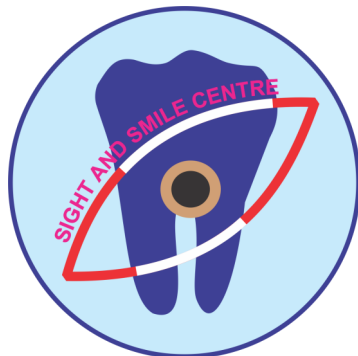


About Sight and Smile Centre

Sight and Smile Centre is a state-of-the-art eye and dental care facility established in 2008 in the heart of the Indian capital, New Delhi with the aim of providing world-class healthcare services at affordable costs to all sections of society. Located in Central Delhi, 100 metres from the Patel Nagar Metro station (on the blue line of the Delhi Metro transit system), the facility is also easily approachable by road. Vehicle parking facility is available. Spread over an area of 7200 sq ft, the centre is fully air-conditioned and has an elevator facility for patient convenience. It complies with all fire safety regulations. The comforting ambience, the warm atmosphere and cleanliness make it stand apart. Medical records of patients are maintained for future reference. The facility prides itself in having a fully-equipped ultra-modern eye operation theatre, which is one of the largest in the city. The centre is registered with the Directorate of Health, Govt. of NCT of Delhi and functions from 9 am to 9 pm (Monday - Saturday). Emergency services can be availed round-the-clock. Dr. Pankaj Malik heads the eye department while Dr. Jyoti Malik heads the dental department. It is our constant endeavour to provide such preventive and restorative services to patients that they have the best of sight and smile.



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OCULOPLASTY

Plastic surgery around the eye

Facial rejuvenation



The face says it all!

Nasolacrimal duct block

Ectropion

Entropion

Ptosis

Lid tumours

Orbital diseases

Aesthetic procedures

Ocular prosthesis

Patient Information Brochure *Not valid for legal purposes

What is oculoplasty?

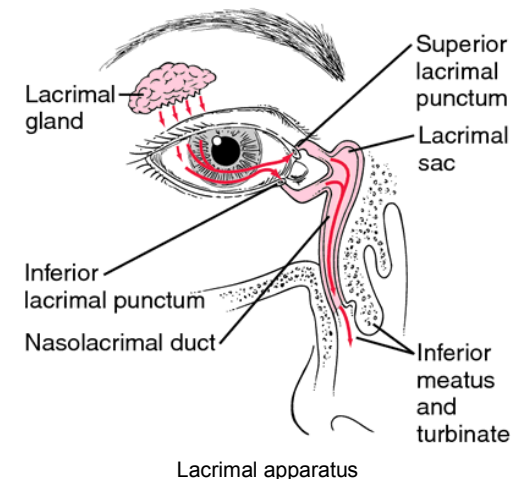
Oculoplasty is the branch of ophthalmology that deals with the important structures around the eyes like eyelids, eyebrows, orbit (eye socket) and the lacrimal (tear regulating) system which are vital to the normal appearance and function of the eyes. It also deals with reconstruction of the eye.

NASOLACRIMAL DUCT BLOCK

Anatomy of the lacrimal system

The lacrimal system consists of:

- **Lacrimal gland** (the tear producing gland located in the upper outer portion of the orbit behind the upper eyelid) and its excretory ducts.
- **Lacrimal canaliculi** (tear collection tubes which originate at the puncta and collect the tear fluid from the eye surface).
- **Lacrimal sac** (the sac in which tear fluid accumulates).
- **Nasolacrimal duct (NLD)** (the duct through which tear fluid drains into the nose).



Can the tear drainage system get blocked?

Yes! Blockage in the drainage part of the lacrimal system usually involves the nasolacrimal duct. In such a situation, tear fluid remains accumulated in the lacrimal sac which becomes swollen and inflamed, and sometimes infected.

Causes of NLD block

In newborns, congenital nasolacrimal duct obstruction (CNLDO) is the most common cause of NLD block and is present since birth. It is caused by a membranous obstruction at the fag end of the duct due to incomplete development.

In children and adults, causes of NLD block are infection, nasal or sinus problems and injuries around the eye and nose. Additionally, abnormal growths such as tumours can cause NLD block in adults.

Symptoms of NLD block

- Protracted watering of the eyes.
- Build up of yellow coloured mucus at the corner of the eye.
- Sticking together of the eyelids.
- Swelling over the lacrimal sac area.

Diagnosis of NLD block

Following a medical history and clinical examination, specialized tests such as **X-Rays, CT imaging and dacryocystography** (in which a dye is irrigated through the nasolacrimal system) are recommended to locate the site and extent of blockage in the drainage pathway.

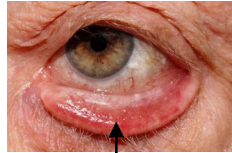
Treatment of NLD block

- ♦ **In newborns:** *Massaging the area between the eye and nose (area over the lacrimal sac) several times a day in a special manner as advised by the doctor usually cures the problem. Antibiotic drops may be prescribed to control infection. If massaging does not help, a simple procedure known as 'probing', which opens up the membranous blockage at the end of the NLD, is performed under general anaesthesia usually after the age of six months. The procedure does not leave any external scar.*
- ♦ **In children and adults:** *Dacryocystorhinostomy (DCR), a surgical procedure that fashions an alternative pathway to drain the tear fluid into the nasal cavity is performed. Artificial silicone tubes can be implanted in the lacrimal drainage pathway if chances of the alternative pathway getting re-blocked are high. Tumours or nasal polyps causing obstruction need surgical removal.*

ECTROPION

What is ectropion?

