The etiologic categories for entropion and ectropion are similar, but not identical. *Come up with all 6.*
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*Divide ‘em up (some will be used for both)*
The etiologic categories for entropion and ectropion are similar, but not identical. *Come up with all 6.* *Divide ‘em up (some will be used for both)*

**Entropion**
- Congenital
- Involutional
- Cicatricial
- Acute Spastic

**Ectropion**
- Congenital
- Involutional
- Paralytic
- Cicatricial
- Mechanical
The etiologic categories for entropion and ectropion are similar, but not identical. *Come up with all 6. Divide ‘em up (some will be used for both)*

**Entropion**
- Congenital
- Involutional
- Cicatricial
- Acute Spastic

**Ectropion**
- Congenital
- Involutional
- Cicatricial
- Mechanical

*Let’s consider involutional entropion vs involutional ectropion…*
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional *entropion*, lower-lid involutional *ectropion*, or *both*:
Q

For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional \textit{entropion}, lower-lid involutional \textit{ectropion}, or \textit{both}:

- Horizontal lid laxity
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity: **BOTH**
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- **Horizontal lid laxity**

How can you assess for horizontal lid laxity?
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- **Horizontal lid laxity**

*How can you assess for horizontal lid laxity?*
By pulling the lower lid away from the globe (i.e., by distracting it). This allows assessment of lid tautness in two ways:

1)

2)
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- **Horizontal lid laxity**

How can you assess for horizontal lid laxity?
By pulling the lower lid away from the globe (i.e., by distracting it). This allows assessment of lid tautness in two ways:
1) the **snapback** test: A normal lid will quickly re-appose the globe when released; a lax lid will re-appose much less briskly;
2) the **distraction** test: if the lower lid can be distracted more than 

, the lid is lax
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional *entropion*, lower-lid involutional *ectropion*, or *both*:

- **Horizontal lid laxity**

*Involutional entropion vs Involution ectropion*

**How can you assess for horizontal lid laxity?**

By pulling the lower lid away from the globe (i.e., by *distracting* it). This allows assessment of lid tautness in two ways:

1) the **snapback** test: A normal lid will quickly re-appose the globe when released; a lax lid will re-appose much less briskly;

2) the **distraction** test: if the lower lid can be distracted more than 6 mm, the lid is lax.
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity: **BOTH**
- Disinsertion of the eyelid retractors
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity: BOTH
- Disinsertion of the eyelid retractors: BOTH
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional *entropion*, lower-lid involutional *ectropion*, or both:

- Horizontal lid laxity **BOTH**
- Disinsertion of the eyelid retractors **BOTH**
- Enophthalmos due to loss of orbital fat as part of the normal aging process
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity: BOTH
- Disinsertion of the eyelid retractors: BOTH
- Enophthalmos due to loss of orbital fat as part of the normal aging process: BOTH
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional *entropion*, lower-lid involutional *ectropion*, or *both*:

- Horizontal lid laxity: **BOTH**
- Disinsertion of the eyelid retractors: **BOTH**
- Enophthalmos due to loss of orbital fat as part of the normal aging process: **BOTH**
- Override of the preseptal orbicularis
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity: **BOTH**
- Disinsertion of the eyelid retractors: **BOTH**
- Enophthalmos due to loss of orbital fat as part of the normal aging process: **BOTH**
- Override of the preseptal orbicularis: **ENTROPION ONLY**
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional *entropion*, lower-lid involutional *ectropion*, or *both*:

- Horizontal lid laxity
- Disinsertion of the eyelid retractors
- Enophthalmos due to loss of orbital fat as part of the normal aging process
- Override of the preseptal orbicularis

**The point:** Involutional *entropion* and *ectropion* of the lower lid have very similar pathogeneses.
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional *entropion*, lower-lid involutional *ectropion*, or *both*:

- Horizontal lid laxity
- Disinsertion of the eyelid retractors
- Enophthalmos due to loss of orbital fat as part of the normal aging process
- Override of the preseptal orbicularis

*The point:* Involutional *entropion* and *ectropion* of the lower lid have very similar pathogeneses. The determining factor re whether an individual will develop *entropion* vs *ectropion* is the status of the pre-septal orbicularis: If it overrides the lid margin, the margin will turn *inward* (*entropion*); if it doesn’t, the lid will flop *outward* (*ectropion*).
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity
- Disinsertion of the eyelid retractors
- Enophthalmos due to loss of orbital fat as part of the normal aging process
- Override of the preseptal orbicularis

There are the three portions of the orbicularis muscle. What are the other two?

