SYMPTOM

Eyelid drooping

Eyelid drooping is when one or both upper eyelids sit lower than expected.

WHAT IT FEELS LIKE
One upper lid feels heavy or partly blocks vision

WHERE IT IS FELT
One or both upper eyelids

MOST COMMON CAUSES
Age-related tendon stretching, childhood development, eyelid swelling

WHEN IT IS URGENT
Sudden drooping, double vision, unequal pupils, or new weakness

USUALLY LASTS
Hours to years, based on swelling, nerves, muscles, or anatomy

SEE A DOCTOR IF
New, persistent, worsening, or interfering with sight

Overview

Eyelid drooping means that an upper eyelid sits lower than usual. The medical term is ptosis , sometimes called blepharoptosis. It can affect one or both eyes and may be present all the time or come and go.

A mildly drooping lid may mainly change your appearance. A lower lid can cover part of the pupil and reduce your upper field of vision. You may raise your eyebrows or tilt your head back to see more clearly.

Some people have drooping from birth or early childhood. Others develop it later because of changes in the eyelid, its lifting muscle, or the nerves controlling that muscle. Swelling or extra skin can also make an eyelid look droopy without true weakness of the lifting muscle.

Sudden eyelid drooping needs prompt medical assessment, particularly when it occurs with other eye or nervous system symptoms.

What it may feel or look like

The edge of one upper eyelid may be lower than the other. If both sides are affected, the

change may be harder to notice without comparing recent and older photographs.

You may notice:

Drooping is different from swelling, although the two can occur together. It is also different from weakness of the lower face, which may affect the smile or corner of the mouth.

- A heavy or tired feeling around the eye
- Part of the pupil being covered
- Difficulty seeing objects above you
- Raising your eyebrows to lift the lid
- Tilting your head back to see beneath it
- Drooping that becomes more noticeable later in the day
- Double vision or trouble moving an eye

Common causes

Common causes

With age, the tendon connecting the eyelid's lifting muscle to the lid can stretch or loosen. This is a common form of acquired ptosis. Previous eye surgery, injury, or years of contact lens use may contribute to this stretching.

Some people are born with an underdeveloped eyelid-lifting muscle. Childhood ptosis may affect one or both eyes. It deserves assessment because a lid covering the pupil can interfere with normal vision development.

Allergies, infection, irritation, or a blocked eyelid gland can cause swelling that weighs the lid down. Loose skin above the eye can also hang over the lid and resemble ptosis.

Less common causes

Conditions affecting the connection between nerves and muscles can cause variable drooping. In myasthenia gravis, for example, the lid may become lower with activity or later in the day. Double vision can occur as well.

A problem involving the sympathetic nerves may cause mild drooping with a smaller pupil on the same side. This combination is called Horner syndrome.

Less often, an eyelid lump, scar, muscle disease, nerve injury, or side effect from a procedure around the eye can cause drooping.

Potentially urgent causes

Rarely, sudden ptosis results from a problem with a nerve that controls the eyelid and several eye muscles. It may occur with double vision, abnormal eye movement, or one pupil becoming larger than the other. Stroke and problems involving blood vessels are among the conditions that must be ruled out promptly.

When to seek medical care

Seek urgent same-day medical assessment for eyelid drooping that begins suddenly, even if it is not painful. This is especially important if you also have double vision, unequal pupils, new eye-movement difficulty, eye pain, headache, or neck pain.

Call emergency services if the drooping occurs with possible stroke symptoms, such as:

Book a routine appointment if the drooping is new but gradual, keeps returning, is getting worse, or interferes with reading, driving, or other activities. Children with a drooping eyelid should be assessed promptly, particularly if the lid covers the pupil or the child tilts their head to see.

- Weakness or numbness on one side
- A new facial droop affecting the mouth
- Trouble speaking or understanding speech
- Sudden loss of balance or coordination
- A sudden, severe, unusual headache
- Loss of consciousness or severe confusion

How the cause is found

A clinician will ask when the change began, whether it is constant, and whether it worsens with tiredness. Mention any double vision, headache, eye pain, weakness, swallowing difficulty, recent injury, eye surgery, injections near the eye, or contact lens use.

Old photographs can show whether the eyelid position is new or longstanding. Photographs taken at different times of day may help document symptoms that come and go.

The examination may include checking:

Depending on the findings, testing may include blood tests, nerve or muscle tests, or imaging of the head, eye socket, neck, or blood vessels. Many people do not need all of these tests.

- Vision and side vision
- Pupil size and reactions
- Eye movements
- Eyelid height and lifting strength
- Brow and facial movement
- Whether swelling or extra skin is weighing down the lid

Treatment and self-care

Treatment depends on what is causing the drooping and how much it affects vision.

Swelling may improve when the underlying irritation, allergy, or eyelid condition settles. If a medicine or procedure may be involved, speak with the prescribing or treating clinician rather than stopping treatment on your own.

Nerve and muscle conditions require treatment directed at the underlying problem. Selected adults with acquired ptosis may be offered prescription eye drops that temporarily lift the lid. These drops are not suitable for every cause.

Surgery may be considered when the eyelid blocks vision or causes significant functional difficulty. The procedure may tighten the lifting muscle or connect the lid to a forehead muscle. A specialist can explain the expected benefit and risks, including dryness, uneven lid height, or incomplete closure.

Self-care cannot usually correct true ptosis. You can keep a record of when it is most noticeable and bring photographs to your appointment. Avoid using household tape or glue to hold the eyelid open, as this may irritate the skin or eye.

What to expect

The outlook depends on the cause. Drooping from temporary swelling may settle over days or weeks. Age-related or childhood ptosis often remains until it is treated. Drooping caused by a nerve or muscle problem may improve, fluctuate, or require ongoing care.

If vision is not affected and serious causes have been excluded, monitoring may be reasonable. Follow-up is important if the lid becomes lower, vision changes, or new symptoms develop.

Children may need repeated vision checks. Early treatment of blocked vision can help prevent amblyopia, sometimes called "lazy eye," in which normal vision does not develop fully.

Common questions

Can tiredness cause eyelid drooping?

Tiredness can make an existing droop more noticeable. A lid that repeatedly becomes lower with activity or later in the day should be medically assessed, especially if you also have double vision, speech changes, or swallowing difficulty.

Does a drooping eyelid mean I am having a stroke?

Usually not. Eyelid drooping has many possible causes. However, sudden drooping with facial weakness, limb weakness, speech difficulty, severe headache, or loss of balance is an emergency.

Can eyelid drooping go away by itself?

It can if it is caused by temporary swelling or a nerve problem that recovers. Structural changes in the eyelid tendon or muscle are less likely to resolve without treatment.

Is eyelid drooping mainly cosmetic?

Not always. It can block part of your vision, cause brow strain, or affect vision development in a child. The effect on sight and daily activities helps guide treatment decisions.

Sources

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