

Retraction Repair

What is retraction and how is it corrected?

Eyelid retraction is a condition that can occur in either the upper or lower lids and may arise from such changes as aging, laxity, changes in other parts of the face, or as a side effect of surgery or other systemic conditions such as Graves' disease. Generally this appears as the upper or lower lids retracting causing exposure of the surface of the eye which then can lead to problems with dryness, and sometimes secondary tearing, and even vision threatening problems.

Retraction repair surgery consists of repositioning the eyelids such that they give better coverage and protection of the surface of the eye. This may result in a narrowing of the interpalpebral fissure or in other words the eye may not appear to open as wide as before. When repairing a retraction of the lower lids that this generally involves bringing the lower lid upward and this may involve tendon tightening and rearrangement of the lower lid and cheek soft tissues. Occasionally this also involves placing grafts or other tissues into the lower lid. When pairing a retraction of the upper lids this generally consists of lowering the upper lid position by releasing the upper lid elevator muscles and occasionally will involve placing a spacer graft or tissue.

How will retraction repair surgery affect my vision and appearance?

Raising the lower lids upward or lowering the upper lids downward will often narrow the interpalpebral fissure or the opening of the eyes. This is done to protect the surface of the eye but it should be known that the eyes may not look quite as "open" as they did beforehand. This may improve your vision as the surface of the eye becomes more protected and is smoother, and the tear film may become more stabilized and consistent. More importantly the surgery will help protect the surface of the eye and reduce the risk of damage and scarring to the surface of the eye and cornea.

What are the major risks of retraction repair surgery?

The risks of retraction repair surgery, like most surgical procedures, include but are not limited to the following: Bleeding, infection, an asymmetric or unbalanced appearance, scarring, difficulty opening or closing the eyes, narrower or less open eyes appearance, change or difficulty or inability to wear contact lenses, double vision, tearing, numbness and or tingling, or rarely change in vision, loss of vision, or even death. Also additional or revision surgery may need to be done at some future point.



The results of retraction repair surgery cannot be guaranteed. There are many factors and variables involved in the surgery that can make the results unpredictable. At times, the surgeon may need to adjust or readjust the position or shape of the eyelid after the retraction surgery. The adjustments can be done early (sometimes within the first 10 days) after surgery, or later on depending on the course. The final result depends upon your anatomy, your body's wound healing response, and the underlying cause of the retraction. Some patients have difficulty adjusting to changes to their appearance. Some patients have unrealistic expectations about how changes in appearance will impact their lives. Carefully evaluate your goals, expectations, and your ability to deal with changes to your appearance and the possible need for repeat surgery before agreeing to this surgery.

What are the alternatives to retraction repair surgery?

Patients may live with upper or lower lid retraction and may elect to follow a conservative or observation course. This would include either doing nothing at all, or using topical lubricants such as artificial tears and or ointments in the eye. Additionally nonsurgical techniques may include taping the eyelids closed and using humidifying goggles. Occasionally some other surgeries may be considered or may be used to augment the retraction repair such as tarsorrhaphy.

What type of anesthesia is used and what are its risks?

In children, general anesthesia is generally necessary. In teenagers in adults, lower lid and upper lid retraction surgically may be done on an outpatient basis under local or sedation or general anesthesia. Some cases require sedation from the needle that is placed in a vein in your arm before surgery. Fortunately, in the vast majority of cases most patients do not find the operation to be painful and it only takes a short period of time. The risks of anesthesia include but are not limited to damage to the eye and surrounding tissues and structures, loss of vision, breathing problems, and in extremely rare can's circumstances stroke or death.

Patient's acceptance of risks:

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that adjustments in more surgery may be necessary. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks, benefits, and alternatives of eyelid retraction repair.



A copy of this consent form was offered to me.

I consent to retraction repair