



Queen Victoria Hospital
NHS Foundation Trust

Upper eyelid weight insertion Risks and benefits explained

Corneo-Plastic Unit



You have been booked for surgery in the Corneo-Plastic Unit at Queen Victoria Hospital NHS Foundation Trust.

Your procedure, as already explained by the doctor, involves the insertion of a gold or platinum weight into the upper eyelid with the intention that this will help to protect and improve the long-term health of the surface of your eye.

Who will carry out my procedure?

At Queen Victoria Hospital, a team of trained doctors and nurses will undertake your treatment and care. The consultant ophthalmic and oculoplastic surgeon works closely with his Fellows (senior specialist trainees) in oculoplastic surgery. Occasionally, visiting specialist registrars from neighbouring hospitals join the team. Your surgery will be carried out either by a consultant, his Fellow or by a member of the team who is suitably experienced and qualified under appropriate supervision of a senior surgeon.

What are the risks?

All surgery carries some risk and benefits and this leaflet aims to describe these to you. It is up to you to weigh-up the risks and benefits before deciding whether to proceed. If you agree, you will be asked to sign a consent form confirming that you understand the aims of the surgery and accept the potential risks.

Common risks of the surgery include:

- some bruising and swelling of the eyelids is expected in the immediate post-operative period
- a faint scar in the eyelid crease will initially be visible in most people
- the gold weight, by the nature of its design, sits prominently within the eyelid meaning 1 in 20 people are aware of an altered appearance in the upper eyelid (e.g. thickening or the weight showing through eyelid skin)

Rarer complications of the surgery include:

- infection of the eyelid
- drooping of the upper eyelid
- migration or loss of the weight

- allergy to the weight
- granuloma (benign lumpy growth) at the site of the surgery

These factors mean that about 1 in 10 people will require further surgery at some stage in their life (e.g. eyelid lowering, elevation or revision and replacement or removal of the weight).

Exceptionally rare:

- bleeding - causing visual loss at the time of surgery or shortly after

What are the aims or benefits of surgery?

- improved protection of the surface of the eye
- improved eyelid closure
- improved blink
- relief of dry-eye symptoms

Those treating you will do their best to ensure success but it is not possible for us to guarantee a completely successful outcome in every case.

What are the alternatives?

- Surgical tarsorrhaphy (sewing eyelids partially together) – this will protect the surface of the eye, but has the principle disadvantage of poor cosmetic appearance and reduced peripheral vision.
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- Botulinum toxin injection to the upper eyelid – this can cause temporary complete closure of the eyelid lasting 2-3 months. This will affect your vision, causing a reliance on your other eye. The procedure also needs to be repeated every three months.

If you have any questions regarding the procedure or this leaflet, please discuss them with your surgeon before the operation.

Further information

For further information visit the British Oculoplastic Surgery Society website:

www.bopss.co.uk/public-information/introduction/

If your operation is to be carried out under general anaesthetic, the anaesthetist will discuss any additional risks with you.

For further information about the risks of anaesthetics please see the booklet 'You and your anaesthetic' or visit the Royal College of Anaesthetists' website: www.rcoa.ac.uk

Further questions

Should you have any further questions or concerns please do not hesitate to contact us:

For eye emergencies only

Tel: 01342 306782

9.00am to 5.00pm

For enquiries out of hours, weekends and bank holidays, please contact

Ross Tilley Ward. Tel: **01342 414451** or

Switchboard. Tel: **01342 414000**



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