

Orbital decompression

The Eye Unit Patient Information

This leaflet is for patients who are considering orbital decompression and can help by answering some common questions.

What is Orbital Decompression?

This refers to the removal of fat and/or bony walls of the eye socket to allow the eyeball to return towards its normal position.

How can orbital decompression help?

Thyroid orbital disease causes bulkiness in the eye muscles and an increase of fat in the eye sockets, which pushes the eyes forwards. During orbital decompression some of the bony walls of the eye socket are removed allowing this extra tissue to move into the sinus spaces around the sockets. This reduces eye protrusion and relieves pressure behind the eyes, usually improving discomfort, redness and swelling. Rarely the vision is affected by the pressure or by poor eyelid closure and surgery can also prevent loss of sight.

How will I look following surgery?

The results of surgery are not completely predictable as there is so much variation in the disease and eye sockets between patients. It is unlikely that you will look exactly as you did before your thyroid disease began. There should be a significant improvement in your appearance in most cases. You may need to have further surgery at a later date to align your eyes, or to improve your eyelid position.

What will happen on the day of surgery?

You **should not drive** to the hospital. You will be asked to come to the hospital in good time so there may be a short wait. You will be asked not to eat and drink before surgery as you will have a general anaesthetic. The surgery normally takes about two hours. Following the surgery, some patients are able to go home the same day but most spend one night in hospital.

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

You may start driving again as soon as the dressing is removed as long as your vision is clear, you have no double vision and you are not light sensitive. You may return to work after one week or after two weeks if your work involves heavy lifting or dirty and dusty environments.

What are the risks of surgery?

All surgery carries risk, but it is important to consider that in some cases, not having surgery may also carry a risk of vision loss. Serious, significant or frequently occurring risks of surgery are as follows.

- **common (up to 1 in 20)** - scarring, bruising, discomfort, minor bleeding, double vision requiring spectacle prism or squint surgery in 10 to 15%

- **uncommon (up to 1 in 100)** - sinusitis, persistent eyelid swelling, lower eyelid retraction, blunting of outer corner of eyelids, lump, impaired blink with dry eye, over correction causing a sunken appearance to the eye, under correction with persistent eye protrusion, numbness in lower eyelid, upper cheek and upper teeth
- **rare (up to 1 in 1000)** - other e.g. bleeding requiring a return to theatre or a blood transfusion, cerebrospinal fluid leak, meningitis, eye or orbital tissue damage, severe or permanent vision loss
- **very rare (up to 1 in 10,000)** - risks from general anaesthesia including loss of life

What to expect after the operation

A dressing might be applied on the wound/eye for 24 hours. Make sure the wound is kept clean and dry; if necessary clean it gently using cooled, boiled water and clean gauze or tissues.

You may be prescribed eye drops or ointment, which you should use as directed.

You will experience some degree of swelling and bruising and you may get a little bleeding from your nose - cold compresses and elevation of the head will help minimising them. Alternatively a cooled gel pad may be used.

Bruising may take three or four weeks to disappear completely.

Scarring is rarely significant. You may improve the scar appearance by massaging the area with antibiotic or lubricating ointment e.g. Vaseline.

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

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

You cannot wear contact lenses for at least two weeks after surgery.

When should I contact the department?

- you have any problems with your vision
- your eye becomes red or painful
- you cannot close your eye properly
- you have bleeding from the wound or a sticky discharge

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**.

**The Eye Unit, The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW**

Author: **Ben Parkin** Date: **November 2020** Version: **Two** Review date: **November 2023** Ref: **072/21**

t: 01202 303626 w: www.uhd.nhs.uk : @UHD_NHS : @UHDTrust : @uhd_nhs