CONDITION

Ectropion

Ectropion is an outward turning of the eyelid that can leave the eye exposed, watery, and irritated.

WHAT IT IS
Outward turning of the eyelid

BODY SYSTEM
Eyes and eyelids

MAIN SYMPTOMS
Watering, dryness, redness, irritation

WHAT CAUSES IT
Aging, facial weakness, scarring, or eyelid growths

HOW IT IS DIAGNOSED
Eye examination and eyelid movement tests

MAIN TREATMENT
Eye lubrication and eyelid surgery

CAN IT BE CURED?
Sometimes - surgery can restore eyelid position

IS IT AN EMERGENCY?
Sometimes - with severe pain or sudden vision loss

LONG-TERM OUTLOOK
Usually manageable, especially after corrective surgery

Overview

Ectropion happens when an eyelid turns outward and no longer rests against the eye. It most often affects the lower eyelid. One or both eyes may be involved, and the whole eyelid or only one section may turn out.

The condition is sometimes described as a drooping eyelid, but it is different from ptosis , in which the upper eyelid hangs down over the eye. With ectropion, the eyelid edge pulls away from the surface of the eye.

This change can expose the inner eyelid and the clear front surface of the eye, called the cornea . It can also move the tear drainage opening away from the eye. As a result, your eye may feel dry or irritated while also watering excessively.

Mild ectropion may cause only occasional discomfort. More advanced ectropion can lead to ongoing inflammation or damage to the cornea. Lubricating eye products can protect the eye, but surgery is often the most effective way to correct the eyelid's position.

Symptoms

Symptoms often develop gradually. They may be more noticeable outdoors, in wind, or in dry surroundings.

Common symptoms include:

Watering may seem unexpected when the eye also feels dry. Tears normally spread across the eye when you blink and then drain through small openings near the inner corners of the eyelids. Ectropion can disrupt both processes. Tears may not cover the eye evenly, and the drainage opening may no longer sit in the right place.

Symptoms can be worse if you cannot close the eye fully. This may happen when ectropion is linked to weakness or paralysis of the facial muscles.

- A lower eyelid that turns outward or hangs away from the eye
- Excessive watering, with tears running down the cheek
- Dryness, burning, grittiness, or a feeling that something is in the eye
- Redness of the eye or exposed inner eyelid
- Crusting, mucus, or repeated irritation around the eyelid
- Sensitivity to light
- Blurred vision that improves after blinking

Causes and risk factors

The most common cause is age-related loosening of the tissues that support the eyelid. Muscles and tendons around the eye can stretch over time, allowing the lower eyelid to sag and turn outward.

Other causes include:

Risk increases with age. A history of facial nerve problems, eyelid surgery, injury, burns, or skin disease around the eye may also increase the chance of developing it.

- Facial nerve weakness: The facial nerve controls muscles that close the eyelids. Bell's palsy, stroke, injury, or another nerve condition may weaken these muscles.
- Scarring: Burns, injuries, previous surgery, long-term sun damage, or certain skin conditions can shorten the skin below the eyelid and pull it outward.
- Eyelid growths: A cyst, lump, or tumour can weigh down the eyelid or change its position.
- Repeated rubbing or pulling: Regularly rubbing the eyes or pulling the lower eyelid down may worsen looseness that is already present.
- Congenital conditions: Rarely, a baby is born with ectropion. It may occur alongside a condition affecting the eyelid or facial development.

Diagnosis

Ectropion is usually diagnosed during an eye examination. A primary care clinician, optometrist, or ophthalmologist may first notice it. An ophthalmologist is a doctor who specialises in eye conditions and eye surgery.

During the examination, you may be asked about watering, dryness, previous injuries, surgery, skin problems, and facial weakness. The clinician will look at how closely the eyelid rests against the eye and whether you can close your eye completely.

They may gently pull the eyelid away and watch how quickly it returns. This helps assess looseness in the supporting tissues. Your blinking, facial movements, tear drainage openings, and the skin around your eye may also be checked.

A slit-lamp examination uses a microscope and bright light to inspect the eyelid, conjunctiva, and cornea. The conjunctiva is the thin tissue covering the white of the eye and lining the eyelid. Fluorescein dye may be placed in the eye to reveal dry or damaged areas on the cornea.

Further tests are not usually needed. If there is an unusual lump, scar, or skin change, additional assessment may be arranged to identify the cause. A suspicious growth may need a biopsy, which means removing a small tissue sample for examination.

Treatment and management

Treatment aims to keep the eye comfortable, protect the cornea, and improve the eyelid's position. The best approach is influenced by the cause, severity, and whether the eye can close fully.

Lubricating eye drops can replace moisture during the day. Thicker gels or ointments may

provide longer protection, especially overnight, although they can temporarily blur vision. These products ease symptoms and reduce exposure, but they do not tighten a loose eyelid.

If facial weakness prevents full eye closure, protecting the cornea becomes especially important. A clinician may recommend methods such as moisture protection or carefully securing the eyelid closed for sleep. These methods should be demonstrated because tape placed incorrectly can rub the eye or damage the skin.

Any underlying cause may also need attention. For example, treatment may focus on facial nerve weakness, an inflamed skin condition, scar tissue, or an eyelid growth.

