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“Grandpa, how come you always close your eyes when we take a family picture?” asks 6 year old Jennifer. She’s right, you realize as you flip the next page of the family photo album with you grand daughter on your lap. All the photos look much the same; your eyes are half closed, even though you know they are open. All that extra upper eyelid skin hangs over so that you cannot even see your eyelashes. Maybe that explains why you see so much better if you raise your eyebrows.

“You know, Martha from down the street had the same problem” says Grandma, “but she had it fixed. She can see so much better, and you can’t tell she had surgery. Her insurance even covered it so it wasn’t cosmetic. Maybe you should check into it.”

Dermatachalasis, the medical term for excess upper eyelid skin, is a very common problem that will affect most of us as we age. The skin begins to thin, becomes redundant, and the excess can then hang over the eyelid margin and cover the eyelashes. If it becomes pronounced enough to interfere with vision, fixing it becomes a functional issue rather than a cosmetic one and is covered by most insurance companies, including Medicare.

Typical symptoms of dermatachalasis causing functional problems include fatigue, especially in the evenings, with “heavy eyelids” where the skin hangs onto and over the lashes. Some people will even notice a loss of side (peripheral) vision that can make them more uncomfortable while driving, feel uncertain at intersections, and constantly second guess themselves on the road. Some will even go so far as to use their fingers to lift the eyelids to improve their vision. An eye examination and some special tests are required to document and validate the “functional” component of this problem, and some insurance companies even required prior authorization before proceeding with surgery.

Correction for dermatachalasis is quite straight forward...surgery to remove the excess skin and to tighten the upper lids. This procedure, called blepharoplasty, is an out-patient surgery usually done with local anesthesia and takes about an hour to complete...not your Joan Rivers’ or Kenny Rogers’ facelift. Although you can expect some swelling for several days and pronounced bruising that can last 1-2 weeks, most people are back to normal activity within a few days. Dissolvable sutures make the post operative care pretty simple, but the incision can still take several weeks to completely heal.

Dermatachalasis is one of several eyelid problems that can be remedied in an out patient surgery setting. Entropion and ectropion, for example, are conditions in which the lower lid is too loose and either turns inward with the lashes rubbing on the eye (entropion) or hangs away from the eye (ectropion). Both problems result in irritation, redness and tearing and can be fixed by surgically tightening the lid in the outside corner of the eye. An eyelid that will not open all the way, called ptosis (pronounced toe-sis), usually represents a weak and stretched muscle attachment in the lid. The muscle still works just

fine, but the lid is no longer attached properly so it does not respond like it should. Surgically reattaching the muscle can readily fix the problem.

Vision is vital to all our daily activities and the eyelids are another vital component of the visual system. Eyelid problems can be readily remedied, so pull out you photo album, look in the mirror, and most importantly, listen to your spouse when they complain about your eyelids. The fix is a phone call away.