Ectropion is out-turning (sagging), almost always of the lower eyelid and usually occurs due to loss of tone of the muscles that hold the lid taut against the eye.



Ectropion

Causes of ectropion

Ectropion mostly occurs due to increasing age. Other causes include Bell's palsy, tumours or cysts near lid margin, facial trauma / burns, congenital etc.

Symptoms of ectropion

Symptoms are due to eye exposure and include watery eyes, redness, eye irritation, infection and vision impairment.

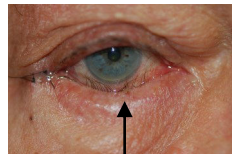
Treatment of ectropion

Treatment of ectropion involves surgical tightening and includes procedures like *horizontal lid shortening with or without blepharoplasty*, *medial canthoplasty* and *medial canthal tendon plication*. Ectropion induced by injury or burns may need *skin grafting* or *complete eyelid reconstruction*.

ENTROPION

What is entropion?

Entropion is an inward turning of the eyelid margin, usually the lower.



Entropion

Causes of entropion

Entropion mostly occurs due to increasing age.

Other causes include spastic, facial trauma / burns, congenital etc.

Symptoms of entropion

Symptoms are due to eyelashes rubbing against the eye and include watery eyes, redness, eye irritation, infection and vision impairment.

Treatment of entropion

Surgery is the most effective treatment of entropion and includes procedures like *transverse lid split*, *horizontal lid shortening*, *plication of lower lid retractors* and *posterior lamellar graft*.

PTOSIS

What is ptosis?

Ptosis is drooping / sagging of the upper eyelid. Most cases result from weakness of the levator muscle (muscle that raises the upper eyelid) or a problem with the nerve that sends messages to that muscle.



Drooping of upper eyelid in ptosis

Causes of ptosis

Ptosis may be congenital (present since birth) or senile (age related). It may also occur due to a nerve disorder (3rd cranial nerve palsy), muscle dysfunction or injury.

Symptoms of ptosis

- Drooping upper eyelid.
- Misaligned eye (squint).
- Double vision (diplopia).
- Abnormal head posture in the form of backward head tilt / chin elevation.
- Eye fatigue.

Can ptosis cause lazy eye (amblyopia)?

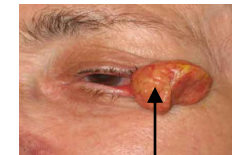
Yes! Complete ptosis (wherein the upper eyelid completely covers the pupillary area) in babies can restrict visual development in the concerned eye resulting in lazy eye.

Treatment of ptosis

A majority of cases of ptosis need surgical correction. Surgical procedures include *Mullerectomy*, *LPS muscle resection* and *frontalis sling operation*. Ptosis resulting from myasthenia gravis can be treated medically.

LID TUMOURS

Treatment of a suspicious eyelid mass involves its complete removal (excision) and subsequent reconstruction of the lid defect thus created. Reconstruction may involve taking skin grafts from other areas and is done to preserve lid function. Histopathological examination (biopsy) of the excised mass is a must to confirm its complete removal. It also sheds light on the chances of recurrence of the tumour.



Lid tumour

ORBITAL DISEASES

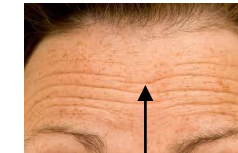
Orbital diseases involve the tissues lying in the bony socket that houses the eye. Forward protrusion of the eye from its socket (proptosis) is the most common symptom of orbital disease, whatever its cause. Orbital diseases may result from an endocrine disorder such as thyroid disease, orbital inflammation, orbital tumour or orbital fracture. CT scan or MRI are usually required to confirm the diagnosis, to know the extent of the disease and plan treatment. Treatment options include medical as well as surgical. Surgical approach usually involves a procedure called orbitotomy.



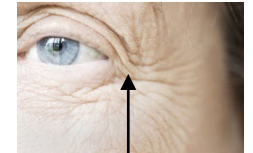
Orbital proptosis

AESTHETIC PROCEDURES

- ◆ **Botox and Filler Injections:** Botox (botulinum toxin), a purified protein derivative, is injected into specific facial muscles causing them to relax and thereby preventing the appearance of facial wrinkles and masking the effects of ageing. Although the effects last for a few months, they are a perfect alternative to plastic surgery. Forehead wrinkles, frown lines, brow lift and crow's feet (wrinkles at the outer corner of the eye) can all be treated with botox. Filler injections are composed of hyaluronic acid, a substance also normally present in the body. Small amounts are injected into the skin to smooth wrinkles and to add fullness to the face.



Forehead wrinkles



Crow's feet

- ◆ **Blepharoplasty:** Blepharoplasty is the surgical procedure to correct defects, deformities and disfigurements of the eyelids as well as to aesthetically modify the eye region of the face.
- ◆ **Brow lift:** Brow lift, also called forehead lift or browplasty, is a surgical procedure used to elevate a drooping eyebrow which is obstructing vision or portraying unintended facial expressions or emotions.

OCULAR PROSTHESIS

What is an ocular prosthesis?

Ocular prosthesis or artificial eye is a type of craniofacial prosthesis that replaces an absent natural eye, usually following removal of the diseased eye. The prosthesis fits over an orbital implant and under the eyelids. It is made of medical grade plastic acrylic material or cryolite glass.

Can vision also be restored with it?

No! An artificial eye does not provide vision and is meant only for the totally blind eye.