



Oxford University Hospitals
NHS Foundation Trust

Treatment for Entropion

Information for patients



Oxford Eye Hospital

What is Entropion?

This is a condition that commonly affects the lower eyelid, causing it to turn inwards. This results in trichiasis – where the eyelashes rub against the front of the eye. Trichiasis causes discomfort, redness and sometimes a sticky eye. If left untreated, corneal ulcers may develop.

What is the treatment for Entropion?

This involves a minor operation to turn the lid outwards again to its normal position.

The operation is carried out as a day case procedure under local anaesthetics. This means you are awake during the procedure and the anaesthetics are injected on the affected eyelid to numb the area. The surgeon will tighten and reposition your eyelid so that it returns to its normal position. The surgeon may also use stitches to close the wound and a pad will be placed over your eye at the end of the operation to prevent bruising and swelling.

Once the pad is removed, usually the next day, you should take care to keep your eyelid clean and free from infection. Wash the eyelid with cool, boiled water until the stitches are removed.

You will be given antibiotic ointment to apply gently to the area where the stitches are for 14 days after the procedure.

What are the risks of entropion surgery?

Potential risks and side effects from entropion surgery are uncommon but could include:

- Swelling and bruising around the operated eye despite the eye being padded
- Infection
- Bleeding
- Scarring
- Changes to the position of the eyelid which may require further surgery
- Another Entropion may appear over time
- over-correction of the entropion which may require further surgery (extremely rare)

While you are waiting for your operation

As a temporary measure, while you are waiting for your operation, tape can be stuck on your cheek to pull the eyelid out and back to its normal position. This will prevent the lashes from rubbing against the eye.

How to apply the tape

- First wash your hands.
Using a piece of wide Sellotape, approximately 3 cms long, apply one end to the skin of the lower lid, just underneath the eyelashes (Figure 1).
- Secure the other end of the tape to the cheek. The tension will pull the eyelid outwards and back into its normal position (Figure 1).

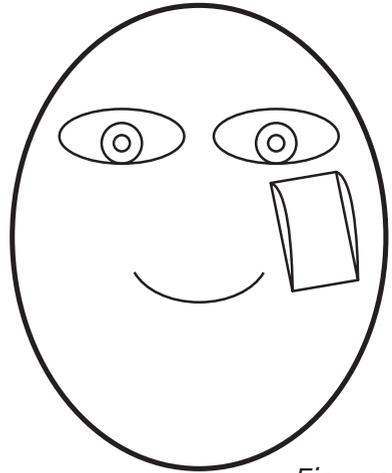


Figure 1

- Do not use too much tension – if the lid is pulled too far outwards, it will result in a watery eye. Use the unaffected eye to judge how much tension to use. Change the tape as often as you need to, i.e. when it loses its tension and the lid starts to turn inwards again.

Sometimes you may be prescribed lubricants to protect the cornea while you are waiting for minor surgery to turn your eye lid back to correct position.

You will be sent an appointment for your operation through the post.

How to contact us

If you have any problems, please do not hesitate to telephone us on:

Eye Hospital Outpatients: Oxford (**01865**) **234567** and select option 1 (for patients) then option 2 (for surgery)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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