

1 'Pre-Operative Experiences and Post-Operative Benefits of Ptosis Surgery: A
2 Qualitative Study.'

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18

19 **Abstract**

20 This qualitative study sought to explore the experiences of patients who had
21 undergone successful ptosis correction surgery. Participants were recruited from
22 Bristol Eye Hospital. Nine participants were interviewed using a semi-structured
23 interview schedule and open ended questions. Data were analysed using Inductive
24 Thematic Analysis. Four major themes were identified from patient accounts.
25 Patients described the psychosocial and functional difficulties they experienced living
26 with ptosis, and the subsequent benefits of surgery. Patients reported experiencing
27 appearance related anxiety pre-operatively due to their condition and engaging in
28 behaviours to avoid social encounters. Gender differences were noted in the
29 internalization of perceived negative reactions from others, with men describing
30 fewer adverse impacts. Patients described perceived barriers to seeking surgery
31 including a lack of awareness of ptosis as a treatable condition, the perception that
32 being concerned with their appearance could be seen as vain and the view that
33 ptosis surgery is synonymous with cosmetic surgery. Following successful surgery
34 patients outlined positive impacts on their vision, appearance and psychosocial well-
35 being after successful surgery. This qualitative study highlights the complexities of
36 the factors and processes contributing to the psychosocial impacts of ptosis and the
37 potential benefits of surgery and/or psychosocial support. An increased awareness
38 amongst people with ptosis of the potential positive impacts of surgery and an
39 enhanced understanding of the reasons why patients may not seek treatment
40 amongst health care professionals are likely to benefit this often overlooked patient
41 group.

42

43 **Introduction**

44 Ptosis is a condition which involves the drooping of one or both eyelids. This can
45 have negative impacts on vision and facial appearance. Ptosis correction is generally
46 a straightforward and successful oculoplastic procedure. However, there is well
47 documented stigma associated with treatments perceived to be 'cosmetic'. Western
48 media portrays plastic surgery procedures as primarily 'aesthetic' and under-
49 represents the complexities involved in undertaking reconstructive surgery(1).
50 Research also suggests that journalists tend to perceive plastic surgery as being
51 synonymous with cosmetic surgery(2), with the terms 'aesthetic', 'cosmetic' and
52 'plastic surgery' being used interchangeably(3).

53

54 These misconceptions may also extend to medical professionals. Clarke(4)
55 highlighted a general misperception within the NHS concerning plastic surgery and
56 cosmetic procedures. GPs and medical students perceived plastic surgery to be
57 associated with the treatment of aesthetic conditions to a greater extent than
58 reconstructive procedures such as hand surgery(5). This finding is concerning, as
59 general practice is often the route for patients to access reconstructive treatments(6),
60 (7). In addition, access to corrective plastic surgery procedures varies between
61 Trusts. Within oculoplastics, there are widespread inconsistencies across NHS
62 Clinical Commissioning Groups (CCGs) in relation to the purpose of surgery for
63 ptosis, and the criterion by which treatment is commissioned. Some CCGs perceive
64 ptosis surgery as an aesthetic procedure and will not commission it under any
65 circumstances(8). Others state they will not commission ptosis surgery for cosmetic
66 reasons, but will do so where there is objective evidence of impairment to visual
67 fields(9) (10) (11), with some using specific eligibility criteria for treatment, for
68 example, the upper margin reflex distance and degree of eyelid asymmetry(12).

69 Previous research into the impact of ptosis and other conditions affecting the
70 appearance of the eyes(13) (14) (15) demonstrates negative impacts of these
71 conditions due to the psychosocial effects of living with an appearance altering
72 condition, and suggests that patients with ptosis may be motivated to seek surgery to
73 ameliorate the psychological impacts as well the functional concomitants of the
74 condition(15) (13). The withholding of ptosis surgery on the grounds that it is a
75 cosmetic procedure and is therefore unworthy of funding risks denying treatment to
76 patients experiencing significant reductions in quality of life (QOL) as the result of the
77 condition. Differences in commissioning practices and the likelihood that surgical
78 intervention is being withheld from those who may benefit, highlight the need for an
79 in-depth exploration of the psychological and social impacts of ptosis and the extent
80 to which surgery can have psychological benefits.

