

# Third Eyelid Flap

## Site Preparation

- Flush/swab surgical site with dilute (1:10) - povidone iodine solution.
- Flush thoroughly with sterile saline.

## Procedure

1. Inject 2 ml of local anaesthetic (1–2% lidocaine) into third eyelid initially grasped by fine Allis tissue forceps, and 5 ml into area of skin sutures
2. Direct needle through stent
3. Grab upper eyelid as the needle and suture is passed through the upper eyelid (skin and conjunctivae) approximately 10 mm from the eyelid margin and emerge in the superior-lateral conjunctival fornix

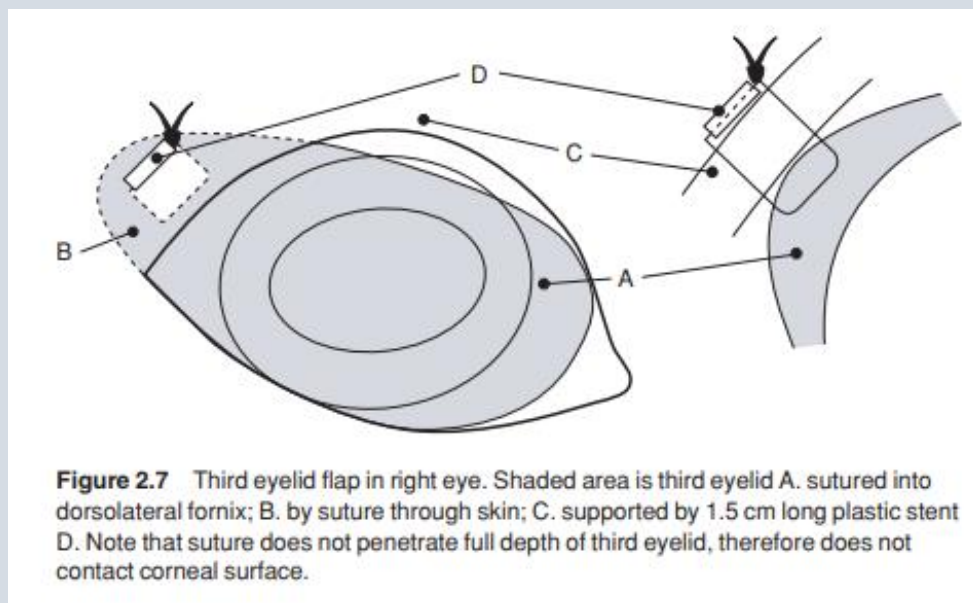


Figure 1. Diagram showing eyelid flap procedure

4. Grasp edge of third eyelid with Allis forceps again and place suture through palpebral surface of lid about 20-30 mm from edge of the nictitans

5. Bite should not penetrate the nictitans and should not be placed around the “T” shaped cartilage
6. Suture should not penetrate bulbar surface of third eyelid (as this could result subsequently in corneal abrasion)
7. Now insert each end of suture in turn through lateral dorsal conjunctival fornix to emerge through skin about 2–3 cm above lateral commissure of the eyelid



Figure 2. Correct placement of suture through 3rd eyelid and stint



Figure 3. Stint held in place



Figure 4. Third eyelid forms flap over rest of eye



Figure 5. Full coverage is important to ensure corneal ulcer can heal effectively