Ptosis

Question #1: What questions on history are important in the evaluation of ptosis?

Onset, duration, severity, variability, old photos.
Previous surgery.

Question #2: Key ocular signs to help differentiate causes of prosis?

Ipsilateral miosis: Horner’s
Ipsilateral mydriasis: III
Skin crease: involutional
Dermatochalsis, entropion, hypotropia, contalateral retraction: pseudoptosis

Question #3: Key check list prior to surgery?

Schirmer’s test
Preop photos
VF
Bell’s
Hering’s law
Levator function
Refraction in kids (WTRAstig)
Caution: dry eyes, poor Bell’s, big pupil

Question #4: What is the differential diagnosis of ptosis.

A) neurogenic
1) Horner’s
2) IIIrd nerve palsy
3) 3rd nerve misdirection
4) Marcus-Gunn

B) aponeurotic
1) involutional
2) post-op
3) blepharochalasis

C) Mechanical
1) scarring
2) excess weight
1) dermatochalasis
2) tumors
3) edema

D) myogenic
I) congenital
   a) simple
   b) blepharophimosis syndrome

II) myogenic
   1) muscular dystrophy
   2) oculopharyngeal dystrophy
   3) CPEO
   4) post botox

Neuromyopathic
   1) myasthenia

**Congenital**

<table>
<thead>
<tr>
<th>Myopathic (hypo common, 30% bilat)</th>
<th>Max Lev resec or FS</th>
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<tbody>
<tr>
<td>Blepharophimosis syndrome (AD, triad)</td>
<td>Staged</td>
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<tr>
<td>Marcus Gunn Jaw winking (III-V miscommunication)</td>
<td>Mild: LR, Severe: L diss &amp; FS</td>
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**Acquired**

<table>
<thead>
<tr>
<th>Horner’s</th>
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<tr>
<td>MG</td>
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<tr>
<td>CPEO</td>
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<tr>
<td>Aponeurotic</td>
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<tr>
<td>Mechanical</td>
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</table>

Question #5: Grade LF and which procedure would you do based on results?

<table>
<thead>
<tr>
<th>LF function</th>
<th>Amt.</th>
<th>Surg</th>
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<tbody>
<tr>
<td>Poor</td>
<td>&lt;4</td>
<td>FS</td>
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<tr>
<td>Mod</td>
<td>4-7</td>
<td>Supramax LR</td>
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<tr>
<td>Good</td>
<td>8-15</td>
<td>LR</td>
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Question #6: Describe levator resection.

**F) Ptosis**

i) Fascinella-Servat
   - excision of upper tarsus, lower Muller’s and overlying conjunctiva

ii) levator resection/reinsertion
   - local anesthetic (except kids and anxious adults)
   - examine up and down
   - #15 BP blade through skin
   - divide orbicularis
   - now see septum and you divide you see and retract fat pads
   - disinsert aponeurosis
   - separate Muellers
   - 6-0 polysester to suture apo to tarsus check conj side
   - close 7-0 vicryl to attach orbic to aponeurosis
- skin with 6-0 plain
- lid crease incision
- cut through septum
- identify levator aponeurosis
- 5-0 Vicryl to suture levator to tarsus
- 6-0 plain to close skin

iii) frontalis suspension
  · pentagon
  · autologous fascia lata
  · banked fascia lata or silicone

Question #7: What are the complications?

Undercorrection
Overcorrection: lower if exposure a problem
Crease problems
Lagophthalmos and keratitis

Question #8: You are on call, you are called about Dr. Arthurs pt who had a bleph earlier now complaining of pain and decreased vision...what do you do?

  · See pt immediately. Lateral canthotomy>Explore and decompress wound>orbital decompression