81

82 This study sought to explore patients experiences in their own words as those who
83 have undergone ptosis surgery are ideally placed to provide data on the benefits or
84 otherwise of treatment, the impacts of ptosis on psychosocial functioning prior to
85 treatment and the motivations for seeking treatment. The success of ptosis surgery
86 is generally assessed by surgeons using objective measures of outcome including
87 cosmesis(16) (17) (18). Subjective patient reported outcomes are rarely reported
88 with the majority of existing outcome studies focusing on functional improvements
89 and changes to quality of life as the result of enhancing visual functioning(19) (20).
90 Although one study has examined the psychosocial impact of ptosis using open
91 ended questions to explore patient accounts in their own words to gain greater
92 understanding of the needs of affected groups(21), this study focused on ptosis as a
93 symptom of Myasthenia Gravis. Further insight into patient reported motivations for

94 treatment and outcomes is necessary to inform efforts to improve understanding of
95 ptosis and the potential benefits of treatment. . Qualitative methods offer the best
96 means of providing in depth data from the patient perspective (22) and findings from
97 person-centered methodologies are recognised as key, in conjunction with
98 subsequent broader scale quantitative work, in informing patient care. (23).

99

100 This study aims to address the current gap in understanding by gathering qualitative
101 interview data to explore patients' motivations for seeking treatment, the impact of
102 ptosis surgery in terms of changes from pre-operative state and factors contributing
103 to individual differences in these processes, in order to improve current
104 understanding of patients' experiences of ptosis surgery and to inform
105 commissioning and provision of care.

106

107 **Materials and Method**

108

109 ***Design***

110

111 Semi-structured interviews were conducted as this format offers the flexibility
112 necessary to explore the individual perspectives, whilst maintaining the focus of data
113 collection in relation to the aims of the study. Topics were developed following an
114 earlier online study(13), in which people with ptosis were consulted about the
115 development of this and related studies. Questions included "How did your ptosis
116 affect you day-to-day? Has this changed since your surgery?' In line with sampling
117 guidance from Braun & Clarke(24) interviews were conducted until no new concepts
118 were identified. This approach ensures a broad range of data is collected and is

119 widely used in health science research(25). Due to the labour intensive and in-depth
120 nature of qualitative research and the amount of data generated by each participant,
121 smaller sample sizes are used compared to quantitative studies, with a sample size
122 between 6 and 14 considered appropriate for inductive qualitative research of people
123 with a specific health condition(26), (25) (24).

124

125 ***Participants***

126

127 Adult patients were recruited from the Bristol Eye Hospital. Participants were eligible
128 to participate if they were over 18, had unilateral or bilateral ptosis and were fluent in
129 English. Patients were approached post-operatively, and interviews were conducted
130 in the clinic setting, immediately following their final post-operative appointment. Nine
131 patients were interviewed. Four participants were female, ages ranged from 24-75
132 years old (mean=63). Five patients had unilateral ptosis, four had bilateral ptosis. For
133 eight patients surgery was undertaken primarily to improve vision. One patient had
134 surgery because of discomfort due to ptosis. All patients underwent levator
135 aponeurosis repair or advancement procedures. Two patients required a repeat
136 procedure due to poor initial results. All patients' results were described as 'very
137 good', 'symmetrical' or 'with no further surgery needed' at discharge.

138

139 ***Data analysis***

140

141 Interviews were recorded and transcribed verbatim. Inductive Thematic Analysis was
142 used to analyse the data in accordance with six-step guidelines described by Braun
143 & Clarke(27). Transcribed interviews were read and re-read to ensure in-depth

144 familiarity with the data, allowing patterns in the data to be observed and coded.
145 Codes were then grouped together into themes and associated sub-themes and
146 verified by two researchers to ensure accuracy.

