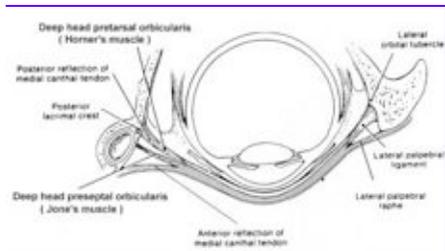
Principles of Lid Reconstruction

Relevant Anatomy

Plate 2-2

Anterior Lamella- Skin & Muscle
 Posterior Lamella- Tarsal plate
 Discrete blood supplies in each

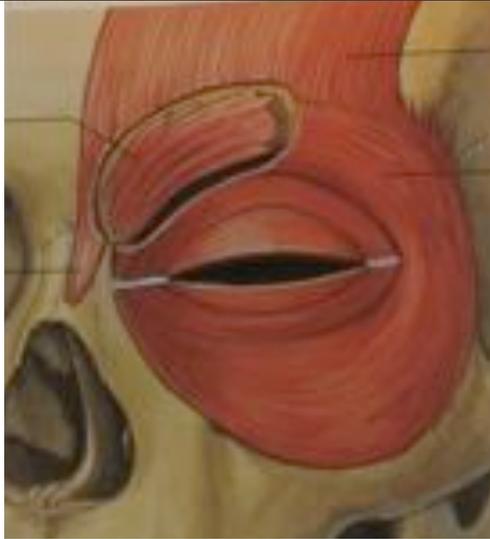
Retractors- Open
 Upper- Levator Muscle, Mullers Muscle and Frontalis Muscle
 Lower- Capsulopalpebral ligaments



