

The Little-Known Procedure That Fixes Drooping Eyelids

Ptosis surgery can correct eye problem that may lead to lazy eye

By [Leida Snow](#) | January 30, 2025 | [Health](#)

One of my eyes looked half-closed in photos and made seeing a challenge. I asked my internist, [David Kudlowitz, M.D.](#), if I should just accept the issue, given my beyond-Medicare eligibility age. His emphatic response: "No! You should take care of it."



Ptosis repair is different from blepharoplasty, which is a cosmetic procedure that removes the excess skin in your eyelids. | Credit: Getty

I had his approval to take action, but then my nerve almost failed. I shared my condition with my neighbor Harriet Kaplan, and she said she noticed her

problem decades ago. Her ophthalmologist recommended ptosis surgery.

[Ptosis](#) is a condition sometimes called lazy eye. It's a drooping of the upper eyelid, something that afflicts many people, especially as they age. Kaplan, retired former head of dentistry at a New Jersey hospital, said, "Look in the mirror. If it looks like your eye is drooping, ask your doctor. You've got to be proactive."

[Ptosis repair](#), during which the eye muscle is lifted, is considered minor, but every surgery should be taken seriously. Ptosis repair is different from [blepharoplasty](#), which is a cosmetic procedure that removes the excess skin in your eyelids.

In ptosis, the inner muscle is weak, causing the eyelid to droop. Ptosis repair lifts the eyelid higher. Many things can cause ptosis. It can be genetic or can be brought on by trauma or by anything that repeatedly stretches the eyelid, like wearing contact lenses.

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Medicare Coverage

Ophthalmologists or opticians often don't volunteer the diagnosis. According to [Dove Medical Press](#), "Despite its negative impact on patients' vision as well as physical appearance, ptosis is likely undiagnosed and underreported."

Retired clinical psychologist Robert Blomeley said his doctor prescribed drops that barely treat the symptoms and have no curative value. "Some day, when I'm rich, I want to get the surgery," he confided. He was stunned to

learn that elective ptosis surgery is a medical (not a cosmetic) procedure, so it's covered by [Medicare](#).

Based on his experience, Blomeley wants to become a [qualified patient advocate](#). He says people "should never be shy about asking questions." And, he says, you should always have someone with you as your advocate.

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With high confidence in my internist, I didn't get a second referral. [Stella Chung, M.D.](#), is an oculoplastic specialist. Her specialty is "in the eyelid and eye socket, mainly the mid-face and upper face." So much depends on how this area functions, she says, including whether someone can blink as they should or close their eyes completely, and whether someone can see well without constantly raising their eyebrows. Sometimes there is a disease that

needs to be addressed.

"It takes meticulous work," Chung continues. Then, with a smile, she adds, "I also like that I can see the results right away." During my consultation with Chung, I was sent for diagnostic tests. For example, with the eyes alternatively covered, I was asked to flag when I saw light enter a dark box.

Chung then took photos and some measurements and said she would send for pre-authorization to Medicare, cautioning that they don't always approve the surgery. If they didn't consider my case sufficiently serious, it wouldn't be covered.

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The Procedure

Chung is booked solid, so the surgery was set months in advance, and I would need medical clearance beforehand. The procedure itself takes not much over an hour. On the day of the procedure, Chung talked to me beforehand, as did the anesthesiologist. I was given a stew of medications, first to address anxiety and put me to sleep. Other meds later would ensure conscious sedation, so that Chung could ask me to open my eyes so she could be sure everything was balanced.

While I was also given local anesthesia, there was a period during the procedure when I felt some pricks of pain — they were not horrible, but noticeable.

There seemed to be quite a few helpers in the operating room, monitoring everything from my heart rate to my breathing. Afterwards, I was wheeled to recovery. After an hour or so, and checked by the appropriate folks, I went home with a friend.

I was fine, but totally drained. Exhausted. I stayed in for a week. I'm



told that it takes time for some of the various medications and antibiotics to fully exit the body. I faithfully used the frozen peas (they work better than ice packs), and waited as the bruising began to disappear.

Writer Leida Snow, right, with her doctor | Credit: Leida Snow

Chung said recovery would take two to three weeks. What she meant was that after that time, I could resume work and exercise. Any marks wouldn't be that noticeable, she said, but "complete recovery takes months." Patients with thinner or thicker skin take a little longer. Recovery is highly individual, and not age related. One side may bruise more than the other and one eye may recover sooner because of where the blood capillaries are located.

"Patients have told me their balance has improved. Some say they no longer get headaches."

"People can see better and function better," she emphasizes. "Patients have told me their balance has improved. Some say they no longer get headaches." You will see more after surgery, Chung explains, which is especially noticeable and welcome in driving. But, she noted, repair doesn't change your acuity and you won't see more clearly because this is

not a vision correcting surgery. But it does help somewhat with [macular degeneration](#).

Chung believes in "empowering patients," and that "physicians should provide comprehensive care and give patients choice as to what they want to do or not do." But, she says, some ophthalmologists and optometrists are more proactive than others. Some providers will only address the issue if a patient brings it up.

Some Signs

Some warning signs to be aware of:

- Do you have difficulty reading, even with new eyeglasses?
- Are your eyes uneven in photos?
- Are your eyes dry and itchy?
- Do you tip your head or raise your eyebrows to see?

I was thrilled to learn that Chung is putting together material to educate patients. She said that until we'd spoken, she hadn't been aware that many patients wouldn't know they had a condition that could be repaired.

Chung shared that unless something is life threatening, it tends to be ignored. Some think ptosis repair is cosmetic surgery and dismiss it. The [Aesthetic Surgery Journal](#) repeats findings that ptosis is likely undiagnosed and underreported.

Now that I no longer have to tip my head back to see, my posture is better.

According to Chung, studies show that ptosis occurs in 7%-9% of the adult population, but she also thinks it's underdiagnosed.. She suggests that patients bring someone with them to appointments and get second opinions. "If something doesn't feel right," she emphasizes, "patients need

to speak up."

I know full recovery from my ptosis surgery will take several months. My eyelids aren't completely healed, but look fine fairly close up. Now that I no longer have to tip my head back to see, my posture is better. Friends who know I've been grieving the [loss of my husband](#), and that I had an unrelated [recent hospital stay](#), say I look like I'm back to myself. Thing is: With my eyeglasses on, I don't look like I've had surgery. And that's fine with me.

Leida Snow is an award-winning journalist and communications coach. Follow her @LeidaSnow [Read More](#)

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