147

148 **Ethical statement**

149

150 Ethical approval was obtained from the host NHS Trust and University
151 Research Ethics Committee. All participants volunteered to take part after
152 giving full informed consent and were reminded of their right to withdraw at
153 any point, and the arrangements for confidentiality of the data obtained.

154 Pseudonyms have been used to protect participant identity. All investigations
155 were conducted in accordance with the Declarations of Helsinki.

156

157 **Results**

158

159 Four themes were identified; Appearance Related Anxiety & Behaviours, Lack of
160 Awareness of Ptosis as a Treatable Condition, Appearance Concern as Vanity and
161 the Stigma of Cosmetic Surgery and Seeing Better and Feeling Better. The themes
162 and sub-themes are outlined below.

163

164 **Theme 1: Appearance Related Anxieties and Avoidant Behaviours: “All they
165 are going to see is the eye”:**

166

167 Patients discussed the psychosocial impact of ptosis prior to treatment, reporting
168 negative impacts on self-esteem and self-confidence, increases in levels of self-
169 consciousness, changes to self-image and withdrawal from social situations.
170 Patients described difficulties in social interactions, attributing this to the reactions of
171 other people to their ptosis. Various behavioural strategies were described to
172 manage the responses of others and their own feelings about their ptosis. These
173 included forms of camouflage (for example, wearing dark glasses), avoiding
174 photographs and reducing eye contact. These are strategies reported in other
175 studies as typical of those with higher levels of social anxiety and lower self-esteem
176 and of those who anticipate negative reactions from others to their appearance(28)
177 (29) (30).

178

179 (M; 27) *"I worked out...an actual sort of angle I could look [at the camera]...so it*
180 *looks normal. So if someone starts to take a photo I [had to] say hang on a minute,*
181 *I've got to turn around a bit."*

182

183 Differences were apparent in how male and female patients expressed the nature
184 and impacts of their appearance concerns. Women reported a greater level of worry
185 about how they were perceived by other people and also described the ways in
186 which ptosis affected their perceptions of themselves and their self-referent
187 emotions. Both of these aspects were reported as negatively impacting their self-
188 esteem. Men were similarly concerned about the perceived negative judgements
189 made by others, but did not appear to internalize these to the same extent as
190 women. While men reported experiencing varying levels of social anxiety and

191 employing techniques to disguise the condition such as avoiding eye contact or
192 camouflaging their eyes, they did not report negative consequences for their self-
193 perceptions or emotional well-being.

194

195 (F; 62) *“Because the result [of ptosis] was a one eyed monster. I looked absolutely*
196 *horrendous in photographs...If I looked in the mirror I’d think oh God, you’re*
197 *hideous.”*

198

199 (M; 24) *“Once they noticed it once, they’d notice it all the time...Obviously it did affect*
200 *my confidence slightly, yes because I never used to like having a conversation with*
201 *someone – I used to feel rude because I’d keep, I’d sort of look away so they*
202 *wouldn’t notice.”*

203

204 The differences in the accounts of male and female participants’ accounts may have
205 been influenced by broader social expectations. Men may have felt less able to
206 express any psychological impact of ptosis, downplaying any emotional
207 consequences and choosing instead to place the emphasis on the influence of the
208 condition on their behaviour in social situations.

209

210 **Theme 2 Lack of Awareness of Ptosis as a Treatable Condition: “I’d never even**
211 **heard the word ptosis.”**

212

213 Although all participants reported a variety of problems with their eyes pre-
214 operatively, most were unaware of ptosis as a condition or available treatments prior

215 to their diagnosis. Over half of participants had been referred for surgery by their
216 optician, having previously believed that their ptosis was due to an untreatable
217 anomaly or the aging process. This raises the possibility that other potential patients
218 may also be unaware that they have a condition for which treatment is available.