- Orbital
- Preseptal
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity
- Disinsertion of the eyelid retractors
- Enophthalmos due to loss of orbital fat as part of the normal aging process
- Override of the preseptal orbicularis

There are the three portions of the orbicularis muscle. What are the other two?
-- Orbital
-- Preseptal
-- Pretarsal
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity
- Disinsertion of the eyelid retractors
- Enophthalmos due to loss of orbital fat as part of the normal aging process
- Override of the preseptal orbicularis

There are the three portions of the orbicularis muscle. What are the other two?

- Orbital
- Preseptal
- Pretarsal

What is the function of each? (Note the grouping)
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity
- Disinsertion of the eyelid retractors
- Enophthalmos due to loss of orbital fat as part of the normal aging process
- Override of the preseptal orbicularis

There are the three portions of the orbicularis muscle. What are the other two?

- Orbital
- Preseptal
- Pretarsal

What is the function of each? (Note the grouping)
For each of the following, state whether it plays a role in the pathogenesis of upper-lid involutorial entropion, upper-lid involutorial ectropion, or both:

- Horizontal lid laxity?
- Disinsertion of the eyelid retractors?
- Enophthalmos due to loss of orbital fat as part of the normal aging process?
- Override of the preseptal orbicularis?

Which of these play a role in the pathogenesis of upper-lid involutorial entropion/ectropion?
For each of the following, state whether it plays a role in the pathogenesis of lower-lid involutional entropion, lower-lid involutional ectropion, or both:

- Horizontal lid laxity?
- Disinsertion of the eyelid retractors?
- Enophthalmos due to loss of orbital fat as part of the normal aging process?
- Override of the preseptal orbicularis?

Which of these play a role in the pathogenesis of upper-lid involutional entropion/ectropion? None, because the upper lid is generally not subject to involutional changes of the sort that alter the configuration of the lid margin. tl;dr people don’t get upper-lid involutional entropion/ectropion
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1)  
2)
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) Quickert sutures as a temporizing measure
2) Schedule ‘em for definitive surgery
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) **Quickert sutures** as a temporizing measure
2) Schedule them for definitive surgery

What are Quickert sutures (aka Quickert-Rathbun sutures)?

**Quickert sutures**

- **What are Quickert sutures (aka Quickert-Rathbun sutures)?**

- These sutures are used to evert an entropic lid.

- **What suture material is used?**
  - Preferences vary, but 4-0 silk is often chosen.

- **Briefly, how are they placed, and how do they work?**
  - The pass starts just below the lash line traveling down and posterior, passing in front of and then below the tarsal plate, across the conjunctiva and back to the surface shortly before the inferior fornix. When cinched, the suture torques the inward-curling lid away from the globe.

- **How many throws are placed?**
  - Usually three
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) Quickert sutures
2) Schedule 'em for definitive surgery

What are Quickert sutures (aka Quickert-Rathbun sutures)? A suturing technique that everts an entropic lid.

A suturing technique that everts an entropic lid.
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) **Quickert sutures**

2) Schedule ‘em for definitive surgery

**Involutional entropion vs Involution ectropion**

**What are Quickert sutures (aka Quickert-Rathbun sutures)?**
A suturing technique that everts an entropic lid

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An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

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2) Schedule ‘em for definitive surgery

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**Involutional entropion vs Involution ectropion**

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A suturing technique that everts an entropic lid

What suture material is used?
Preferences vary, but 4-0 silk or chromic work well

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1) Quickert sutures
2) Schedule ‘em for definitive surgery
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) **Quickert sutures**

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**Involutional entropion vs Involutional ectropion**

*What are Quickert sutures (aka Quickert-Rathbun sutures)?*

A suturing technique that everts an entropic lid

*What suture material is used?*

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*Briefly, how are they placed, and how do they work?*

The pass starts just below the lash line traveling down and posterior, passing in front of and then below the tarsal... shortly before the inferior fornix. When cinched, the suture torques the inward-curling lid away from the globe.

