

## Eyelid and Brow Surgery

### Scope

This policy covers the use of eyelid and brow surgery in adults and children. It does not cover emergency procedures following trauma, malignancy or sepsis.

### Policy

**It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: Click [policies](#) to access the CCG clinical policies web page: select the Eye Conditions Policies drop down option and select Eyelid and Brow Surgery to access the referral proforma.**

#### Blepharoplasty and Surgery for Ptosis

The CCG will **only** fund blepharoplasty and surgery for ptosis where there is visual field impairment in the relaxed, non-compensated state as per the following criteria:

- When each eye is tested separately visual field is reduced to 40° temporally to fixation and 40° vertically. As it is usual practice to measure 30°, any loss of vision in this area (with the exception of the blind spot) would be considered significant visual impairment.
- OR**
- When both eyes are tested together visual field reduced to 120° temporally to fixation and 40° vertically.
  - In children formal measurement of visual fields is not required; the threshold is satisfied if clinical judgement indicates the presence of a significant visual field impairment.

#### Other Eyelid Surgery, including Surgery for Ectropion and Entropion

The CCG will **only** fund other types of eyelid surgery if the following criteria are met:

- Ongoing pain or irritation.
- OR**
- Infections or corneal ulcer.
- OR**
- Visual field impairment meeting the criteria above.

#### Brow Surgery

Brow surgery is a lower clinical priority procedure and will only be commissioned by the CCG on an exceptional case basis.

#### Note:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy [policies](#).

## Evidence and Rationale

Some eyelid conditions may be associated with clinical symptoms and may require surgery. However, the policy aims to restrict surgery being used primarily for cosmetic reasons.

## Numbers of People Affected

The prevalence of involutional entropion and ectropion have been found to be around 2% and 3% of the elderly population respectively<sup>1</sup>.

## References

Damasceno R W, Osaki M H, Dantas P E, Belfort R. Involutional entropion and ectropion of the lower eyelid: prevalence and associated risk factors in the elderly population. *Ophthal Plast Reconstr Surg.* 2011 Sep-Oct;27(5):317-20.

## Glossary

<b>Blepharoplasty:</b>	Surgery to remove excess skin above the upper or lower eyelids.
<b>Ectropion:</b>	Lower eyelid droops away from the eye and turns outwards.
<b>Entropion:</b>	Eyelid rolls inwards. Usually affects the lower lids, but can also affect the upper lids.
<b>Ptosis:</b>	Drooping or falling of the upper eyelid.

<b>Policy effective from</b>	New policy ratified by CCG Governing Body 1 May 2018 New policy approved by CEC on 17 April 2018 New policy approved by CPF on 8 March 2018 May 2018
<b>Policy to be reviewed:</b>	May 2020
<b>Reference:</b>	onedrive:\CPF pols & working areas\surg threshold pols - draft and agreed\CCG policies\eyelid & brow\agreed EYELID & BROW POLICY MAY 2018 V2