Combined Eyelid and Strabismus Surgery

In this issue, McCracken et al. determined in a retrospective study that surgery for eyelid malposition and strabismus can be successfully performed in selected patients. They recommend that simultaneous surgery be considered only when the strabismus surgery involves the horizontal recti muscles and suggest avoiding operating on a vertical muscle when eyelid surgery is being performed. The authors point out that the incidence of eyelid malposition after isolated vertical rectus muscle surgery may be as high as 90%. Eyelid position changes may be subtle but significant following large recessions and resections. It is noteworthy that many of their patients had thyroid eye disease, which is a notorious risk factor for eyelid position changes following vertical strabismus surgery. The authors are to be commended for investigating a frequent dilemma faced by strabismus and oculoplastic surgeons.

We frequently feel the need to try to correct the patient’s multiple problems with a single operation. There is potential to avoid additional surgery and anesthesia and to “cure” the patient of his or her signs and symptoms as rapidly as possible. This may not be the best approach for many patients. The results of the initial procedure may cause surgeons to modify their planned approach to the second condition they are attempting to correct. The final result will be better in most cases. It is important to develop guidelines based on outcomes analysis to aid in planning the appropriate procedure or staged procedures. Many tenets of conventional surgical wisdom have been passed down without true scientific investigation and should be questioned.

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