219

220 (F; 66) *“Never ever thought that I could have anything done. It was only the optician*
221 *that referred me on.”*

222

223 (F; 62) *“It was after I’d been to the opticians because I’d never even heard the word*
224 *ptosis, let alone know I’d got it. And – oh I haven’t got a droopy eye, I’ve got a*
225 *condition! And so just being told that actually made me feel better.”*

226

227 **Theme 3 Appearance Concern as Vanity and the Stigma of Cosmetic Surgery:**

228 **“I don’t do cosmetic surgery...”**

229

230 When discussing their pre-operative appearance concerns, female participants
231 tended to present these as ‘vain’ and/or ‘trivial’, despite far-reaching psychosocial
232 impacts. To counter this, when describing their treatment to others, they insisted that
233 their treatment had not been ‘cosmetic’ surgery. In some cases, this perceived
234 stigma of ‘cosmetic’ surgery had prevented patients from seeking treatment earlier,
235 even when ptosis had caused major impacts to their lives. Some female participants
236 felt the need to excuse their appearance concerns, even though these had been a
237 significant driver in their desire for treatment.

238

239 (F; 62) *“Oh, I hated it [ptosis]...But I would never have gone to the doctor. I just*
240 *assumed it was cosmetic surgery and that was vanity and that was tough...Because*
241 *I would have gone on believing it was cosmetic surgery and I wouldn’t entertain*
242 *it...I’ve been waiting for someone to make a comment about me having had*
243 *cosmetic surgery and I’m ready for them!...I don’t do cosmetic surgery, I don’t*
244 *believe in it.”*

245

246 Regardless of gender, perceptions of surgery as cosmetic were cited as a main
247 factor in some participants decision-making regarding treatment, even where
248 negative impacts of the condition upon vision, appearance and/or well-being were
249 reported as significant.

250

251 (M; 69) *“I said I didn’t want it done for cosmetic purposes, but if they thought it would*
252 *improve my vision, yes I wanted it done.”*

253

254 Some patients did not initially raise appearance changes as problematic, but in
255 further discussion revealed that the appearance element of ptosis had affected them
256 socially and/or emotionally. Similarly, when discussing the impacts of surgery, some
257 reported that improvements to appearance were of the greatest benefit, whereas
258 others wove functional and appearance aspects together. A reluctance to verbalise
259 appearance either as a prime motivator and/or the most positive consequence of
260 treatment was evident in several participants’ accounts, even though the importance
261 of these issues was implied on many occasions.

262

263 The decision to seek treatment was more complex and multifaceted for some
264 participants. This was particularly true for females, who discussed many factors
265 contributing to their decision making, including their own opinions regarding cosmetic
266 surgery, a reluctance to admit their concern about their eye appearance, a lack of
267 knowledge of treatment, and the extent to which ptosis had impacted on their quality
268 of life.

269

270 (F; 62) *“And I said ‘What’s the point [of going to the GP]. It’s cosmetic surgery. And*
271 *I’d written it off...as far as I was concerned it was part and parcel of the aging*
272 *process.”*

273

274 **Theme 4; Seeing Better and Feeling Better: “Getting back to the real world**
275 **again”:**

276

277 All participants reported significant benefits following surgery, with no negative
278 consequences after the initial post-operative recovery. Reports of functional
279 improvements included better visual acuity, with many able to engage in daily tasks
280 which had been hindered by their ptosis.

281

282 For the minority of patients, the functional gains were perceived to be the major
283 benefit of treatment. However, many participants described improvements in other
284 domains of life following surgical intervention, regardless of the extent to which
285 deficits in vision had existed pre-operatively.

286

287 Objective factors such as the age of the participant and the severity of their ptosis
288 did not appear to be strongly related to participants' perceptions of the post-operative
289 gains from ptosis surgery. Instead, those who reported the greatest benefits from
290 treatment were those who reported significant negative impacts on their
291 psychological well-being prior to surgery, in particular those with concerns about
292 their appearance which had resulted in negative changes to self-image, self-
293 consciousness, social anxiety or social avoidance.

