The Posterior Approach for Ptosis Surgery: A Method for Correcting Minimal Ptosis
Audrey C. Ko, MD, Nathan W. Blessing, MD, Wendy W. Lee, MD

INTRODUCTION
In patients with mild ptosis, surgically correcting for 1-2mm is challenging and often results in overcorrection or asymmetry due to Herring’s Response.

We present an illustrative case of how conjunctival mullerectomy – a posterior approach to ptosis surgery utilized by ophthalmologists – can be used in patients requiring minimal eyelid correction.

METHODS
A 71 year old male presented with concerns of a drooping right eyelid. His goal was to lift the right eyelid to improve his vision, and had strong feelings about avoiding alterations of his “naturally aged look”.

A preoperative evaluation revealed bilateral brow ptosis, dermatochalasis, and 2mm and 1mm of ptosis of the right and left eyes, respectively (Figure 1A). After instillation of topical phenylephrine 2.5% in the right eye, there was a 2mm elevation of the right eyelid. Subsequently, the left eyelid demonstrated a Herring’s response and increased from 1mm to 2mm of ptosis. Instillation of phenylephrine 2.5% in the left eye resulted in a 2mm elevation, resulting in symmetrical eyelid elevation bilaterally.

RESULTS
The patient underwent a conservative bilateral blepharoplasty and an 8mm resection of Muller’s muscle (Figure 3) bilaterally. Post-operative photographs (Figure 1 B-D and Figure 2) show gradual improvement in ptosis while maintaining the natural appearance of the eyelid.

DISCUSSION
The posterior approach for ptosis surgery allows for a subtle and natural-appearing eyelid lift in patients with 1-2mm of ptosis.

Good surgical candidates have a response to topical phenylephrine, which simulates their post-surgical results and predicts a postoperative Herring response.

Additionally, since the incision is posterior to the eyelid, there is no visible external scar.

REFERENCES