Medial & Lateral Canthal Tendons

Hold lids in place

Lid Movement- Retractors



Lid Movement-
Depressors

Orbicularis- Closes

Lid Reconstruction Examples

Lid Reconstruction Examples

Vascular Surgery- Plumbing

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Lid Reconstruction Examples

Vascular Surgery- Plumbing

Orthopaedics- Carpentry

Lid Reconstruction Examples

Vascular Surgery- Plumbing

Orthopaedics- Carpentry

Oculoplastics- Complex Reupholstery

Lid Reconstruction Examples

Vascular Surgery- Plumbing

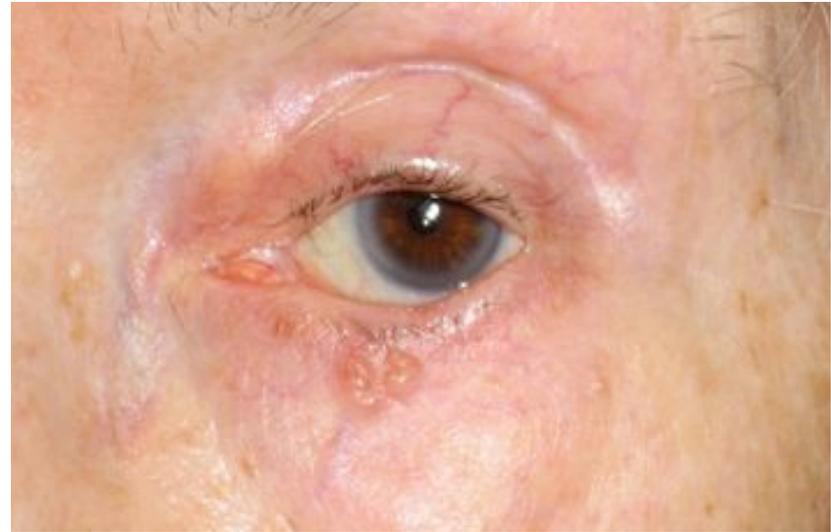
Orthopaedics- Carpentry

Grafts & Flaps

Warning

BCC

Simple Skin Graft



BCC

Simple Skin Graft



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Simple Skin Graft



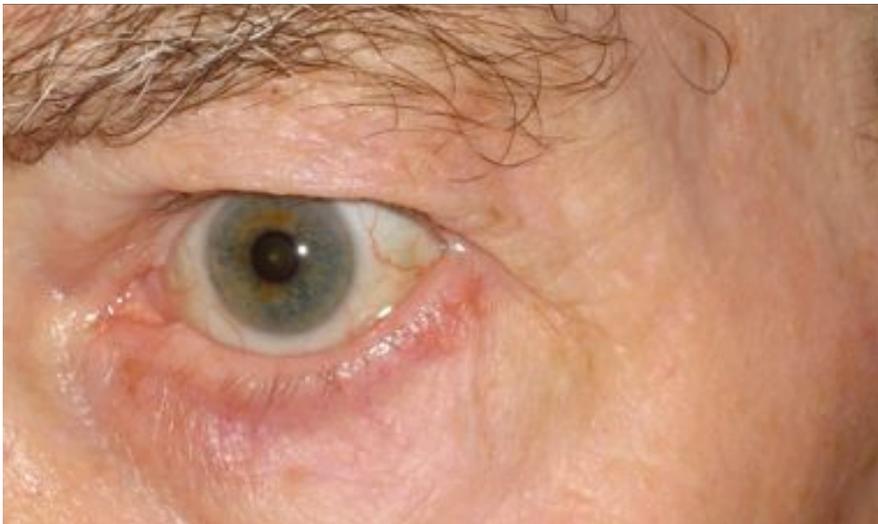
BCC

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Lateral Lower Lid BCC

Tenzel Semicircular Flap



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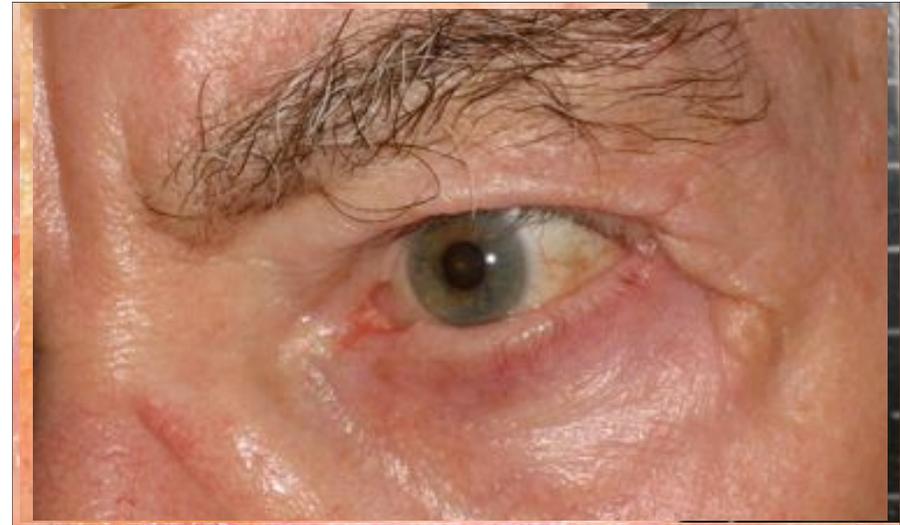
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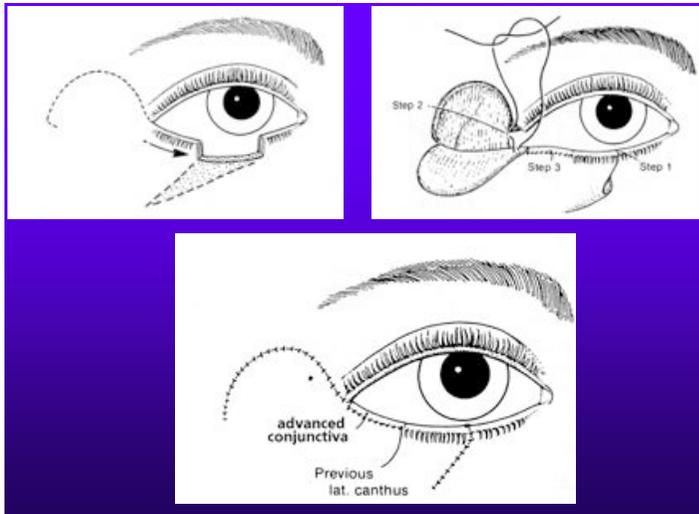
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Lateral Lower Lid BCC

Tenzel Semicircular Flap



Lower Lid
Reconstruction
Small Defects

Tenzel Flap



Upper Lid BCC

Bucket Handle Transposition
Flap, Skin Graft and Tarsus Graft



Upper Lid BCC

Bucket Handle Transposition
Flap, Skin Graft and Tarsus Graft



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Typical BCC Patient



Typical BCC Patient

- Lower lid lesion



Typical BCC Patient

- Lower lid lesion
- 2/5 lid width



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Eyelid Problems & Surgery

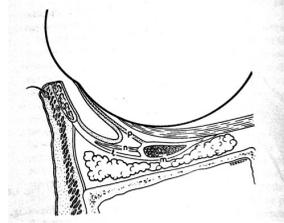
- Lumps, Bumps and Cancers
- Eyelid Malpositions- entropion & ectropion
- Ptosis & Dermatochalasis



Entropion and Ectropion

Involitional Entropion/Ectropion

Why does it happen?

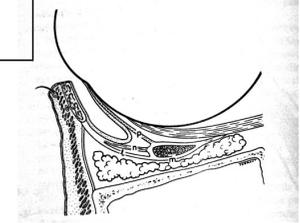


Involitional Entropion/Ectropion

Why does it happen?

Lower Lid Laxity & Age related enophthalmos (orbital fat atrophy)

Eyelid can therefore twist and flip e.g. 'loosening of a belt effect'



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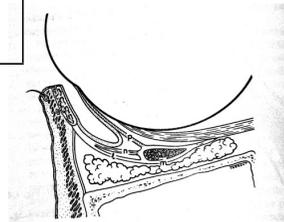
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Anterior/ Posterior Lamella Dissociation due to weakening of fascial attachments between muscle and tarsal plate

=Orbicularis overrides the tarsal plate

=Eyelid twists inwards

= Entropion



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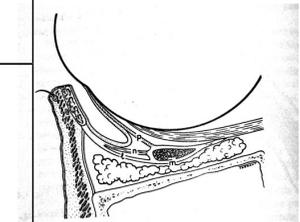
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= Entropion

Age related descent of midface

=Pulls down on lower lid

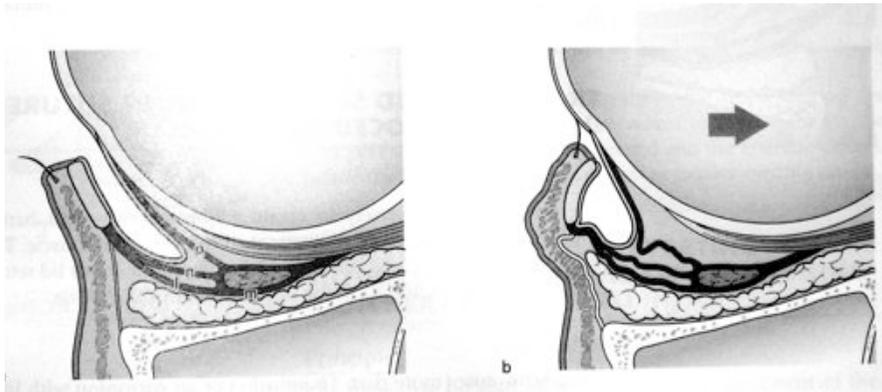
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Lower Lid Laxity= Lid instability



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Entropion

Lower Lid Laxity/Enophthalmos
Anterior/Posterior Lamellar Dissociation
Inferior Retractor Dehiscence

Entropion Why Important?

- Painful
- Corneal Erosions
- Secondary Infection



Microbial Keratitis

RLL latent entropion



RLL latent entropion



Ectropion

Lower Lid Laxity
Cheek Descent= anterior
lamellar shortage

Ectropion
Why Important?

- Annoying Watering



Fluorescein Dye Disappearance
Test in Right Punctal Ectropion



Entropion/ Ectropion Management

Entropion/ Ectropion Management

- Surgery

Entropion/ Ectropion Management

- Surgery
- Correct all anatomical problems

Entropion/ Ectropion Management

- Surgery
- Correct all anatomical problems
 - Correct horizontal laxity to stabilise the lid

Entropion/ Ectropion Management

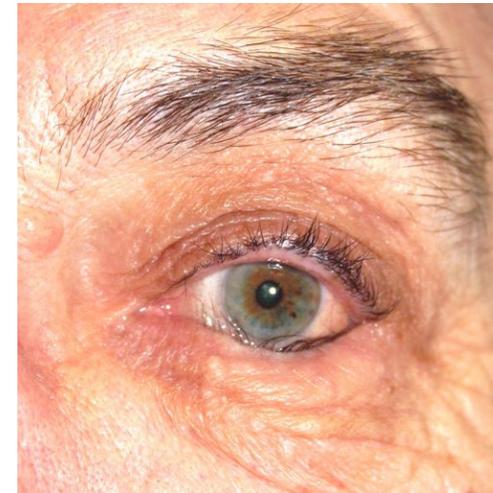
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 - Correct rotational forces on eyelid

Entropion/ Ectropion Management

- Surgery
- Correct all anatomical problems
 - Correct horizontal laxity to stabilise the lid
 - Correct rotational forces on eyelid
 - Correct any vertical tissue shortage

Entropion Surgery

Everting Sutures- correct rotation
Lower lid tightening



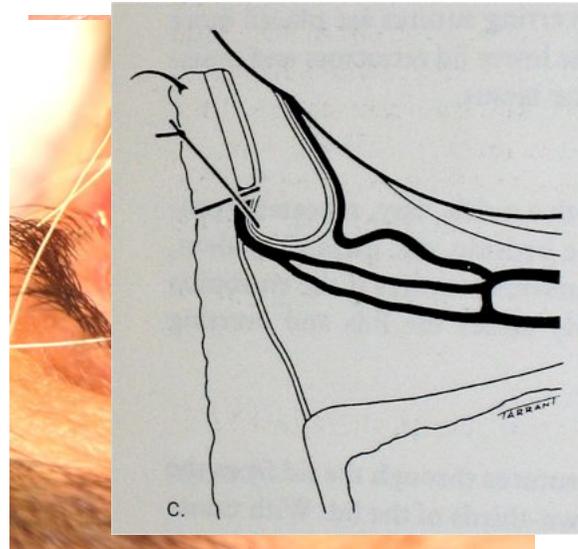
Entropion Surgery

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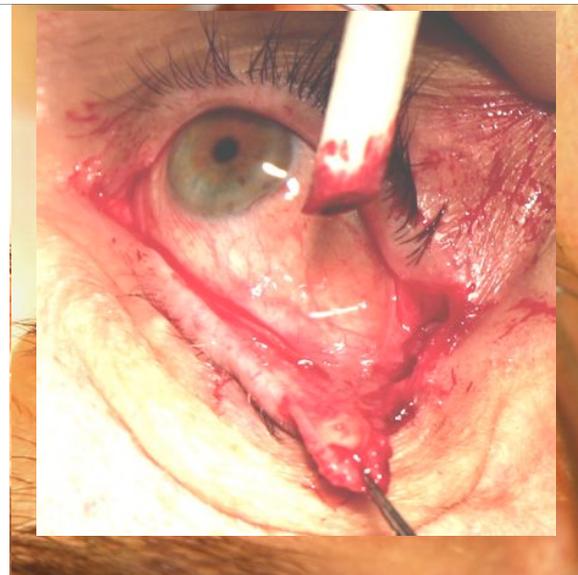
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Entropion Surgery

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Entropion Surgery | Everting Sutures- correct rotation
Lower lid tightening



Entropion Surgery | Everting Sutures- correct rotation
Lower lid tightening



Clatrical Ectropion- LTS and Fricke Flap



Clatrical Ectropion- LTS and Fricke Flap



Olcatricial Ectropion- LTS and Fricke Flap



Eczema/ Dermatitis related ectropion treated with skin grafting



Eczema/ Dermatitis related ectropion treated with skin grafting



Eczema/ Dermatitis related ectropion treated with skin grafting

Eyelid Problems & Surgery

- Lumps, Bumps and Cancers
- Eyelid Malpositions- entropion & ectropion
- Ptosis & Dermatochalasis



Dermatochalasis or Ptosis?

