

Eyelid Tacking

After preoperative preparation and the amount of eyelid to be rolled out is determined, the first suture bite is made.

To determine how much lid must be everted, use your finger to evert the eyelid back to its proper position. Observe the distance necessary to straighten the lid and measure this distance.

Step 1:

First Bite: A suture bite is placed in a horizontal position at the junction where the haired area meets the non-haired area of the eyelid margin. (This is located approximately 2-3mm from the eyelid margin.) The suture needle is inserted into about $\frac{1}{2}$ to $\frac{3}{4}$ of the skin's thickness and the suture bite made should be 0.5cm to 0.75cm in length.



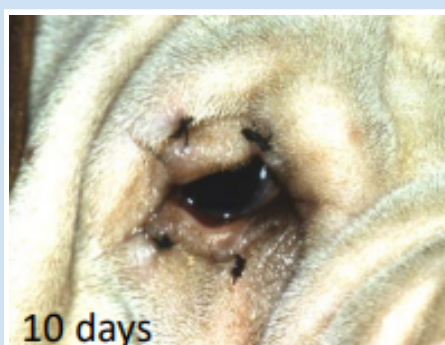
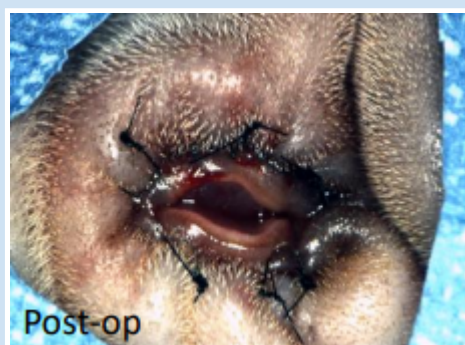
Step 2:

Second Bite: This bite is placed parallel to the first, and is expected to be located near the orbital rim. Again, the suture needle is inserted into about $\frac{1}{2}$ to $\frac{3}{4}$ of the skin's thickness and the suture bite should be 0.5cm to 0.75cm in length. The distance between the first and second bites approximates the degree of lid eversion ("roll-out") that is needed. The back end of a cotton-tip applicator can be placed between the first and second bite before the first knot is made to slightly indent the skin and aid in creating eversion of the eyelid.



Step 3:

A surgeon's knot must be used to secure the suture. This is followed by 2 to 3 square knots. Care should be taken to avoid crushing the tissue.



To be noted: There should be a slight overcorrection under anesthesia as blepharospasm will develop postoperatively. However, if the distance between the suture bites is too large, a large extent of overcorrection may result in ectropion which would interfere with eyelid closure.

Horizontal Mattress Eyelid Tacking : https://www.youtube.com/watch?v=M_A6E0g_cmo