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# Technique for Medical Canthal Flap to Correct Lid Retraction/ Medial Ectropion

# 200

Kathleen M. Duerksen

This is a variant of other procedures described in the past to correct medial lid retraction.

It is simple, avoids the need for a graft, and is generally aesthetically acceptable.

Place Bowman probes in upper and lower canaliculus for protection. Denude skin layer overlying the upper and lower canaliculi, medial to the puncta along the length of the medial canthal tendon (MCT) (Fig. 200.1). Suture these denuded inferior and superior limbs of the MCT together with running or interrupted 6-0 Vicryl on an S-14 needle (Fig. 200.2). Take care not to damage the canaliculi!

Create skin/orbicularis muscle flaps from the tissue above and below and lateral to the MCT. Suture these together over the MCT, again using 6-0 Vicryl or 6-0 plain suture (Fig. 200.3).

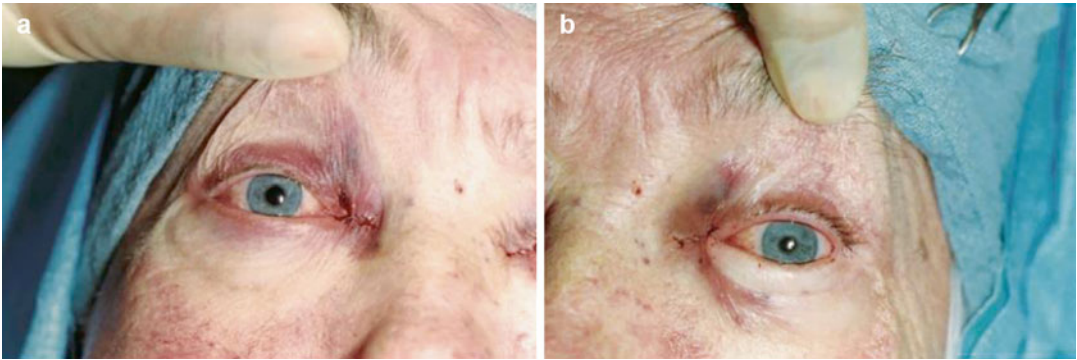
All of these sutures are *medial* to the puncta. A back-cut just lateral to the puncta may be needed to prevent webbing.



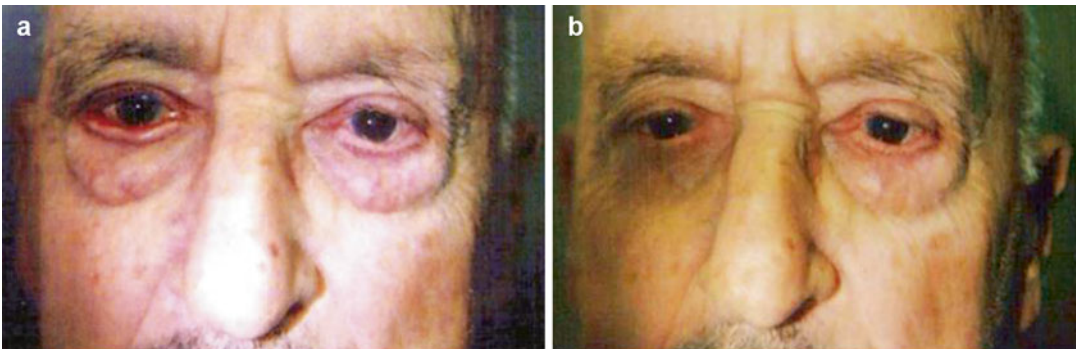
**Fig. 200.1** Skin denuded from MCT limbs

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K.M. Duerksen, MD, FACS  
Private Practice, Tucson, AZ, USA  
e-mail: [kduerksen@comcast.net](mailto:kduerksen@comcast.net)



**Fig. 200.2** Skin/muscle flaps sutured together. (a) Canthal tendon limbs sutured together. (b) Closure of anterior lamella



**Fig. 200.3** Results. (a) Preoperative. (b) Postoperative