Blepharoplasty= refashioning of eyelids



Cosmetic Simple Blepharoplasties- private practice only



Cosmetic Simple Blepharoplasties- private practice only

Functional Blepharoplasties

Functional Blepharoplasties

- Available on NHS

Functional Blepharoplasties

- Available on NHS
- Indications Include
 - Compromised Visual Field
 - Lash Ptosis
 - Rehabilitation e.g. Thyroid eye disease



Functional NHS
Blepharoplasty

Lash Ptosis or Compromised
Visual Field



Functional NHS
Blepharoplasty

Rehabilitation
Thyroid Eye Disease
Orbital Fat prolapse and eyelid
retraction

Customised 'Oculoplastic' Blepharoplasty

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- Simple Skin/Muscle Excision

Customised 'Oculoplastic' Blepharoplasty

- Simple Skin/Muscle Excision
- Skin Crease reformation

Customised 'Oculoplastic' Blepharoplasty

- Simple Skin/Muscle Excision
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- Orbital Fat Debulking

Customised 'Oculoplastic' Blepharoplasty

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- Internal Brow Lifting

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- Internal Brow Lifting
- Simultaneous Levator Muscle Surgery (Lid Lowering or elevation)

Customised 'Oculoplastic' Blepharoplasty

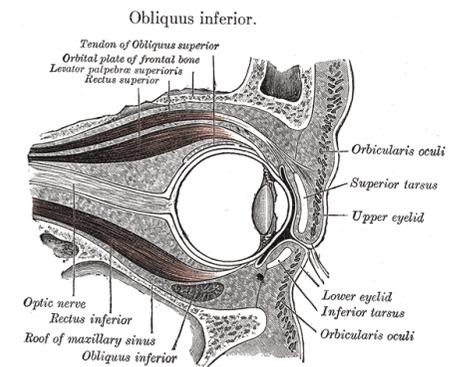
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- Lacrimal Gland Resuspension

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- Simple Skin/Muscle Excision
- Skin Crease reformation
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- Lacrimal Gland Resuspension
- Midface Lifting

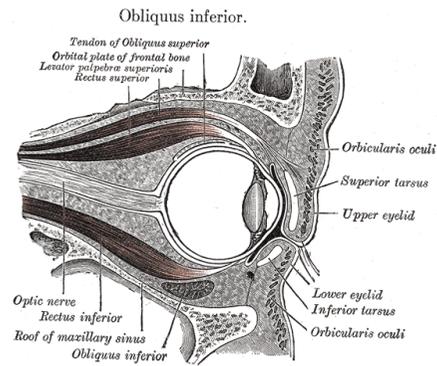
Ptosis

Ptosis Classical Classification



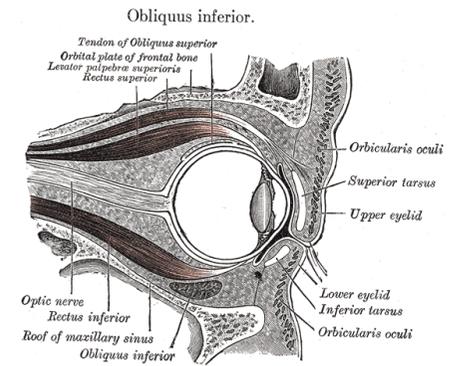
Ptosis Classical Classification

- Aponeurosis Dehiscence
- Dystrophic Muscle (Congenital)
- Mechanical
- Myopathic
- Neurogenic
- Neuromuscular



Ptosis Classical Classification

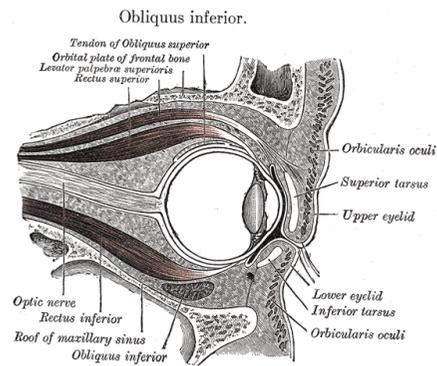
- Aponeurosis Dehiscence
- Dystrophic Muscle (Congenital)
- Mechanical
- Myopathic
- Neurogenic
- Neuromuscular



Ptosis Practical Classification

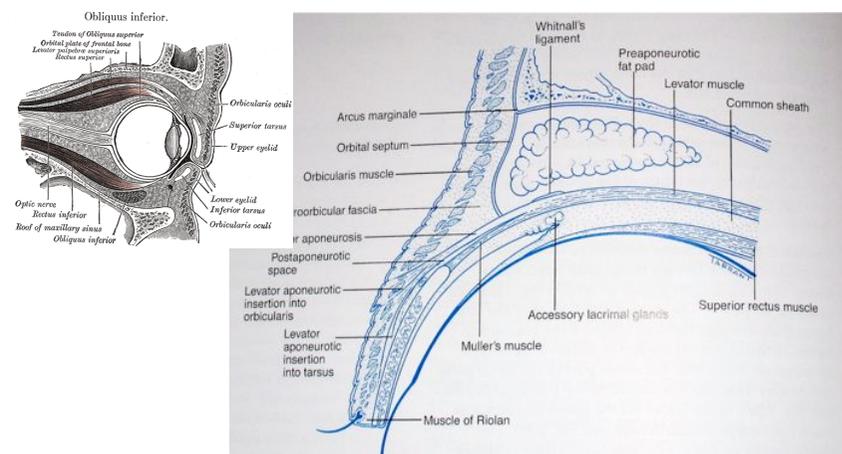
Ptosis Classical Classification

- Aponeurosis Dehiscence
- Dystrophic Muscle (Congenital)
- Mechanical
- Myopathic
- Neurogenic
- Neuromuscular



