

EYELID SURGERY FOR THYROID EYE DISEASE

The inflammation that occurs in thyroid eye disease can cause severe scarring of the muscles in the eyelids, resulting in eyelid retraction (the eyelids being pulled away from the eye) with possible development of severe corneal exposure (a vision-threatening problem). Many people will have exposure to the degree that causes their eyes to be chronically "gritty-feeling" and watery. In some people, however, dry spots may form on the surface of the eye causing exposure keratitis, which can lead to scarring or infection of the eye. Eyelid surgery can reduce eye exposure so that the eyelids are more adequately able to protect the eye. Before surgery, many people with this exposure situation will have the need to squint (usually unconsciously) in order to keep their eyes from drying.

Additionally, thyroid eye disease may cause extra fat tissue deposits making the eyelids appear swollen, puffy, and unsightly. Surgery can correct these problems as well.

UPPER EYELID SURGERY

To help with upper eyelid retraction, surgical loosening of the upper eyelid retractor muscles (levator and Mueller's muscle) and release of scar tissue in the muscles can allow the upper eyelids to lower to a more normal level in order to protect the eyes. At the same time that this is done, excessive fatty tissue and skin folds can be trimmed to improve appearance. Formulas are sometimes used during surgery to determine the required amount of loosening of the muscles, but significant differences exist between individuals in the amount of scarring that occurs. There are even differences between eyelids in the same person. Following surgery, there is almost always significant improvement, many times exactly the desired amount, but in some cases (about 10-15%) additional

"touch up" surgery is needed to get the eyelids as close as possible to the desired position.

LOWER EYELID SURGERY

The same puffiness and retraction that occurs in the upper eyelids can also develop in the lower eyelids, so that the lower eyelids are pulled downwards exposing the white portion of the eye. With this situation, an unhealthy exposure of the eye can also occur. Surgical procedures can improve the protection of the eye and the appearance of the lower eyelid. With lower eyelid surgery, the scarred muscle can be loosened and at the same time extra skin folding and fat can be trimmed, as in the upper eyelid. To be able to reposition the edge of the lower eyelid upward, the outside tendon in the lower eyelid must be tightened and a spacer material may be inserted within the eyelid. This type of procedure will allow the eyelid to resume a more normal, natural position, protect the eye, and provide marked improvement in overall appearance.

PROBLEMS INVOLVED WITH EYELID SURGERY FOR THYROID PATIENTS

1. BRUISING AND SWELLING

There is usually more bruising and swelling with surgery for thyroid eye problems than the standard "baggy eyelid operation" (blepharoplasty), because in thyroid disease the arterial and venous supplies to eyes are increased. Thus, the tissues tend to swell more. Also, the surgery is more involved. In some situations low dose cortisone medication may be used to reduce the amount of tissue reaction following surgery. Ice packs and head-of-bed elevation help to control bruising and swelling.

2. POST-OPERATIVE STIFFNESS OF THE EYELIDS

Even though the eyelids are improved in position so that they can protect the eye and obtain a more normal appearance, stiffness incurred by the scar tissue may persist to some degree, as it is impossible to remove every bit of scar tissue imposed by the thyroid problem,

3. ANESTHESIA DURING SURGERY

If a person is having one set of eyelids corrected (usually the upper eyelids) the procedure can frequently be performed entirely with local anesthesia and deep sedation as an outpatient. If upper and lower eyelids are operated at the same time, this much longer procedure may infrequently require general anesthesia.

4. POST-OPERATIVE CARE

A person will be ambulatory after eyelid surgery, although application of ice packs and topical medications will be necessary. Sutures will be removed one week after surgery, and a 4 - 6 week checkup will be scheduled.