18th International Conference of the
Research Institute of Ophthalmology

RIO 2026

22 -23 JANUARY 2026
ROYAL MAXIM PALACE KEMPINSKI, CAIRO

LEVATOR RESECTIONS BASICS TIPS AND TRICKS

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- Lid Surgery is like Peeling an Onion, You have to Peel Away One Layer to Reveal Another

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Steps Of Levator Resection

- Marking : skin crease , traction sutures
- Inject L.A
- Place a 4-0 silk Traction suture
- Make a skin incision
- Open the orbicularis muscle
- Dissect the orbicularis off the orbital septum
- Open the Septum
- Dissect the septum off the preaponeurotic fat
- Dissect the Preaponeurotic Fat off the aponeurosis
- Disinsert the Levator aponeurosis from the anterior surface of the tarsus
- Dissect The Aponeurosis free from Müller's muscle & conjuctiva
- Pass a Double-armed 5-0 (vicryl, Eithbpnd) Suture into the tarsus in a LAMELLAR FASHION
- Pass the arms of the suture through the Aponeurosis
- Pull the aponeurosis inferiorly against the tarsus as you tie a temporary knot
- Aim for a 1 mm overcorrection or ??
- Alter the horizontal position of the suture in the Tarsus to change the Contour
- Alter the vertical position of the suture in the Aponeurosis to change the lid Height
- Tie the knot permanently when satisfied with the height and contour
- Reform the skin crease (optional)
- Use a running or Interrupted Suture to close the skin

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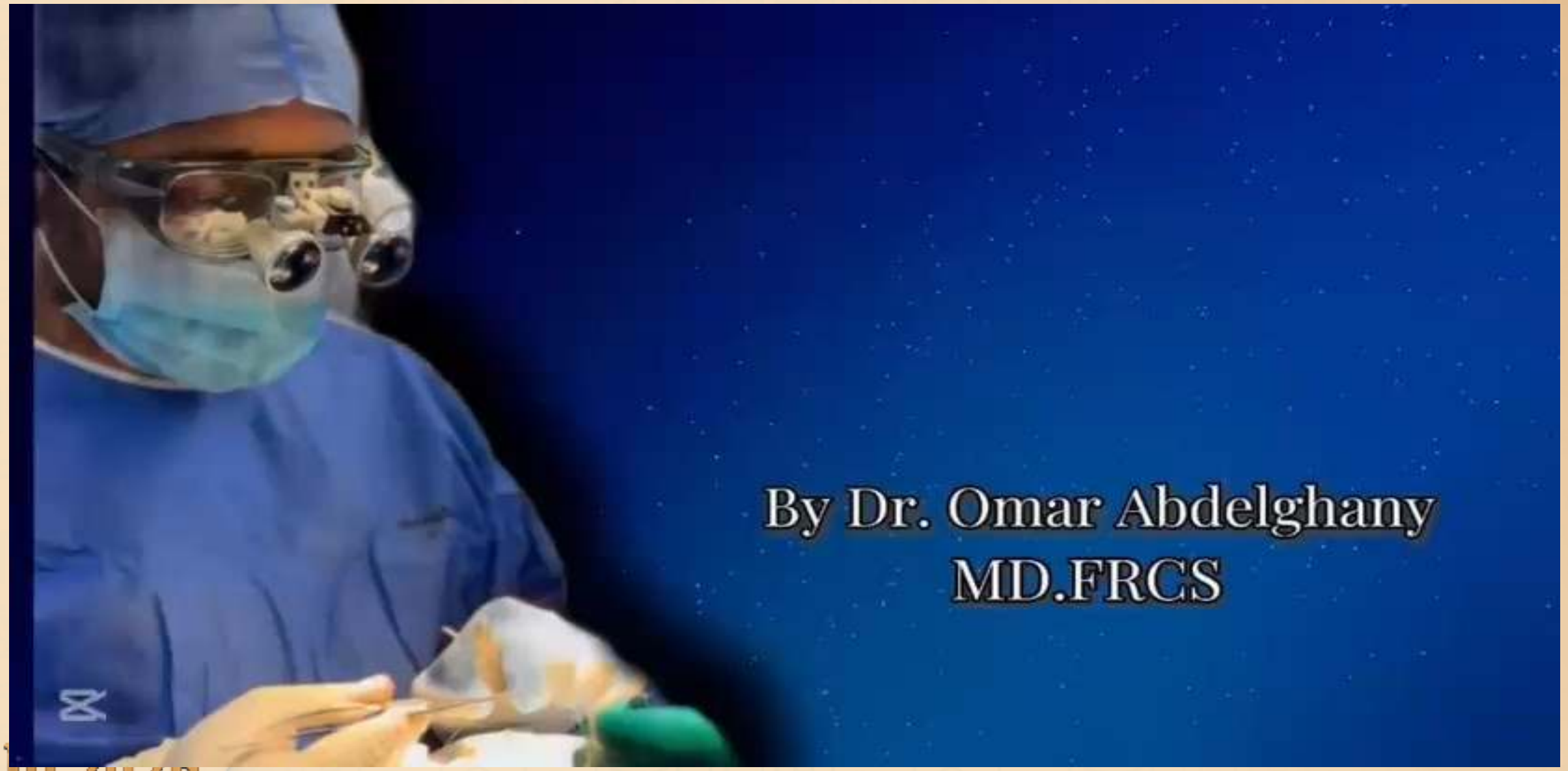
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How much Levator resection?

- No Universal role
- Differentr methods
- At the end you will develop your Own Algorithm

Levator function technique (based on Berke, 1959)

Levator function	Intraoperative lid height
2–3 mm (poor function)	At upper limbus
4–5 mm (poor function)	1–2 mm overlap
6–7 mm (fair function)	2 mm overlap
8–9 mm (good function)	3–4 mm overlap
10–11 mm (good function)	5 mm overlap

Beard method, 1981 for Congenital Ptosis

Degree of ptosis	Levator Function	Resection
Mild (< 2 **mm**)	> 10 **mm**	**Small** (10 –13 **mm**)
Moderate 3 **mm**	<8 **mm** < 8 **mm**	**Moderate** (14 – 17 **mm**) **Large** (18 – 22)
Severe (> 4 **mm**)	< 5 **mm**	**Maximum** (> 23 **mm**)

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Thank You

Your logo

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