Ptosis Practical Classification

- Aponeurosis Dehiscence
- Everything Else

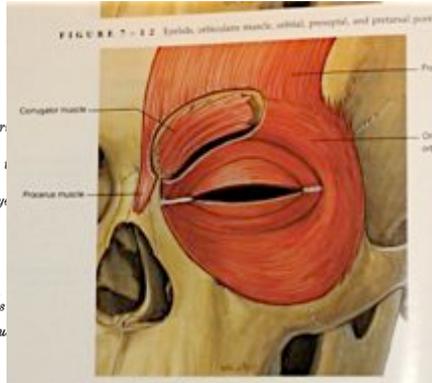
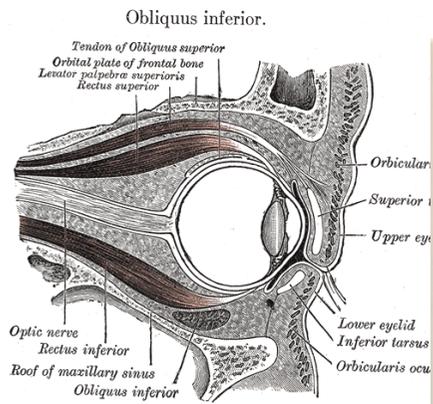


3 Elevators

Levator Muscle- 3rd Cranial Nerve

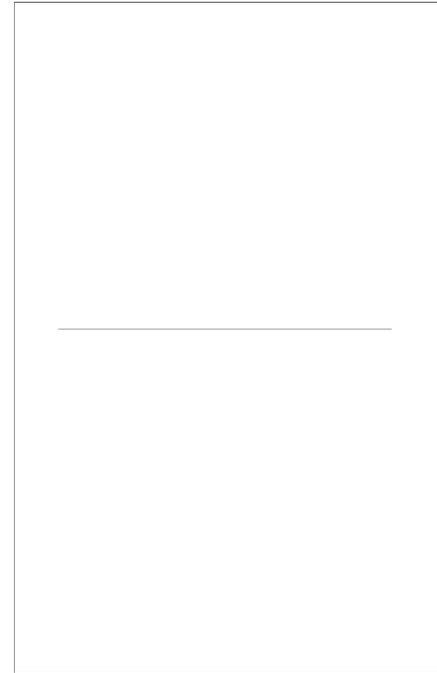
Muller's Muscle-Sympathetic System

Frontalis Muscle- Seventh Nerve



Orbicularis
Sphincter Ring Muscle
Facial Nerve

1 Depressor/ Closure



GP Referral :“Ptosis”



GP Referral :“Ptosis”

Previous medial canthal BCC by
SWBH plastics 3 years
previously



GP Referral :“Ptosis”

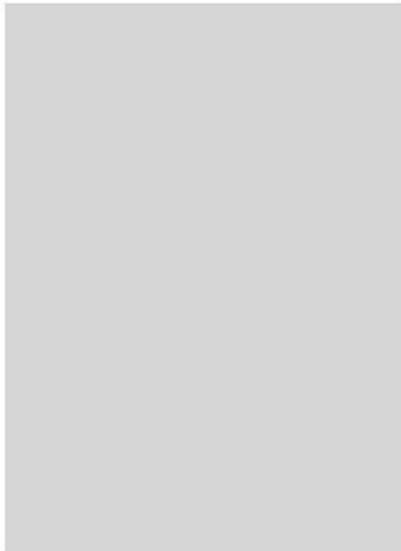
Previous medial canthal BCC by SWBH plastics 3 years previously



GP Referral :“Ptosis”