Usually three
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) **Quickert sutures**

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**Involutional entropion vs Involutional ectropion**

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**Briefly, how are they placed, and how do they work?**

The pass starts just below the lash line traveling down and posterior, passing in front of and then below the tarsal plate. It comes out on the conj surface shortly before the inferior fornix. When cinched, the suture torques the inward-curling lid away from the globe.
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) **Quickert sutures**

2) Schedule ‘em for definitive surgery

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**Involutional entropion vs Involution ectropion**

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**How many throws are placed?**
Usually three.
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

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How many throws are placed?
Usually three
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) 
2)
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **surgical maneuver** to address laxity
2)
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity
2)
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity
2) This is usually accomplished with a **lateral tarsal strip** procedure
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity
2) This is usually accomplished with a *lateral tarsal strip* procedure
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity, and

2) A surgical maneuver of the lower-lid retractors

This is usually accomplished with a *lateral tarsal strip* procedure.
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity, and
2) **Permanent re-insertion** of the lower-lid retractors

This is usually accomplished with a **lateral tarsal strip** procedure.
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) Horizontal lid tightening to address laxity, and
2) Permanent re-insertion of the lower-lid retractors

This is usually accomplished with a **lateral tarsal strip procedure**

**How is the lateral tarsal strip procedure performed?**
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1. Horizontal lid tightening to address laxity,
2. Permanent re-insertion of the lower-lid retractors

This is usually accomplished with a lateral tarsal strip procedure.

How is the lateral tarsal strip procedure performed? A lateral canthotomy/inferior cantholysis is performed, and the lateral aspect of the tarsus is exposed by removing from it the anterior and posterior lid lamellae, as well as the mucocutaneous junction at the lid margin. The lateral end is trimmed, and the newly-exposed end is sutured to the periosteum of the internal aspect of the lateral orbital wall.
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the two therapeutic goals:

1) Horizontal lid tightening to address laxity,
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What structures comprise each lamella?

Anterior: Skin and orbicularis muscle
Posterior: Tarsal plate and conjunctiva

Involutional entropion vs Involution ectropion
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

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- **Anterior**: Skin and orbicularis muscle
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What structures comprise each lamella?

- Anterior: Skin and orbicularis muscle
- Posterior: Tarsal plate and conjunctiva

(Obviously, the tarsal plate is not removed from itself in the lateral tarsal strip procedure)
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) Horizontal lid tightening to address laxity,
2) Permanent re-insertion of the lower-lid retractors.

How is the lateral tarsal strip procedure performed?

A lateral canthotomy/inferior cantholysis is performed, and the lateral aspect of the tarsus is exposed by removing from it the anterior and posterior lid lamellae, as well as the mucocutaneous junction at the lid margin. The lateral end is trimmed, and the newly-exposed end is sutured to the periosteum of the internal aspect of the lateral orbital wall.

What structures comprise each lamella?

**Anterior:** Skin and orbicularis muscle

**Posterior:** Tarsal plate and conjunctiva

This is usually accomplished with a **lateral tarsal strip procedure**

Does the eyelid possess a middle lamella?

Yes—both upper and lower lids are conceptualized as possessing a middle lamella. However, the middle lamellae are composed of structures only found beyond the non-marginal edge of the tarsal plate (i.e., superior to the upper plate, and inferior to the lower). Thus, at the location of the tarsal plate (as discussed here), there is no middle lamella.
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) Horizontal lid tightening to address laxity,
2) Permanent re-insertion of the lower-lid retractors

Involutional entropion vs Involution ectropion

How is the lateral tarsal strip procedure performed?

A lateral canthotomy/inferior cantholysis is performed, and the lateral aspect of the tarsus is exposed by removing from it the anterior and posterior lid lamellae, as well as the mucocutaneous junction at the lid margin. The lateral end is trimmed, and the newly-exposed end is sutured to the periosteum of the internal aspect of the lateral orbital wall.

What structures comprise each lamella?

Anterior: Skin and orbicularis muscle
Posterior: Tarsal plate and conjunctiva

Does the eyelid possess a middle lamella?

Yes--both upper and lower lids are conceptualized as possessing a middle lamella. However, the middle lamellae are composed of structures only found beyond the non-marginal edge of the tarsal plate (ie, superior to the upper plate, and inferior to the lower). Thus, at the location of the tarsal plate (as discussed here), there is no middle lamella.

This is usually accomplished with a lateral tarsal strip procedure.
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) Horizontal lid tightening to address laxity,
2) Permanent re-insertion of the lower-lid retractors

How is re-insertion of the lower-lid retractors accomplished?

