

Wondering what 'Oculoplastic Surgery' is? It is a relatively new sub-speciality in the field of Ophthalmology in Malaysia. Oculoplastic surgeons deal with plastic, reconstructive and aesthetic surgery of the eyelids, orbit (eye socket), lacrimal (tear) system, and the upper & mid-face.

Some common cases that the oculoplastic surgeons see and treat include:

EYELIDS :

- The aging eyelid
- Paediatric eyelid disorders – congenital and acquired
- Eyelid tumours - benign and malignant
- Eyelid trauma - old and new

Changes are bound to happen as we age, and the skin and tissue around our eyes are no exception. The muscles that squeeze the eyelid shut decreases in strength and tone with age. The reduction in strength, combined with gravity and age-related looseness and laxity of the eyelids, sometimes causes the lower eyelid to turn outward from the eyeball (ectropion). Sometimes, because of age-related looseness affecting a different part of the eyelid, the lower eyelid turns inward, causing the eyelashes to rub against the eyeball (entropion).

Patients with these conditions may present with symptoms such as feeling a foreign body or gritty sensation in the eye, tearing, redness or even dryness. When the upper eyelid is affected, the eyelid can droop and cause discomfort, restrict field of vision and if severe enough can cause obstruction of vision.

In some older people, the fat around the orbit shrinks, causing the eyeball to sink backward into the orbit. This condition is called enophthalmos. Laxed tissues in the eyelids can also cause the orbital fat to bulge forward into the eyelids, making them appear swollen or puffey.

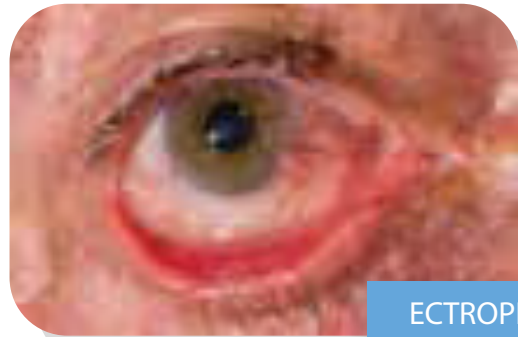


PTOSIS

The above mentioned conditions need to be corrected surgically by an oculoplastic surgeon. This not only improves the appearance or cosmetic value, but most importantly restores the functional value of the patient's vision.



ENTROPION



ECTROPION

Oculoplastic surgeons also deal with the paediatric age group for a wide variety of eyelid disorders. They may be congenital or acquired in nature. One of the most common congenital eyelid disorders is blepharoptosis (droopy eyelid).

Although typically sporadic, familial ptosis has also been reported. It is usually due to the abnormal development of the levator palpebral muscle complex. Correction can be achieved by brow suspension or frontalis sling surgery, using synthetic material (such as silicone rods and suture materials) or graft from our own body, i.e. fascia lata.

Other conditions include eyelid coloboma (absence of a portion of the eyelid margin), epiblepharon (extra fold of lower eyelid skin and orbicularis muscle, which rotates the lower eyelid cilia and margin inward). Some syndromic facies which may be originated from the eye or have associations with other systemic conditions may also require the expertise of an oculoplastic surgeon for a good reconstructive work.

Any lumps or bumps around the eyelid should ideally be referred to the oculoplastic surgeons for confirmation. Diagnosis may be ascertained clinically, however the definitive pathology of the mass can only be confirmed through surgical biopsies performed by them. Eyelid tumours can either be benign such as papilloma (viral wart), naevus, (mole), sebaceous cyst and xanthelasma, or malignant such as eyelid basal cell carcinoma,

squamous cell carcinoma, sebaceous gland carcinoma or malignant melanoma. It is crucial to distinguish between these two big groups as the management is different. Timely intervention may save sight, reduce morbidity or even mortality.

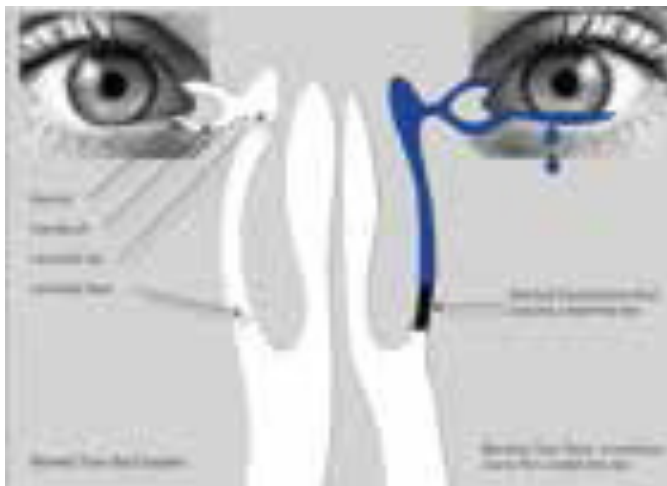


CANCER OF EYELID

Eyelid trauma is very common, resulting from motor-vehicle accidents, industrial or domestic trauma. In most cases, simple facial and eyelid lacerations can be managed acutely at the emergency room level. However if it is a complex laceration, involving delicate structures around the eyelid such as the canaliculus (part of the lacrimal drainage system), it should be handled by an oculoplastic surgeon. Cold cases as a result of old eyelid trauma may also be referred to them for repair or reconstruction to improve function and cosmesis.

LACRIMAL :

The drainage outflow system of our tears starts from the inner corner of the eye and it passes through ducts that connect it to the nose. Any obstruction to this system will give rise to a backflow of tears perceived as excessive tearing or sticky mucous discharge by patients.



Obstructed tear duct outflow system

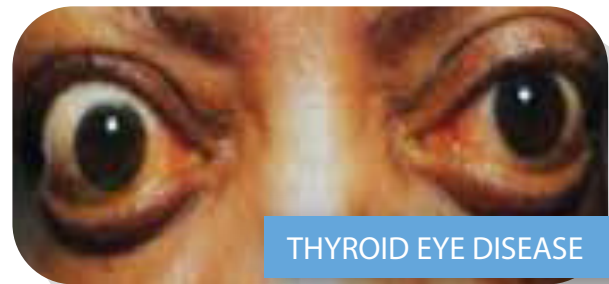
The obstruction may be due to inflammation, infection, stricture formation or narrowed ducts. Oculoplastic surgeons carry out bypass surgery of the obstructed tear drainage system to restore the flow.

This procedure is called dacryocystorhinostomy, which basically means making a new connection or opening between the

lacrimal sac and the nasal mucosa. The opening of the ducts at the inner corner of the eye can also be enlarged for effective drainage. This procedure is called punctoplasty.

ORBIT (EYE SOCKET) :

The eyeball, muscles for eye movement, optic nerve, and the surrounding fat are protected by the orbital bones that make up the eye socket. Orbital disorders can vary from infection to trauma and tumours. These conditions may not be as common as eyelid problems, but an oculoplastic surgeon is the right person to seek for treatment. Thyroid eye disease is also frequently managed by the oculoplastic surgeon for assessment and intervention.



THYROID EYE DISEASE

In conclusion, although the eye seems small, there are surprisingly many clinical conditions that may require you to seek treatment from an ophthalmologist. Remember that an oculoplastic surgeon deals with the plastic and reconstructive area of the eye.



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