Previous medial canthal BCC by SWBH plastics 3 years previously

Told incomplete excision



BCC Orbital Invasion. Medial Rectus Tethering +/- ethmoidal invasion

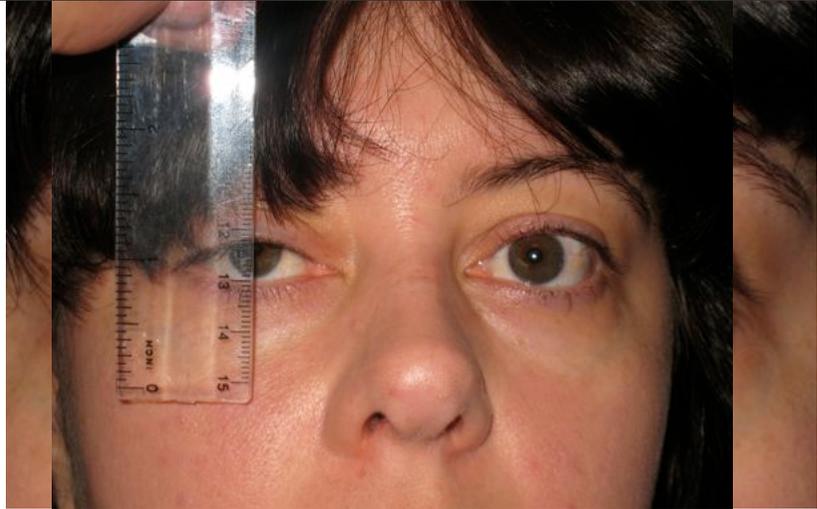


BCC Orbital Invasion. Medial Rectus Tethering +/- ethmoidal invasion



Aponeurotic

Commonest
Often Age Related or CL related
Good Levator Function
High Skin Crease



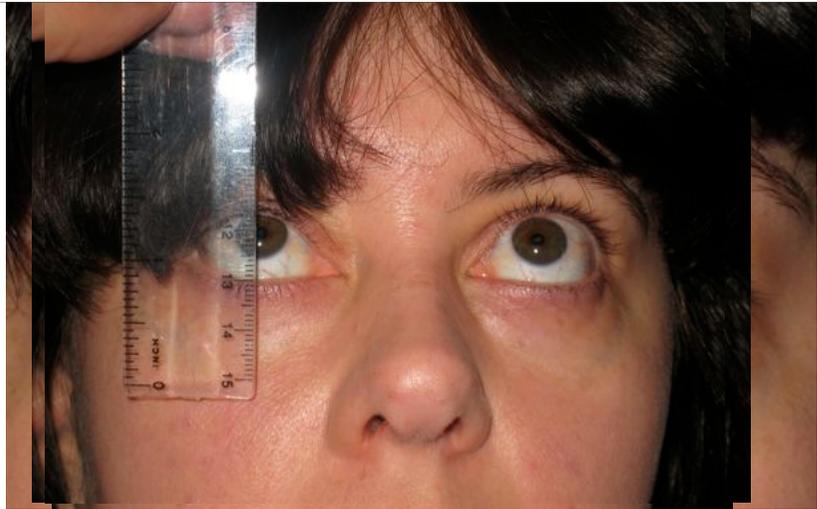
Aponeurotic

Commonest
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High Skin Crease



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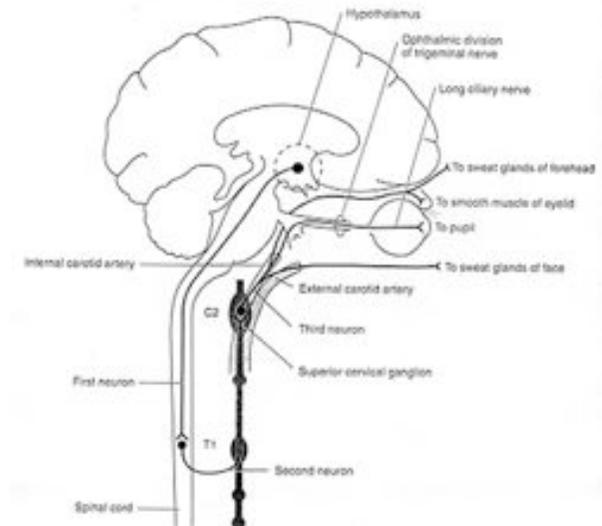
CL Related
Aponeurotic

Commonest
Often Age Related or CL related
Good Levator Function
High Skin Crease



Neurogenic

Horner's Syndrome
Interruption of Sympathetic
Ptosis, Miosis, (Anhydrosis)



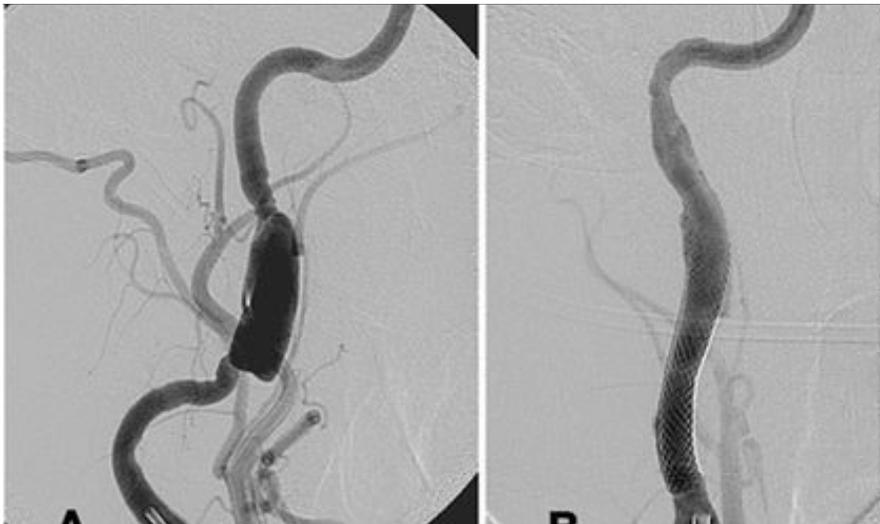
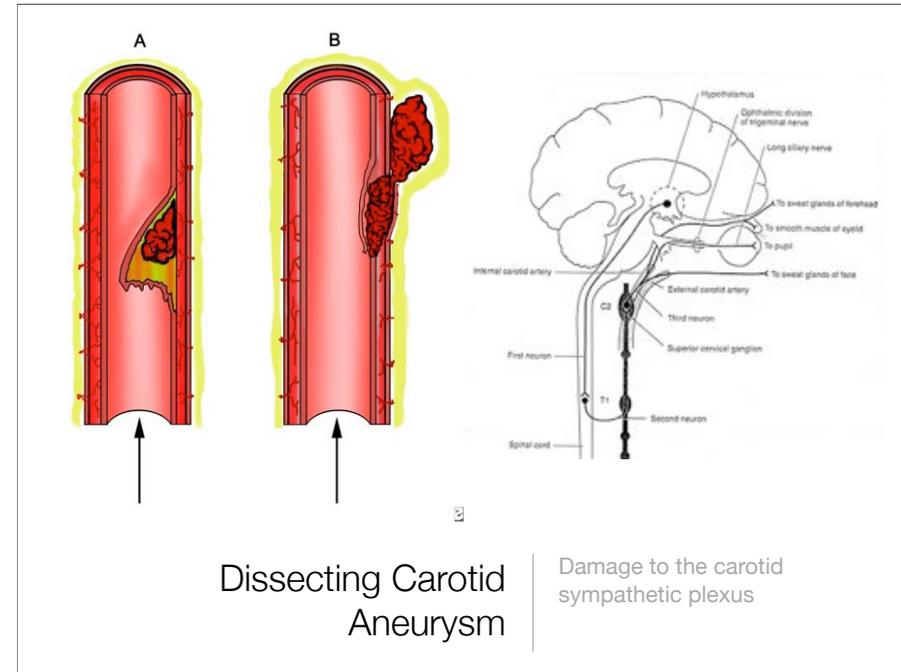
Neurogenic