2) **Permanent re-insertion** of the lower-lid retractors

This is usually accomplished with a lateral tarsal strip procedure
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) Horizontal lid tightening to address laxity, and
2) Permanent re-insertion of the lower-lid retractors

This is usually accomplished with a lateral tarsal strip procedure. It is performed after the canthotomy/cantholysis, which provides ready access to the forniceal conj. An incision is made through the forniceal conj across the extent of the exposed lower lid, and several millimeters of conj and underlying retractor tissue are dissected free and excised. The newly-created anterior border of the retractor complex is then sutures to the inferior border of the tarsal plate. Once this is done, the surgeon continues the tarsal strip procedure.

2) Permanent re-insertion of the lower-lid retractors

This is usually accomplished with a lateral tarsal strip procedure.
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity, **and**
2) **Permanent re-insertion** of the lower-lid retractors

This is usually accomplished with a **lateral tarsal strip** procedure.

This can be done via a skin or a conjunctival incision; **both have advantages**. --The chief advantage of the **conj** approach is…(?)
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity, **and**

2) **Permanent re-insertion** of the lower-lid retractors

This is usually accomplished with a **lateral tarsal strip** procedure.

This can be done via a skin *or* a conjunctival incision; **both have advantages.** --The chief advantage of the **conj** approach is...the **incision scar is hidden**
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity, and
2) **Permanent re-insertion** of the lower-lid retractors

This is usually accomplished with a *lateral tarsal strip* procedure.

This can be done via a skin or a conjunctival incision; both have advantages.
--The chief advantage of the **conj** approach is...the *incision scar is hidden*
--The advantage of the **skin** approach is... (?)
Many surgical approaches to involutional entropion have been developed. However, the most effective approaches address the same two therapeutic goals:

1) **Horizontal lid tightening** to address laxity, and

2) **Permanent re-insertion** of the lower-lid retractors

This is usually accomplished with a **lateral tarsal strip** procedure.

This can be done via a skin or a conjunctival incision; both have advantages.

---The chief advantage of the conj approach is...the incision scar is hidden

---The advantage of the skin approach is...the incision scar acts to prevent recurrent orbicularis override, thereby reducing the risk of surgical failure.
As an aside: While lower-lid entropion is usually involutional, upper-lid entropion is always not involutional.
As an aside: While lower-lid entropion is usually involutional, upper-lid entropion is always cicatricial.
As an aside: While lower-lid entropion is usually involutional, upper-lid entropion is always cicatricial.

How can you quickly differentiate between involutional and cicatricial entropion?
As an aside: While lower-lid entropion is usually involutional, upper-lid entropion is always 
\textcolor{green}{cicatricial}.

How can you quickly differentiate between involutional and cicatricial entropion?
Via attempted \textcolor{blue}{digital eversion} (ie, ‘unrolling’) of the entropion.
As an aside: While lower-lid entropion is usually involutional, upper-lid entropion is always **cicatricial**

- **How can you quickly differentiate between involutional and cicatricial entropion?**
  - Via attempted **digital eversion** (ie, ‘unrolling’) of the entropion

- **How does this differentiate between the two?**
As an aside: While lower-lid entropion is usually involutional, upper-lid entropion is always cicatricial.

- How can you quickly differentiate between involutional and cicatricial entropion?
  Via attempted digital eversion (ie, ‘unrolling’) of the entropion.

- How does this differentiate between the two?
  If you can’t roll it out, it’s cicatricial. If you can roll it out, ask the patient to squeeze their eyelids shut. If it’s involutional, the lid will roll back up.
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) Reverse Quickert sutures as a temporizing measure

2) Schedule for definitive surgery
An elderly patient presents with what you diagnose as involutional entropion. What should you do for the patient today?

1) Reverse Quickert sutures as a temporizing measure
2) Schedule ‘em for definitive surgery
A patient presents with involutional ectropion. What should you do?

1. Reverse Quickert sutures as a temporizing measure
2. Schedule 'em for definitive surgery

How are reverse Quickert sutures like regular Quickert sutures, and how are they different?
Reverse Quickert sutures are like regular Quickerts in that both work by temporarily re-inserting the lid retractors to the tarsal plate. The two differ in that:
1. Regular Quickerts are used to manage entropion, and reverse to manage ectropion;
2. Regular Quickerts are usually thrown on the skin side of the lid, whereas reverse Quickerts are thrown on the conjunctival side.
An elderly patient presents with what you diagnose as involutional ectropion. What should you do for the patient today?