Surgery is usually the main corrective treatment when ectropion is persistent. It is commonly performed using local anaesthetic, which numbs the area while you remain awake. The exact operation depends on the cause.

For age-related looseness, the surgeon may shorten and tighten the eyelid and its supporting tissues. If scarring has pulled the eyelid down, surgery may release the scar and add skin, sometimes using a small graft from another area. A growth may need to be removed before the eyelid is repaired.

Temporary bruising, swelling, tightness, and mild discomfort are common after surgery. Stitches may need to be removed or may dissolve on their own. Follow-up checks help confirm that the eyelid is healing in the intended position.

Ectropion can occasionally return, especially if tissue looseness, scarring, or facial weakness continues. Further treatment may then be considered.

Complications

An eyelid that does not sit against the eye may leave the cornea exposed. Ongoing exposure can cause exposure keratitis , meaning inflammation and surface damage caused by dryness.

Possible complications include:

These complications are not inevitable. Keeping the eye lubricated and seeking assessment for persistent symptoms can help protect the surface of the eye.

- Repeated conjunctival redness and inflammation
- Persistent watering and sore skin on the cheek
- Corneal scratches or erosions
- Corneal infection or an open sore called an ulcer
- Corneal scarring

- Reduced vision if significant corneal damage develops

Prevention

Age-related ectropion cannot always be prevented. Congenital ectropion and ectropion caused by unavoidable facial nerve weakness also may not be preventable.

Protecting the skin around your eyes from injury and avoiding repeated pulling or rubbing may reduce avoidable strain on the eyelids. Following wound-care and aftercare instructions after facial or eyelid surgery may support healing, but it cannot guarantee that ectropion will not occur.

If facial weakness makes it difficult to close your eye, early eye protection may prevent corneal damage. It does not necessarily prevent the eyelid from turning outward.

Living with it and what to expect

Ectropion may remain mild for a long time or gradually become more noticeable as eyelid tissues loosen. It does not usually resolve on its own when it is caused by aging or scarring.

Lubricants may control dryness and irritation for months or longer, but they usually need to be continued while the eyelid remains out of position. Watering may persist because the tear drainage opening is still displaced.

The course can be different when facial weakness is the cause. Eyelid position may improve if nerve function returns, but the timing and degree of recovery cannot be predicted for everyone. Eye protection may be needed during that period.

Corrective surgery often improves eyelid contact, comfort, and tear drainage. Some looseness or outward turning can remain or return, and a small number of people need another procedure.

During routine follow-up, mention increasing watering, redness, discharge, difficulty closing the eye, or changes in the eyelid's shape. If you use lubricants regularly, follow the recommended eye checks so that the cornea and eyelid position can be reviewed.

Most people can continue their usual activities. Wind, air conditioning, smoke, and prolonged screen use may make dryness or watering more noticeable. Taking screen breaks, avoiding direct airflow, and using recommended lubrication may improve comfort.

When to get medical help

Arrange a routine appointment if your eyelid is turning outward, your eye waters frequently, or irritation keeps returning. Assessment is also appropriate if you cannot close the eye fully or notice a new eyelid lump or skin change.

Seek urgent, same-day eye care for:

Sudden loss of vision is an emergency.

Call emergency services for sudden facial drooping accompanied by arm weakness, speech difficulty, confusion, severe dizziness, or another possible sign of stroke. Facial weakness from Bell's palsy can also begin suddenly, but stroke needs to be ruled out promptly.

A chemical splash or serious eye injury requires immediate flushing with clean, lukewarm water and emergency assessment. Do not wait for ectropion symptoms to develop.

- Increasing eye pain
- Strong sensitivity to light
- New or worsening blurred vision
- Marked redness with discharge
- A white or cloudy area on the cornea
- An eye that cannot be kept closed or protected

Common questions

Can ectropion go away by itself?

Age-related or scar-related ectropion usually does not correct itself. Lubricants may control symptoms without changing the eyelid's position. Ectropion caused by temporary facial nerve weakness may improve if muscle function returns.

Why is my eye watering if ectropion causes dryness?

The eyelid may not spread tears evenly across the eye, leaving dry areas. At the same time, the tear drainage opening can turn away from the eye. Tears then collect and spill down the cheek instead of draining normally.

Is ectropion the same as a droopy upper eyelid?

No. Ectropion is an eyelid edge turning outward, usually on the lower lid. Ptosis is an upper eyelid that hangs lower than usual and may cover part of the pupil.

Do I always need surgery for ectropion?

Not always. Mild symptoms may be managed with lubrication and monitoring. Surgery is commonly considered when symptoms continue, the cornea is exposed, or the eyelid's position causes significant watering or irritation.

Is ectropion surgery painful?

The area is usually numbed during surgery. Afterward, temporary soreness, tightness, swelling, and bruising are common. The care team can explain what pain relief is normally used and what symptoms should prompt a review.

Can ectropion affect my eyesight?

It can if exposure causes significant corneal dryness, an ulcer, infection, or scarring. Most irritation does not lead to major vision loss, but pain, light sensitivity, or a change in vision needs prompt assessment.

Sources

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