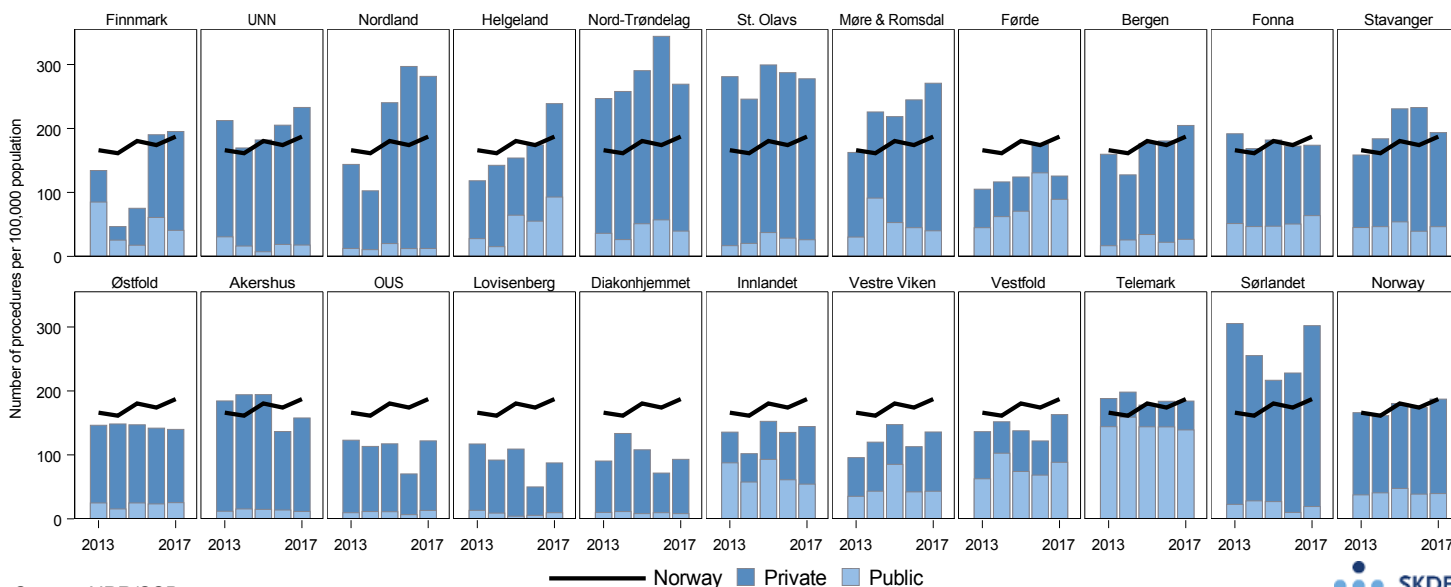


Droopy eyelids are usually due to excess skin. The skin becomes less elastic with age, and the fat depots become more prominent. Droopy eyelids that have a significant effect on a patient's vision and/or field of vision entitle the patient to prioritised healthcare. The procedure is normally carried out under local anaesthesia by an ophthalmologist. Excess skin and underlying fat is usually removed from the upper eyelid by means of laser or radiofrequency surgery.



Source: NPR/SSB

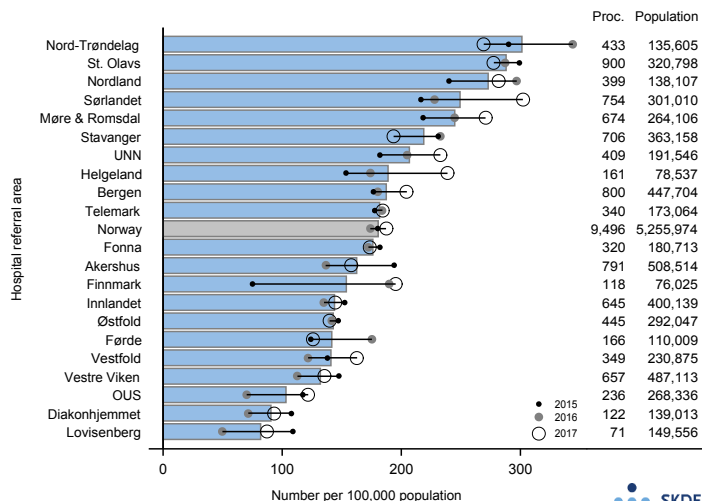
Droopy eyelids, development in the number of procedures per 100,000 population during the period 2013–2017, adjusted for gender and age. Broken down by hospital referral areas and public or private treatment providers.

Development since 2013

The 2015 day surgery atlas showed considerable variation between the health trusts' hospital referral areas in the use of surgical procedures for droopy eyelids during the period 2011–2013. The inhabitants of Nord-Trøndelag and St. Olavs hospital referral areas had nearly three times as many procedures per 100,000 population as residents of the Oslo and Førde areas. Three out of four such procedures were performed by publicly funded private hospitals or specialists in private practice under public funding contracts. In 2013, around 8,400 procedures (adjusted rate: 166 per 100,000) were performed in Norway.

The variation between hospital referral areas was even higher during the period 2015–2017 than during the period 2011–2013. The residents of Nord-Trøndelag and St. Olavs had well over three times as many procedures per 100,000 population as people residing in Lovisenberg and Diakonhjemmet hospital referral areas.

For Norway as a whole, the number of procedures for droopy eyelids increased to nearly 10,000 (adjusted rate: 187 per 100,000) in 2017. The increase was particularly steep in the hospital referral areas of Helgeland, Nordland and Møre og Romsdal. During the period 2013–2017, 68–74% of such procedures were performed by publicly funded private treatment providers, nearly all by specialists in private practice under public funding contracts. There was considerable variation between hospital referral areas in the percentage of droopy eyelid procedures performed at public hospitals.



Source: NPR/SSB

Number of procedures for droopy eyelids per 100,000 population, adjusted for gender and age. Average per year for the period 2015–2017.

Comments

There was greater variation between the health trusts' hospital referral areas in the number of procedures for droopy eyelids per 100,000 population during the period 2015–2017 than during the period 2011–2013. There is no known geographical variation in the prevalence of droopy eyelids, nor is it likely that differences in patient preferences or chance can fully explain the observed variation. The variation is therefore deemed to be unwarranted and could possibly be due to the fact that supply has a certain influence on the use of these procedures.