1) **Reverse** Quickert sutures as a temporizing measure

2) Schedule ‘em for definitive surgery

How are reverse Quickert sutures like regular Quickert sutures, and how are they different?

Reverse Quickert sutures are like regular Quickerts in that both work by temporarily...re-inserting the lid retractors to the tarsal plate.

1) **Reverse** Quickert sutures as a temporizing measure

2) Schedule ‘em for definitive surgery
An elderly patient presents with what you diagnose as involutional ectropion. What should you do for the patient today?

1) Reverse Quickert sutures as a temporizing measure

2) Schedule ’em for definitive surgery

How are reverse Quickert sutures like regular Quickert sutures, and how are they different?

Reverse Quickert sutures are like regular Quickerts in that both work by temporarily…re-inserting the lid retractors to the tarsal plate.

The two differ in that…
1) Reverse Quickerts are used to manage ectropion, whereas regular Quickerts are used to manage ; and
2) Involutional entropion

Involution ectropion
An elderly patient presents with what you diagnose as involutional ectropion. What should you do for the patient today?

1) Reverse Quickert sutures as a temporizing measure
2) Schedule ‘em for definitive surgery

How are reverse Quickert sutures like regular Quickert sutures, and how are they different?

Reverse Quickert sutures are like regular Quickert sutures in that both work by temporarily...re-inserting the lid retractors to the tarsal plate.

The two differ in that...
1) Reverse Quickert sutures are used to manage ectropion, whereas regular Quickert sutures are used to manage entropion; and
2)
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The two differ in that...
1) Reverse Quickerts are used to manage ectropion, whereas regular Quickerts are used to manage entropion; and
2) regular Quickerts are usually thrown on the skin side of the lid, whereas reverse Quickerts are thrown on the conj side.
An elderly patient presents with what you diagnose as involutional ectropion. What should you do for the patient today?

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The two differ in that...

1) Reverse Quickerts are used to manage ectropion, whereas regular Quickerts are used to manage entropion; and
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1) **Reverse** Quickert sutures as a temporizing measure
2) Schedule ‘em for definitive surgery
● Managing *involutional* ectropion:
  ● Mild medial punctal eversion can be successfully treated with a *procedure*
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*
Managing involutional ectropion:

- Mild medial punctal eversion can be successfully treated with a **medial spindle procedure**

**Involutional entropion vs Involution ectropion**

*Briefly, how is the medial spindle procedure performed?*
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a **medial spindle procedure**

**Briefly, how is the medial spindle procedure performed?**

A small ‘diamond’ of conj and underlying tissue is excised about 4 mm below the puncta. The resulting gap is then closed vertically, i.e., the uppermost point of the diamond is apposed to the point directly below it. This closure causes the ectropic lid margin superior to the surgical site to roll inward.
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*
- More severe disease requires a surgery (three words)
● Managing *involutional* ectropion:
  ● Mild medial punctal eversion can be successfully treated with a *medial spindle* procedure
  ● More severe disease requires a *lateral tarsal strip*
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle* procedure.
- More severe disease requires a *lateral tarsal strip*.
- You should consider re-insertion of the lower-lid retractors as a specific surgical maneuver.
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*.
- More severe disease requires a *lateral tarsal strip*.
- You should consider re-insertion of the lower-lid retractors.
Managing *involutional* ectropion:
- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*
- More severe disease requires a *lateral tarsal strip*
- You should consider *re-insertion of the lower-lid retractors*
- Chronic ectropion often produces bad sequelae
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*.
- More severe disease requires a *lateral tarsal strip*.
- You should consider *re-insertion of the lower-lid retractors*.
- Chronic ectropion often produces *anterior lamellar contraction*.

**Involutionentropion vs Involutionectropion**
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*.
- More severe disease requires a *lateral tarsal strip*.
- You should consider re-insertion of the lower-lid retractors.
- Chronic ectropion often produces *anterior lamellar contraction*, which may require a specific surgical maneuver to release contracture-induced skin tension.
Managing *involutional* ectropion:

- Mild medial punctal eversion can be successfully treated with a *medial spindle procedure*.
- More severe disease requires a *lateral tarsal strip*.
- You should consider *re-insertion of the lower-lid retractors*.
- Chronic ectropion often produces *anterior lamellar contraction*, which may require a *full-thickness skin graft (FTSG)* to release contracture-induced skin tension.