Small incision levator tucking

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Introduction

•Common surgical approaches for ptosis;

- Levator resection/tucking
- Aponeurotic reinsertion
- Mullerectomy
- Frontalis flap/suspension

Rationale for the small incision

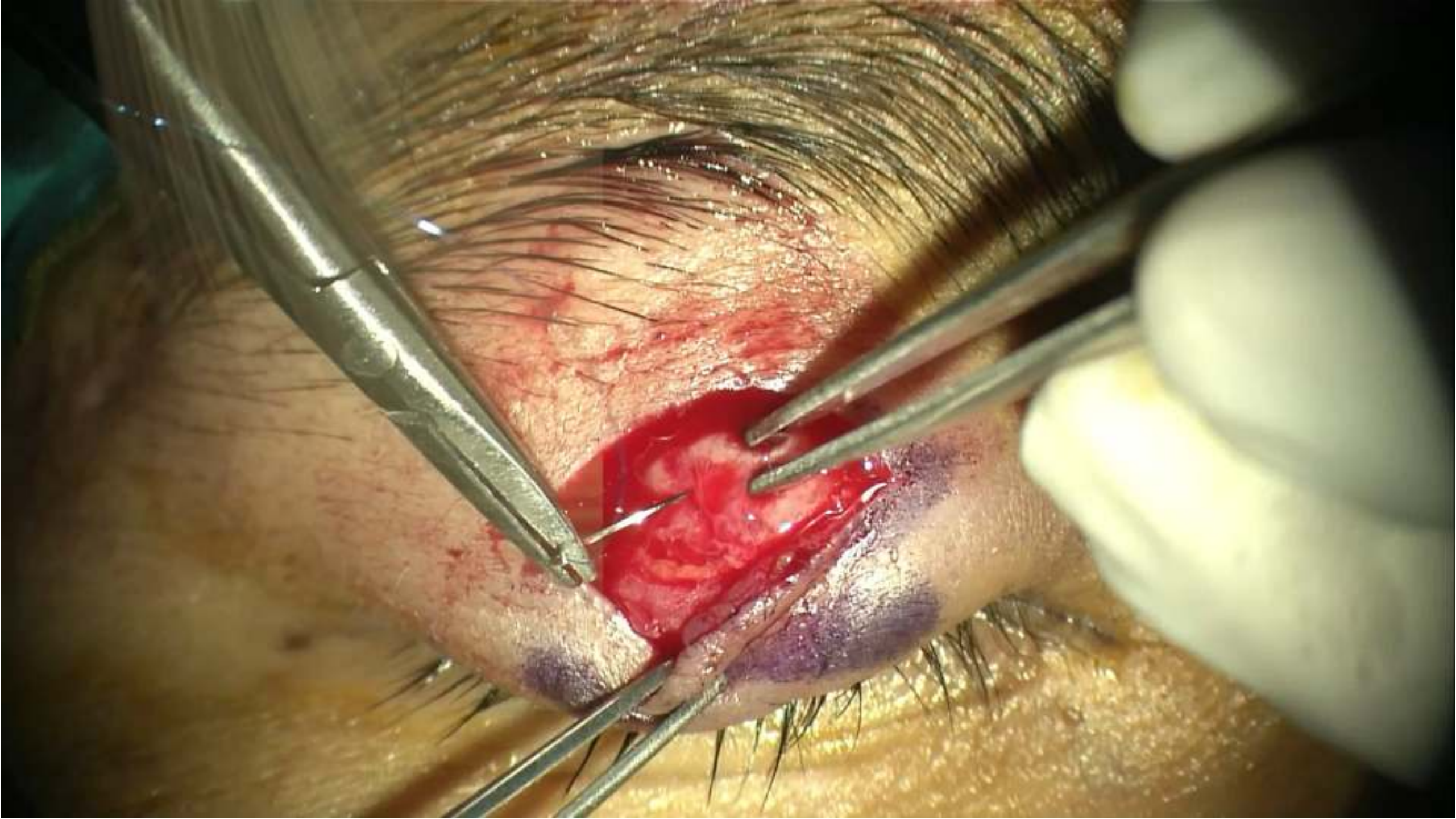
- Good surgical field
- Fast recovery
- Less scarring

Rationale for tucking

- Less anatomical disruption
- Good eyelid contour
- Lessen possibility of lagopthalmos
- Better in revisional cases

Indications/patient selection

- Congenital or acquired ptosis
- Good to fair levator palpebrae superioris function (8mm +)

