

# SHIP8 Clinical Commissioning Groups Priorities Committee

No. 52

## **Policy Recommendation: Eyelid Surgery for Ptosis and Dermatochalasis**

**Date of issue: June 2019**

There has not been a statement on this condition the treatment of which has developed around a working practice. Consequently the committee asked for an evidence based review as well as receiving advice from consultants, both by e-mail as well and in person.

Ptosis is a sign rather than a diagnosis and the cause must be adequately investigated and managed. Dermatochalasis is a diagnosis whereby there is excess skin which may eventually drop and impair vision.

The committee heard that a variety of tools could be used to assess the condition including Marginal Reflex Height. However, these are measuring the appearance of the patient which is cosmetic and the committee recommends that intervention should only be considered when there is a functional restriction due to visual field loss and it further recommends the guidance from the DVLA should be referenced.

The requirements for visual fields are set out in the DVLA guidance currently available [here](#). For those with a Class 2 occupational licence the thresholds for interventions would be to enable them to maintain their eligibility with reference to visual fields. For all other individuals the Class 1 position should be used, whether they drive or not.

The committee realises that this assessment of visual fields is outside the scope of primary care and it is suggested that referral should be to the optician in the first instance who will need to be appraised of the pathways.

Abnormal head posture and headache are not considered criteria for intervention.

**Review date: June 2023**

*Whilst the panel recognised the considered expert advice of NICE and NHS England EBI in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment*