**Temporary Eyelid Tacking**

**Indications:**

* Abnormalities in eyelid such as entropion.
* Used more commonly in younger animals (where entropion may correct itself with time).
* Relief of spastic entropion (any age). Example: spastic entropion caused by a painful corneal ulcer.

**Advantages:**

* Simple and quick to perform.
* Facilitates healing of corneal ulcer if present.
* May prevent more extensive surgery procedures.

**Disadvantages:**

* The sutures may become dislodged early through self-trauma or rapid growth (if they are not removed in time).

**Procedure (Intra-Op):**

Nonabsorbable suture material is used, but a long-lasting absorbable suture can also be used.

* Before anaesthesia is done determine the amount of eyelid that needs to be rolled out.
* When placing the suture, start 2 to 3 cm from the eyelid margin. It is important to take a sizable portion of tissue to avoid early dehiscence.
* The first suture bite should be done horizontally to the haired-non-haired junction.
* It should be ½ to ¾ skin thickness and ½ to ¾ cm wide.
* The second suture bite should be parallel to the first and near the orbital rim.
* The distance between the both suture bites should be approximately the amount of lid eversion or roll-out needed.
* Slight overcorrection of the entropion caused by pulling the suture taut is actually preferred since blepharospasms may develop after surgery and after anaesthesia.
* The tissue should always be handled gentle and should not be crushed.
* A surgeon’s knot should be used.
* Topical ophthalmic triple antibiotic preparation should be applied TID (approximately every six to eight hours) as long as the sutures are in place.