There may be shallowing of the space behind your eyelids, leaving little room for your prosthesis.

Surgery may be necessary to increase the space.

If the orbital implant is not large enough, your prosthesis may go out of position, and you may get drooping or your eyelid. This can be corrected with another operation if necessary.

## When should I contact the department?

If you have a lot of persistent bleeding from the wound

If you have severe pain which is not relieved by your painkillers

Excessive redness of the evelids 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.

Acute Referral Clinic helpline: 0300 019 4181 8am-6pm Monday to Friday, 8.30am-6pm on Saturdays and 8.30am-2pm on Sundays

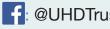
The Eye Unit, The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

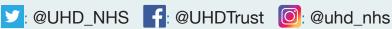
Author: Ben Parkin, Consultant Ophthalmologist

Date: November 2020 Version: Six Review date: November 2023 Ref: 063/21

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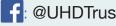
# Removal of an Eye

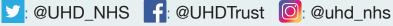
# The Eye Unit

**Patient Information** 









Eye

This leaflet aims to answer some of the questions that patients may have when they have been advised by the doctor that their eye needs to be removed.

## 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, in cases where surgical repair is not possible.

# What does the surgery involve?

The affected eye is removed, but the eye muscles and other structures are left. A permanent spherical implant (orbital implant) is placed deep in your socket to replace the volume lost from the removal of your eye, and the eye muscles are attached to this implant. The normal layers which cover the eye are then secured over this implant. A clear plastic shield (conformer) is placed behind the lids and the lids are temporarily stitched together.

# What happens on the day of surgery?

On the day of surgery you will be admitted to the Eye ward. You will see the surgeon who will carry out the procedure; he or she will confirm the eye to be removed by marking your forehead on the correct side. The anaesthetist will also assess you as you will be asleep for the surgery (general anaesthetic). When you wake, there will be a pad over the eye socket, and a stitch will be holding the eyelids shut on the operated eye. Some pain in the eye socket is common for the first day or so, but this quickly settles. You will stay in hospital for at least one night.

#### What happens after surgery?

You will be given some painkillers and eye drops to take home, use these as instructed and it will make your eye socket more comfortable. You will be seen by a doctor on the eye ward the day after your surgery and a week later to remove your eyelid stitch. 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 6 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 (ocular 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. It is not possible to get a perfect match however, and the pupil of the prosthesis will not change size in different lighting conditions. When you move your normal eye, the prosthesis will make a matching movement. The movement is normally good, but the prosthesis will never move quite as much as a normal eye. Some patients find that moving their head more will better disguise the artificial eye and then 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 surgery:

The wound may bleed or become infected.

The orbital implant may become exposed or infected, or after many years, drift slightly out of position and you may need further corrective surgery.