**Hotz Celsus Procedure**

**Indications:**

* Permanent correction of eyelid abnormalities like entropion.

**Advantages:**

* Relatively straight-forward to perform.
* Usually a single procedure is sufficient.
* Everts the eyelid margin, re-directing hairs contacting the cornea and thus alleviating the pain caused by trichiasis.

**Disadvantages:**

* Under-correction requires a repeated surgery to rectify the problem.
* Over-correction can lead to ectropion, with conjunctivitis due to exposure.
* General anesthesia is necessary.

**Procedure (Intra-Op):**

* Determine the amount of tissue to be resected. This should be done by eliminating any spastic component of the entropion by the use of topical proparacaine. Also determination should always be done before sedation or general anaesthesia to avoid over correction.
* To determine this use your finger to evert the eyelid back to its proper position and observe and measure the distance needed to straighten the lid.
* Once this is done the animal can go under general anaesthesia.
* The lashes are now clipped together with the periocular hair approximately 2-3cm around the eyelid margin.
* Using a metal lid plate (Jaeger lid plate) or a sterile tongue depressor; insert under the eyelid into the fornix to stabilize the lid during cutting.
* The initial incision should be made parallel and 3mm from the eyelid margin using a #15 blade.
* The length of this first incision is dictated by the length of inverted eyelid and should extend approximately 1-2mm beyond the entropic area.
* Although some texts recommend resection of the orbicularis muscle, removal of the dermis is sufficient. Following an initial skin incision with a #15 scalpel blade, eyelid tissue is best resected with a small pair of Metzenbaum scissors in an elliptical shape. This maximizes eversion of the lid and ensures excellent wound apposition when the incision is sutured.
* To suture start in the middle of the incision and work outwards.
* Using simple interrupted sutures placing them 2-3mm apart allowing room for a slight degree of tissue swelling when tying the knot.
* The free end of suture closest to the eyelid margin should be cut short to avoid trauma to the cornea and the other end distal to the eyelid can be left slightly longer to aid in suture removal.