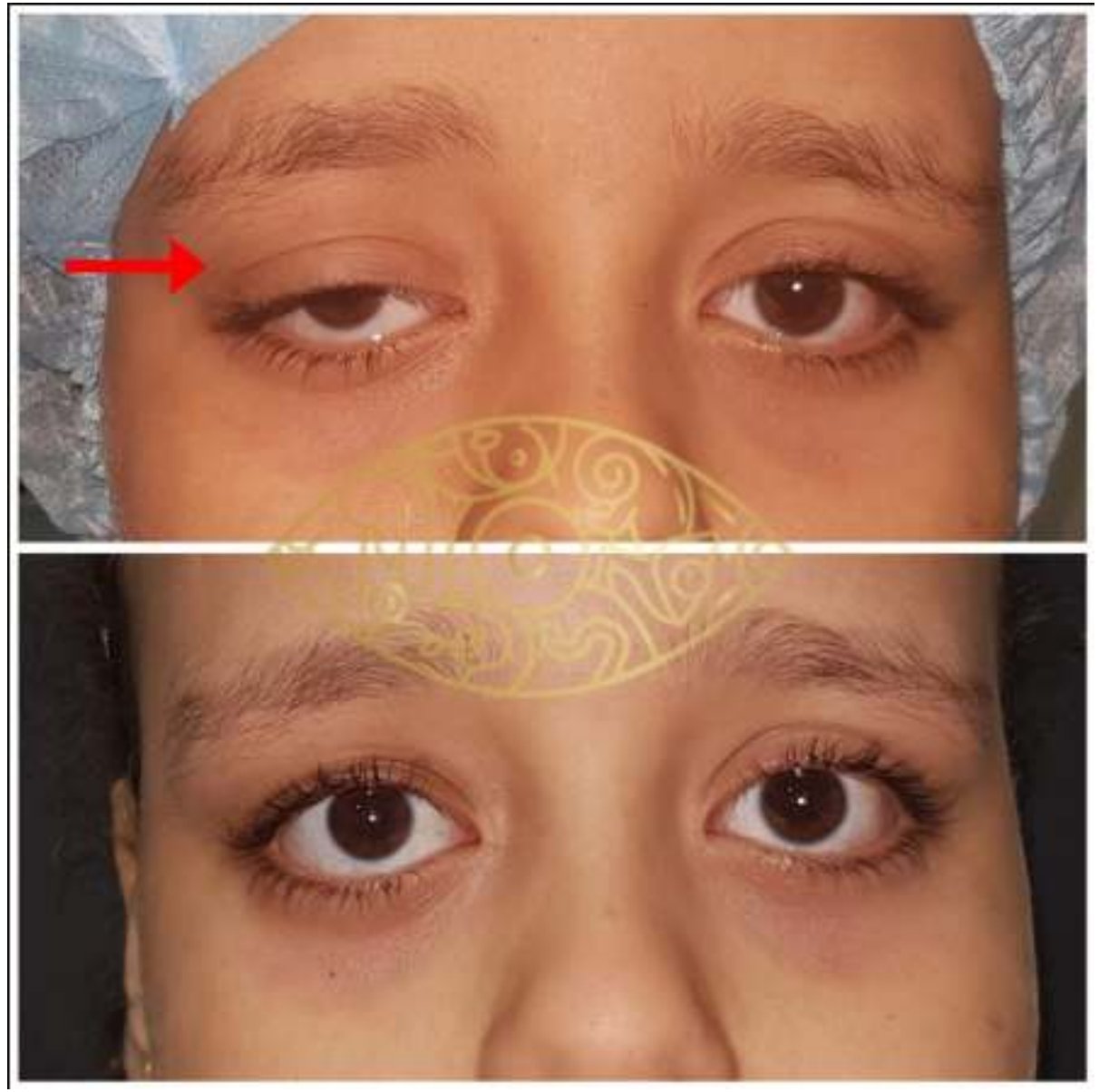


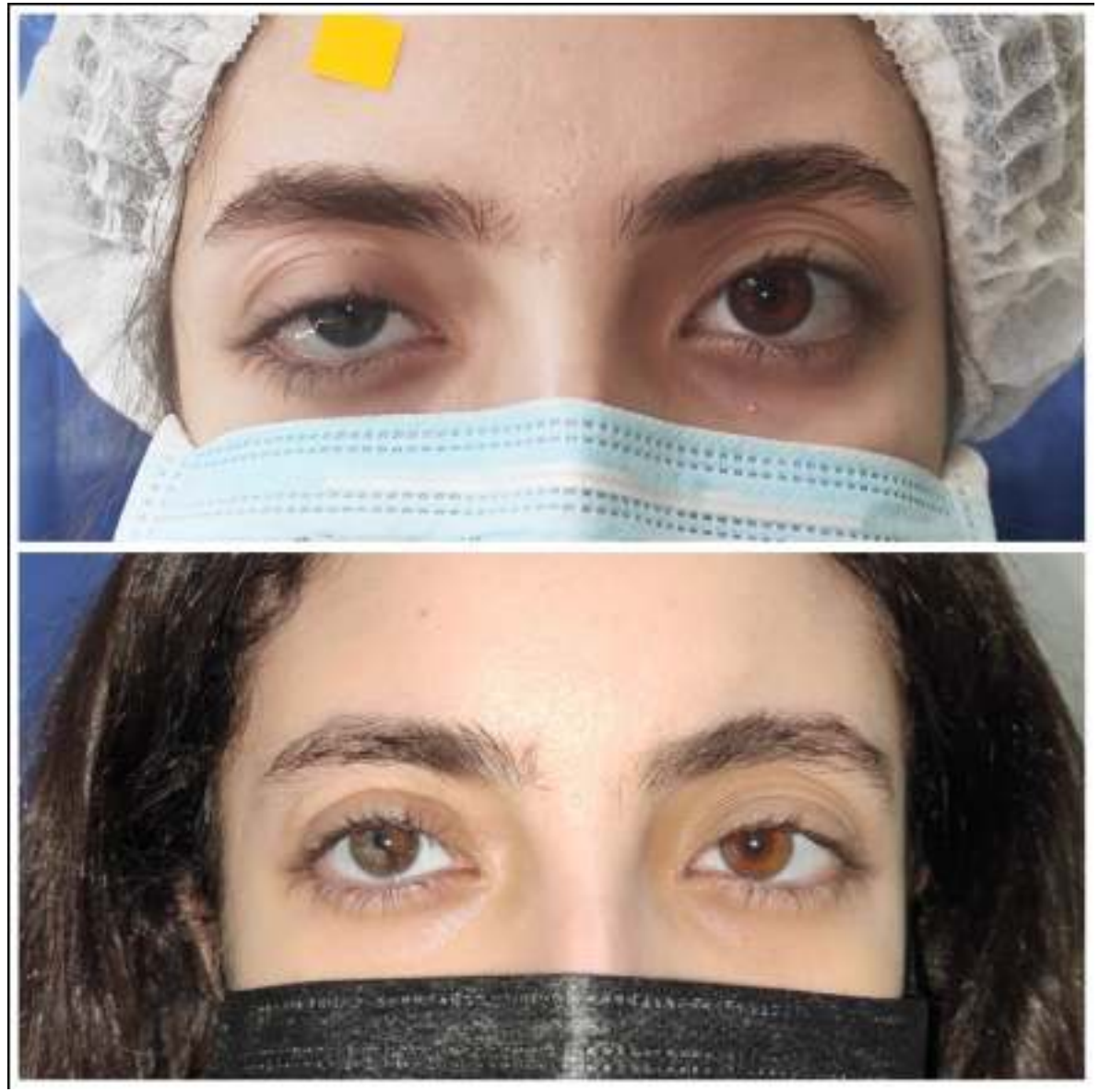
Intraoperative assesment

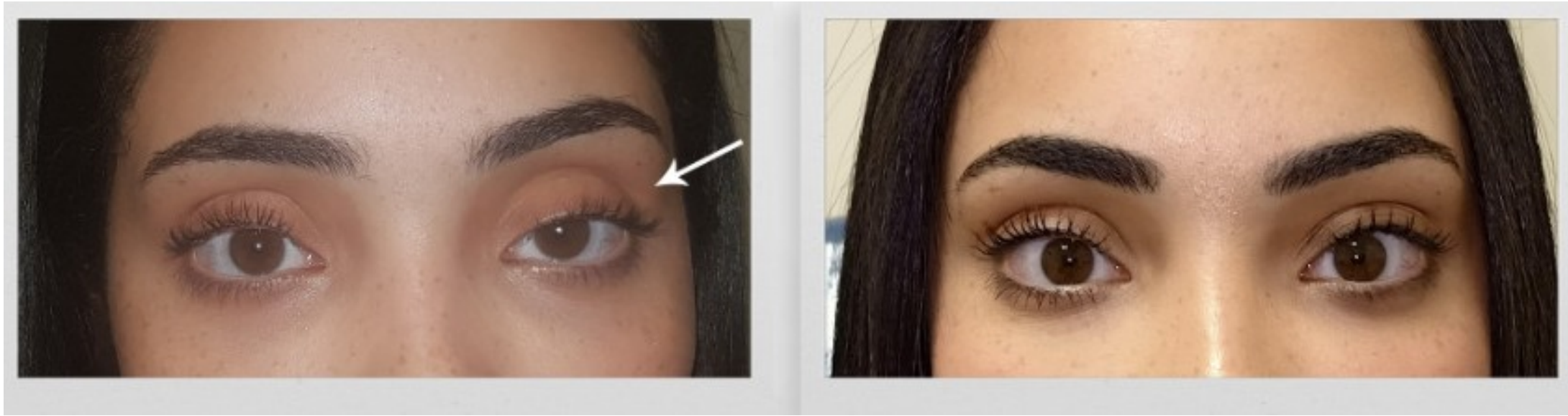
- **Local anaesthesia:**

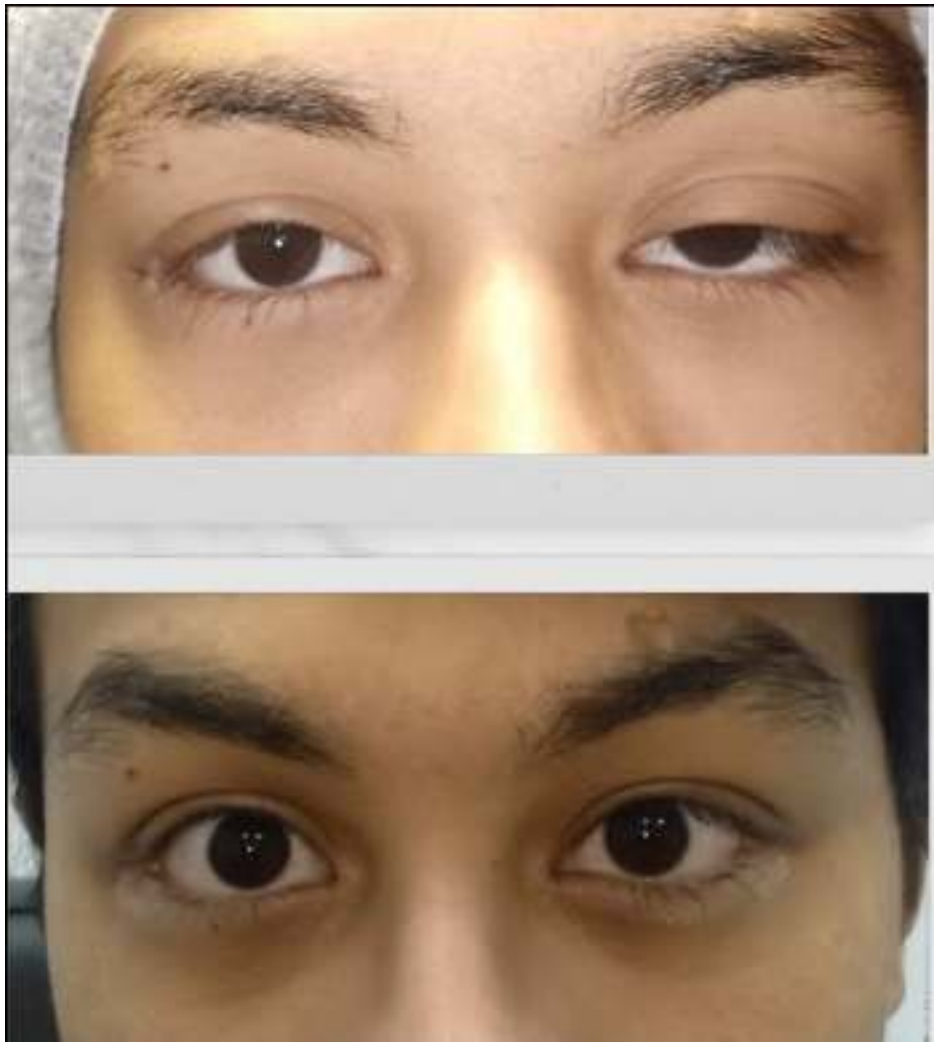
Patient is asked to sit in an upright position to measure the level of the eyelid

- **General anaesthesia:**
  - According to the degree of ptosis and levator function
  - Palpebral fissure is measured preoperatively
  - After tucking the distance between upper and lower eyelids is measured
  - The weaker the levator function the more overcorrection









Complications

- **Early:**
- Swelling
- Bruising
- Undercorrection or overcorrection
- Temporary lagophthalmos

- **Late:**
- Recurrence (20-25%)
- Overcorrection (3-5%)
- Contour abnormality (2-3%)

Take home message

- Small incision LPS tucking is a precise minimally invasive procedure
- Minimal scarring and faster recovery
- Satisfactory to the patients
- Low rate of complications
- Recurrence or revisional surgery is more forgiving

THANK YOU