294

295 (M; 24) *"I used to try not to look at people square on for too long in case they noticed*
296 *it [ptosis]... [Surgery has] made me feel more confident when I'm going out, speaking*
297 *to people. I'll speak to them square on now and not sort of edge away or try to make*
298 *the conversation short so they don't notice it."*

299

300 (M; 62) *"[I can] talk to them now. Because I work in a place where there's probably*
301 *about seventy or eighty other staff, so I've got no problems with it at all now."*

302

303 (F; 62) *"I wasn't that aware of [restricted vision due to ptosis] because my right eye*
304 *has never been good...I'm not ready to be old...[ptosis] was going to be the one*
305 *thing that was going to pull me kicking and screaming into being an old lady."*

306

307 **Discussion**

308

309 This study demonstrates that participants had experienced a range of negative
310 impacts prior to surgery including functional deficits and compromised psychosocial
311 well-being. Despite these impacts, several participants reported being reluctant to
312 seek treatment due to concerns that others (including doctors) might perceive
313 treatment as a 'cosmetic' procedure. The findings also illustrate the extent to which
314 successful ptosis surgery can result in a range of positive patient reported outcomes,
315 such as restoring social functioning and confidence, in addition to visual function.

316

317 Many of the psychosocial challenges associated with ptosis reflect those reported in
318 studies of conditions which affect the appearance of the eye area(14) (15) (21). In
319 this study, the majority of participants reported engaging in one or more of a variety
320 of 'safety behaviours'(31) designed to minimize the noticeability of their ptosis to
321 others and to protect themselves from possible negative reactions to their
322 appearance. These included various forms of camouflage, minimizing eye contact,
323 turning their head away, or shortening the length of their interactions with others.

324

325 Previous research has highlighted that a variety of emotional and psychological
326 processes can result in differences in the experiences of patients with appearance
327 altering conditions(32) (33). These include variation in the degree of importance
328 placed on the opinions of others and the extent to which appearance forms a part of
329 an individual's self-concept and self-esteem(34). In this study, the most notable
330 differences related to gender. Female participants reported greater pre-operative
331 negative emotional impacts of ptosis than men, with women detailing how the
332 condition impacted both their self-perceptions and their perceptions of how others
333 viewed them. However, this may be due to gender differences in reporting rather

334 than to actual experience, with similarities to Cahill & Mussap's(32) findings that
335 exposure to images of idealized body shapes had negative impacts on both
336 genders, but only women reported an emotional impact. Previous research has also
337 highlighted gender differences in symptom reporting more generally. It is well
338 established that women report more numerous and more severe symptoms than
339 men, regardless of cause(35). These differences in disclosure have been attributed
340 to differences in male and female socialization and social roles(36) and to a
341 reluctance in men to admit how important their health and physical appearance are
342 to them(37). While these societal pressures and gendered factors may to some
343 extent explain the differences in reporting of pre-operative emotional consequences
344 of appearance concerns raised by participants in this study, no marked differences
345 between males and females were noted in terms of how they reported behavioural
346 responses to ptosis. In contrast, participants of both genders reported significant
347 post-operative benefits in visual functioning and psychosocial wellbeing. While some
348 reported improved vision as the major post-operative benefit, for many functional
349 improvements were secondary to the psychosocial benefits experienced following
350 successful surgery. These participants felt more confident in engaging socially
351 without experiencing social anxiety or anticipating negative attention or unsolicited
352 comments. The results clearly demonstrate that the benefits of ptosis treatment
353 extends beyond objective visual function, and can have a significant psychosocial
354 benefits. As this is a qualitative study with a small participant study, further research
355 is necessary to investigate gender differences in pre and post-operative reporting
356 more fully.