Horner's Syndrome
Interruption of Sympathetic
Ptosis, Miosis, (Anhydrosis)



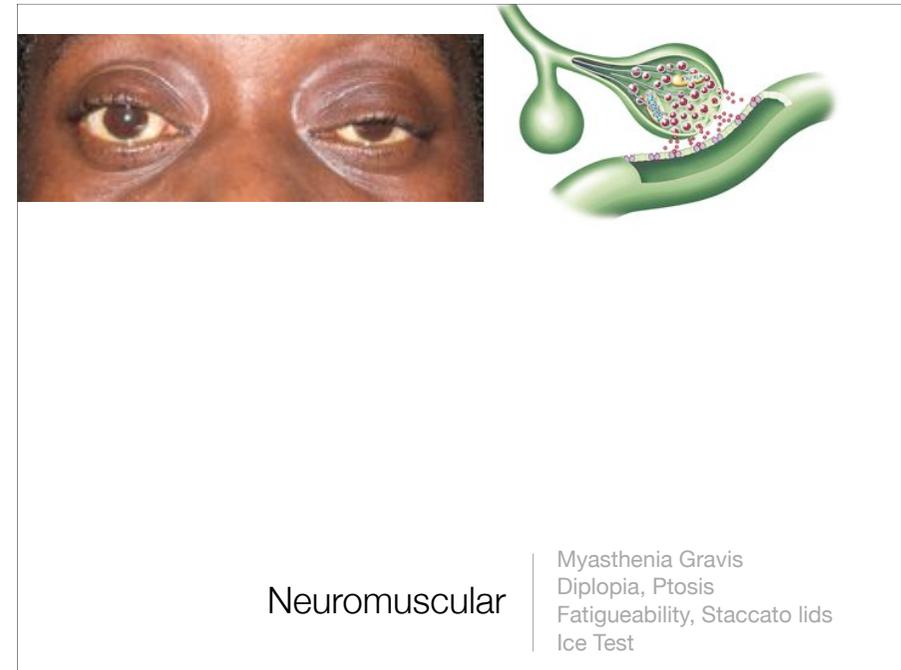
Painful Horner's Syndrome

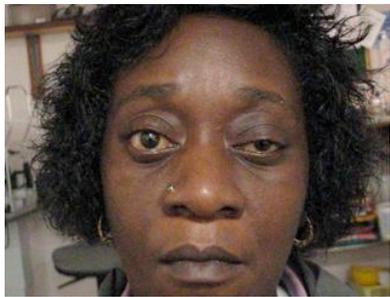
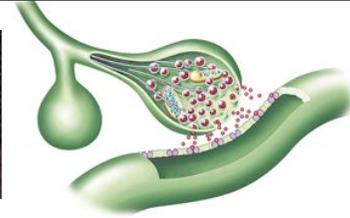
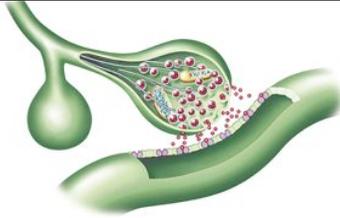
35 year old
Headache, Ptosis, Miosis
BP 245/140



Angiogram

Treated with embolisation or stenting





Neuromuscular

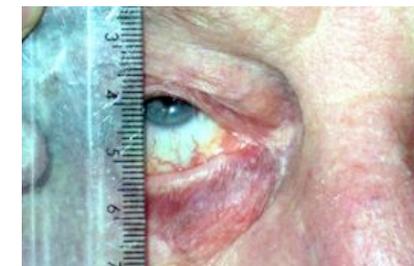
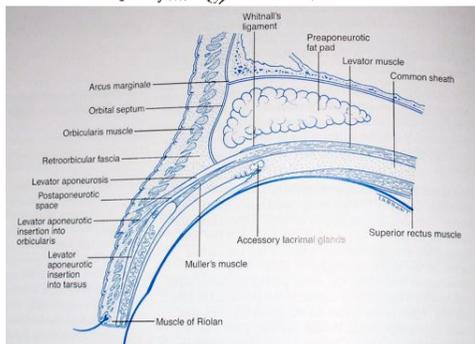
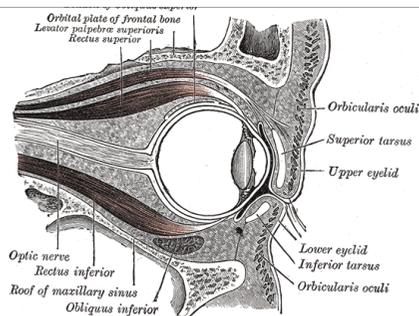
Myasthenia Gravis
Diplopia, Ptosis
Fatigueability, Staccato lids
Ice Test

