1. Temporary correction procedure:

**Everting Sutures (Tacking Sutures)**

1. With the foal heavily tranquilized, usually with [xylazine](https://www.sciencedirect.com/topics/veterinary-science-and-veterinary-medicine/xylazine) and ketamine, tacking sutures can be placed.
2. These are essentially vertical mattress sutures. Nonabsorbable, 4-0 to 5-0 monofilament suture is recommended, but silk can be used.
3. First, the rolling-in eyelid is everted and placed into its correct anatomic position.
4. Second, a suture is passed in the center of the entropic eyelid, beginning 1 to 2 mm away from the eyelid margin perpendicular to the eyelid. The suture must not go through the eyelid margin because tearing out of the sutures may result in a large eyelid defect.
5. The next step is to take an additional bite of skin distal to the original bite. The distance between the two bites will determine the amount of eversion of the eyelids that will occur after tying the sutures. Therefore if a large eversion is needed, then a distance of 1 to 2 cm between the two bites may be required.
6. Additional sutures are placed in identical fashion adjacent (usually 5 mm between sutures) to the central suture. The number of sutures required depends on the length of the entropic eyelid in the individual foal.
7. After the suture has been tied with multiple knot throws, the end of the suture nearest the cornea should be cut short, and the opposite end should be cut longer to make removal of the suture easier. Application of a drop of cyanoacrylic adhesive to the knots will help ensure that they stay in place.
8. After the foal recovers from tranquilization, the surgeon must ensure that the foal can blink adequately to protect the cornea. If the eyelids are held too far open, removal of one or more sutures may be necessary. Sutures remain in place for 2 to 4 weeks in most foals.
9. The Permanent correction procedure:

This procedure is called the **Hotz-Celsus Procedure** and the steps are as follows:

1. The use of a Jaeger eyelid plate can aid in supporting the eyelid and facilitate an accurate incision.
2. The first incision is made about 2mm from and parallel to the eyelid margin.
3. A second elliptical incision is then made distal to this incision.
4. That portion of skin required to correct the folding Is removed.
5. Closure of this skin removal can be done in a simple interrupted pattern using 4-0 to 6-0 monofilament, non-absorbable suture material.
6. Sutures begin centrally and then closed off in the direction toward both ends.
7. The ends of the suture material should be trimmed off so that the end toward the cornea is short. This is to avoid trauma. The other end can be left long so that suture removal is made easy.
8. Sutures should be removed in about 10-14 days.