357

358 An interesting finding was that pre-operatively, some participants had thought of
359 treatment for ptosis as 'cosmetic', and that this had posed a potential barrier to
360 treatment. Similar themes have been found in patient accounts in relation to
361 treatment decision making following mastectomy. Some women expressed concerns
362 that others might perceive the choice to undergo breast reconstruction as self-
363 indulgent and vain(38) (39), while others have reported regrets after reconstructive
364 surgery, as they felt they had made their decision for superficial reasons(40). The
365 view that 'plastic' surgery is synonymous with cosmetic surgery rather than with
366 reconstructive or restorative procedures is widespread within the media(1) (2) and
367 may be prevalent in some fields of medicine(41). British GPs' knowledge of plastic
368 surgery is limited by their lack of exposure to this specialty during training(42).
369 Furthermore, many types of eye surgery, (including for example, corrective
370 procedures for strabismus), have also been perceived to be 'cosmetic' procedures,
371 even within the eye care community itself(43). Therefore, the findings that this
372 perception may be shared by patients is unsurprising.

373

374 As previously noted, misconceptions are evident in resource allocation within the
375 NHS with marked regional variation(44). Currently, there are no published guidelines
376 regarding treatment criteria for ptosis. The physical parameters employed by some
377 CCGs to determine eligibility for treatment for conditions resulting in an unusual
378 appearance fail to reflect the often considerable psychological and social impacts of
379 appearance altering conditions. In the context of ptosis, the allocation of resources
380 using only criteria relating to functional deficits fails to acknowledge the levels of

381 distress experienced by many in response to these challenges(45) (46) (19) and the
382 potential gains in quality of life through the restoration of eyelid symmetry and an
383 unremarkable appearance.

384

385 **Limitations of the study**

386

387 This is the first qualitative study which has explored patients' motivations for seeking
388 treatment for ptosis, the impact of ptosis surgery and factors contributing to individual
389 differences in these processes in order to improve current understanding of patients'
390 experiences of ptosis surgery. In keeping with the qualitative design of this study,
391 interviews were conducted to the point at which no new concepts were identified
392 from the interview transcripts(47). This approach is especially useful when
393 investigating under-researched topics for which it is inappropriate to assume a pre-
394 determined sample size . However, larger scale, quantitative research is necessary
395 to confirm the findings of this study in the broader population of patients undergoing
396 treatment for ptosis, particularly given that participants were recruited from one UK
397 site. It is possible that participants reported experiences are unique to this particular
398 patient group, or a reflection of the management of ptosis in one healthcare Trust. As
399 the inability to generalize results in any way other than a speculative form is a
400 feature of qualitative research in all forms, further, larger scale research is necessary
401 to underpin future recommendations to inform commissioning and practice.

402

403 **Conclusion**

404

405 In conclusion, all participants in this study reported positive gains following
406 successful ptosis surgery, including functional and psychosocial improvements. The
407 restoration of symmetrical eyelids led to improvements in confidence and self-
408 esteem, particularly in social situations. This study contributes to the growing body of
409 evidence attesting to the value of ptosis surgery in improving the function of the eyes
410 and psychosocial well-being of patients.

411 However, significant barriers to seeking treatment were cited, including a lack of
412 knowledge amongst potential patients and professionals about ptosis as a
413 diagnosable condition and the availability of corrective surgery. In addition, the belief
414 that requests for treatment might be interpreted as a desire for a cosmetic procedure
415 and the potential stigma associated with seeking treatment for reasons of vanity had
416 resulted in significant delays in seeking professional advice. Raising awareness
417 amongst those professionals who are the gatekeepers to referrals for assessment for
418 surgery (such as opticians and GPs) might go some way to reducing these barriers.
419 Finally, given that the results of this study suggest that surgery to correct ptosis
420 results in significant improvements in both function and quality of life. As such,,
421 further larger scale studies are warranted with a view to informing recommendations
422 to Commissioners in relation to this intervention.

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428 **Declaration of Interest**

429 The authors declare no conflict of interest.

431

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