

Eye removal

Evisceration and Enucleation

The Eye Unit Patient Information

This leaflet aims to inform patients who are considering eye removal and can help by answering some common questions.

Why do I need to have an eye removed?

The most common reason for removing an eye is that it has become blind and painful. Unfortunately, it is not unusual for blind eyes to become sore. Initially, eye drops and painkillers may be enough to keep the eye comfortable, but in many cases eventual removal of the eye is the only way to relieve the pain.

Another reason for removing an eye is following severe injury, or to treat an eye cancer.

What does the surgery involve?

There are two types of eye removal surgery:

- **enucleation** - the affected eye is removed but the eye muscles and other structures are left in place. A permanent orbital implant, is placed deep in your socket to replace the volume lost from the removal of your eye
- **evisceration** - only the damaged eye contents are removed and the outermost eye layer is secured over the orbital implant

In both cases, a clear plastic shield or conformer is placed over the wound under the eyelids which are temporarily stitched together with a pad taped on top.

What happens on the day of surgery?

You **should not drive** to the hospital on the day of surgery. You will be asked to come to the hospital in good time so there may be a short wait. You will see the surgeon and anaesthetist as you will have a general anaesthetic. You will stay in hospital for at least one night.

When can I drive and go to work after the operation?

You may start driving and working again as soon as the dressing is removed as long as your vision in your good eye is clear and you are not light sensitive or in pain. Avoid heavy lifting or dirty and dusty environments to reduce the risk of complications.

What to expect after the operation?

A dressing will be applied for 24 hours. If necessary clean your eyelids gently using cooled, boiled water and clean gauze or tissues. Use a separate gauze or tissue for each wipe.

Some pain in the eye socket is common for the first day or so, but you can have strong painkillers if necessary and this quickly settles.

You will be prescribed eye drops.

You will experience some degree of swelling and bruising - cold compresses and elevation of the head will help to relieve any discomfort.

Bruising may take three or four weeks to disappear completely, although it can usually be concealed with make-up after seven days.

You can return to work when you wish but if you deal with the public, you may prefer to delay your return for around ten days because of bruising and swelling.

It is important to avoid strenuous activity for the first week after surgery.

Do not swim for four weeks because of the risk of infection.

Avoid heavy lifting, running or strenuous gym work-outs for four weeks or you may exacerbate bruising or swelling.

It is normal for the socket to look pink and moist behind the conformer. The conformer has a small hole in its centre, and you may see a black letter on its surface. It is left undisturbed for six weeks, after that time you will see the artificial eye fitter - ocular prosthetist who will fit a temporary shell while making a customised prosthesis for you.

What is an artificial eye?

An artificial eye or prosthesis looks like an eye from the front but is shaped like a thick contact lens rather than an eyeball. It sits behind the eyelids and moves around like your other eye.

How will I look after my prosthetic eye is fitted?

The procedure is designed to give you the best possible cosmetic result. The ocular prosthetist is an expert in creating an artificial eye which closely matches your other eye. The pupil of the prosthesis will not change size in different lighting conditions. When you move your normal eye, the prosthesis will make a similar movement. The movement is normally good, but the prosthesis will never move quite as much as a normal eye. Some patients find that if they move their head instead, other people hardly notice anything unusual.

What are the risks of eye removal?

Most patients have uneventful surgery and no problems later on. However, there are always risks with any surgery and in this case, serious, significant or frequently occurring risks are as follows:

- **common (up to 1 in 20)** - temporary pain, bruising, swelling, lower lid looseness, droopy upper lid
- **uncommon (up to 1 in 100)** - damage to orbital tissue, sunken appearance, socket implant problems - infection, exposure or migration, socket lining problems -tightness, scars or lumps
- **rare (up to 1 in 1000)** - other e.g. bleeding requiring a return to theatre or a blood transfusion
- **very rare (up to 1 in 10,000)** - inflammation which could affect vision in the other eye - sympathetic ophthalmitis
- **(up to 1 in 100,000)** - reaction to anaesthetic injection, risks from general anaesthesia including loss of life

When should I contact the department?

- you have a persistent bleeding from the wound
- you have severe pain which is not relieved by your painkillers
- excessive redness of the eyelids or sticky discharge
- if the covering of your orbital implant does not look regular, pink and healthy, or if you think you can see your implant showing through

Any problems or questions?

For further information and advice please contact:

Eye Emergency Helpline: 0300 019 4181

Mon-Sat: **8am-6pm** Sunday: **8:30am-2pm**. Bank Holidays: **8.30am-6pm**.

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