

Orbital lesion

The Eye Unit Patient Information

This leaflet is for patients who are considering biopsy or removal of an orbital lesion and can help by answering some common questions.

What is an orbital lesion?

The orbit is the bony socket containing the eye, the optic nerve, eye muscles and fatty tissue. It is surrounded by the sinuses, and protects the eye from injury. A lesion is a benign or malignant lump or growth.

Why do I need an operation?

Often the cause of the lesion is uncertain and laboratory analysis can help make the diagnosis. A biopsy will not treat the lesion, but occasionally complete surgical removal is possible.

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 either have strong sedation, or a general anaesthetic. 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 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.

Are there any risks or complications?

The aim of the biopsy is to establish a diagnosis in order to give you any necessary treatment. There may be a risk to your health if the diagnosis is delayed or remains unknown. Serious, significant or frequently occurring risks of surgery are as follows:

- **common (up to 1 in 20)** - scarring, minor bleed, discomfort, bruising, eye irritation
- **uncommon (up to 1 in 100)** - sinusitis, persistent eyelid swelling, lower eyelid retraction, blunting of lateral eyelid angle, granuloma formation, impaired blinking, dry eye, double vision, numbness, wound gaping
- **rare (up to 1 in 1000)** - other e.g. bleeding requiring a return to theatre or a blood transfusion, meningitis, eye or orbital tissue damage, severe or permanent vision loss
- **very rare (up to 1 in 10,000)** - reaction to anaesthetic injection, cerebrospinal fluid leak, meningitis, severe or permanent vision loss, 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**.

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Author: **Ben Parkin** Date: **November 2020** Version: **Two** Review date: **November 2023** Ref: **070/21**

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