

CASEY EYE
Institute
OHIO STATE UNIVERSITY

Lids, Lacrimals, and Beyond: Oculoplastics 101

OAQ 2026 Eye Technician Meeting: February 27, 2026

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Review of Function and Anatomy

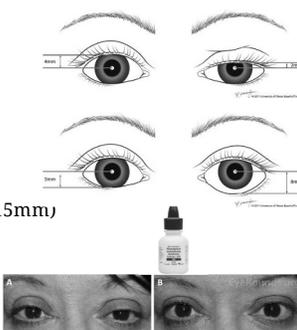
<p><u>Functions</u></p> <ul style="list-style-type: none"> - Protection - Lubrication - Tear film maintenance - Cleaning 	<p><u>Organization</u></p> <p>Anterior lamellae: skin + orbicularis oculi</p> <p>Orbital septum</p> <p>Eyelid retraction muscles (Levator palpebrae superioris + Muller)</p> <p>Posterior lamellae: tarsus + conjunctiva</p>
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Measurements

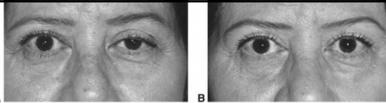
- MRD1/MRD2
 - Normal MRD1 4-5mm
 - Normal MRD2 5-6mm
- Levator function (normal 15mm)
- Brow compensation
- Lagophthalmos
- Phenylephrine response



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Ptosis



Etiology: Aponeurotic, neurogenic, myogenic
 Indications: visual field obstruction, cosmetic
 Procedure: levator advancement, Muller removal
 Postop: over/under-correction, surface exposure/dry eye
 Function: improve field of vision

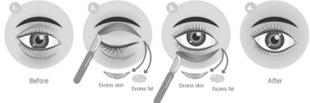


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Blepharoplasty



Etiology: dermatochalasis
 Indication: visual field obstruction, cosmetic
 Procedure: excision of excess skin
 Postop: bruising, edema, dry eye
 Function: improved visual field, reduce heaviness

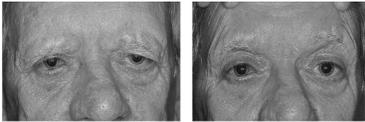


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Brow ptosis



Etiology: loss of skin elasticity
 Indication: visual field loss, frontalis overuse
 Procedure: direct/endoscopic/internal brow lift
 Postop: forehead numbness, scarring, asymmetry
 Function: brow position, improve pseudo-ptosis

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Ectropion – outward turning lid

Etiology: involutional, cicatricial, paralytic
 Indication: surface exposure, tearing
 Procedure: lid tightening
 Postop: tearing
 Function: protects cornea

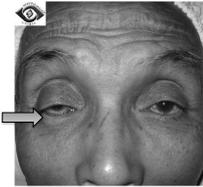


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Entropion – inward turning lid

Etiology: involutional, cicatricial, spastic
 Indication: corneal injury, irritation
 Procedure: lid tightening, retractor reinsertion
 Postop: overcorrection (ectropion)
 Function: improve surface health

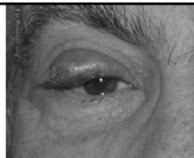


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Chalazion

Etiology: Meibomian gland blockage
 Indication: persistence despite medical therapy
 Procedure: eversion, incision, curettage
 Postop: recurrence
 Function: improves mass and irritation



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Nasolacrimal duct obstruction

Etiology: congenital, acquired
 Indication: watering, infection
 Procedure: ductal probing, silicone tube
 Postop: tube displacement
 Function: improve tear drainage

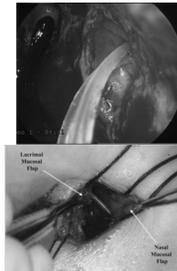


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Dacryocystorhinostomy (DCR)

Etiology: congenital, acquired
 Indication: nasolacrimal duct obstruction, epiphora, infection
 Procedure: creation of drainage pathway from lacrimal sac to nasal cavity (external, internal)
 Postop: bleeding, infection, scarring (external)
 Function: improve tearing, reduce lacrimal sac infection

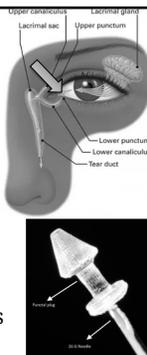


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Punctal Plugs

Etiology: aqueous-deficient dry eyes
 Indication: refractory dry eye
 Procedure: temporary or permanent plug insertion
 Postop: extrusion, epiphora, canaliculitis
 Function: improve tear retention, dry eyes

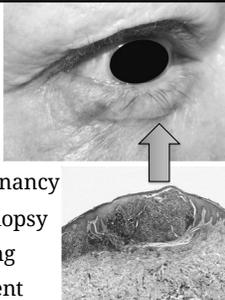


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Lesion Biopsy

Etiology: malignancy, cosmetic
 Indication: confirm/rule out malignancy
 Procedure: incisional/excisional biopsy
 Postop: bleeding, infection, scarring
 Function: diagnosis, guide treatment



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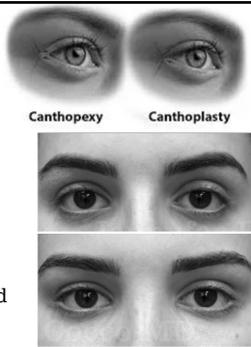
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Canthal Procedures

- Canthoplasty – shortens and reattaches
- Canthopexy – tightens

Etiology: lid laxity
 Postop: scarring
 Function: improves lid support and contour

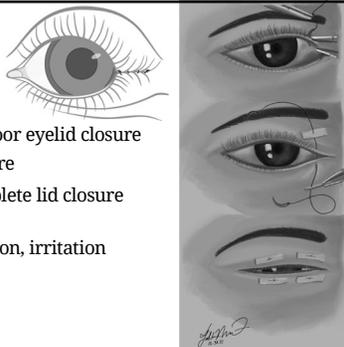


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Tarsorrhaphy

Etiology: lagophthalmos/poor eyelid closure
 Indication: surface exposure
 Procedure: partial or complete lid closure (temporary or permanent)
 Postop: visual field limitation, irritation (sutures)
 Function: protects cornea



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Gold Weight Implantation

Etiology: facial nerve palsy
 Indication: surface exposure
 Procedure: gold weight in upper lid
 Postop: migration, visibility
 Function: lid closure, protect cornea

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Orbital Decompression

Etiology: thyroid eye disease, inflammation, trauma, bleeding
 Indication: proptosis, optic neuropathy, orbital compartment
 Procedure: removal of orbital walls/fat
 Postop: diplopia, numbness, sinus issues
 Function: reduce proptosis, protect optic nerve/vision

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Removal of eye

- Evisceration – remove intraocular contents; sclera preserved
- Enucleation – removal of entire globe
- Exenteration – removal of eye socket (eyeball, fat, muscles, lids, bone)

Indications: blind painful eye; malignancy
 Postop: infection, implant exposure, wound healing
 Function: pain relief, infection control, cancer control

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Summary Points

- Measurements highlight different points about function
- Accurate vision and visual fields help assess impact toward visual function and eye health
- All procedures subject to reoperation, bleeding, scarring, infection
- Bleeding: direct pressure + ice (unless contraindicated)
- Red flags: decreased vision, severe pain/proptosis, tight orbit, RAPD

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Thank You

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