Neuromuscular

Myasthenia Gravis
Diplopia, Ptosis
Fatigueability, Staccato lids
Ice Test

Ptosis Practical Management

- Measure Levator Function (upper lid excursion)
- If good levator function- conventional ptosis surgery
- If poor levator function- frontalis suspension



Ptosis
Good Levator Function

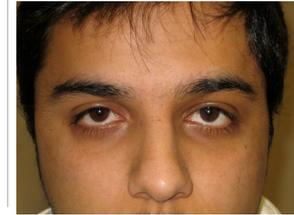
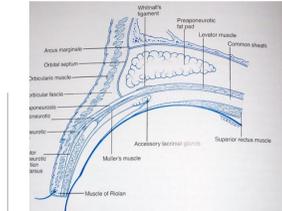
5mm Ptosis
15mm Levator Function
Good Prognosis

Good Prognosis for Surgery



Aponeurotic

Commonest
Often Age Related or CL related
Good Levator Function
High Skin Crease



Aponeurotic

Commonest
Often Age Related or CL related
Lid Excursion Normal
Good Levator Function
High Skin Crease



Left Congenital Ptosis

Dystrophic Muscle
Poor Levator Function

Congenital

Dystrophic Muscle
Reasonable Levator Function
Marcus Jaw Wink
Levator Extirpation and Frontalis
Suspension with Fascia Lata



Congenital

Dystrophic Muscle
Reasonable Levator Function
Marcus Jaw Wink
Levator Extirpation and Frontalis
Suspension with Fascia Lata



Congenital

Dystrophic Muscle
Reasonable Levator Function
Marcus Jaw Wink
Levator Extirpation and Frontalis
Suspension with Fascia Lata



Congenital

Dystrophic Muscle
Reasonable Levator Function
Marcus Jaw Wink
Levator Extirpation and Frontalis
Suspension with Fascia Lata



Congenital

Dystrophic Muscle
Reasonable Levator Function
Marcus Jaw Wink
Levator Extirpation and Frontalis
Suspension with Fascia Lata

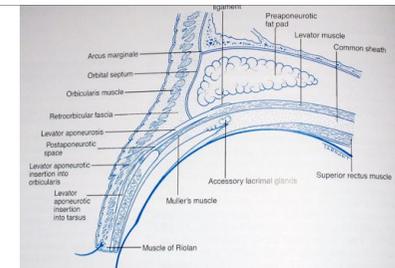
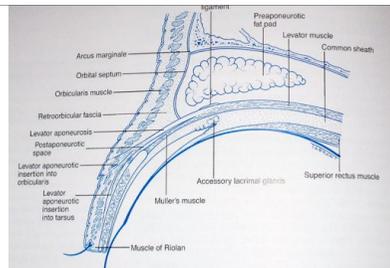
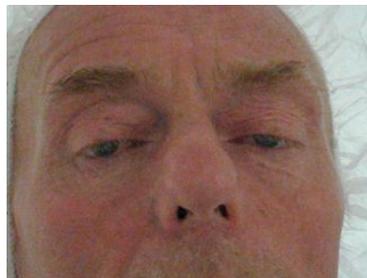
Myogenic Ptosis
Poor Levator Function

Muscular Dystrophy
Levator Function 2mm
5mm Ptosis
Frontalis Suspension



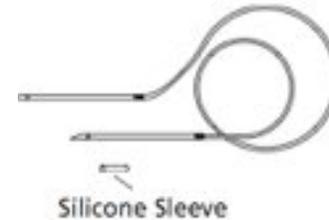
Myogenic Ptosis
Poor Levator Function

Muscular Dystrophy
Levator Function 2mm
5mm Ptosis
Frontalis Suspension



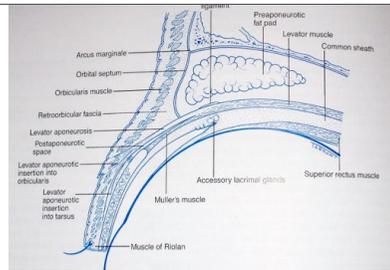
Myogenic Ptosis
Poor Levator Function

Muscular Dystrophy
Levator Function 2mm
5mm Ptosis
Frontalis Suspension



Myogenic Ptosis
Poor Levator Function

Muscular Dystrophy
Levator Function 2mm
5mm Ptosis
Frontalis Suspension



Myogenic Ptosis
Poor Levator Function

Muscular Dystrophy
Levator Function 2mm
5mm Ptosis
Frontalis Suspension

Votes for next lecture:

- Web: www.mrdavidcheung.com
- Email: david.cheung@nhs.net

Summary

- Basic overview of basic oculoplastic lid surgery
 - Eyelid lesion recognition
 - Principles of eyelid reconstruction
 - Mechanisms of Eyelid malposition and surgery
 - Dermatochalasis Management
 - Mechanisms of Ptosis and surgery

Votes for next lecture:

- Thyroid Eye Disease

- Web: www.mrdavidcheung.com
- Email: david.cheung@nhs.net

Votes for next lecture:

- Thyroid Eye Disease
- The Watering Eye

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-

Votes for next lecture:

- Thyroid Eye Disease
- The Watering Eye
- Facial Nerve Palsy & Involuntary Facial Movements
- Cosmetic Oculoplastic/Oculofacial Surgery

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-

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