

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

Eye Removal Surgery

Ophthalmology Departments

Royle Eye Department, Pilgrim Hospital
01205 445626

Clinic 8, Lincoln County Hospital
01522 307180 (option 4)

www.ulh.nhs.uk

Aim of the leaflet

This leaflet aims to tell you what eye removal surgery is, who might need this surgery and what other treatment options are available.

What is eye removal surgery and why might I need my eye removed?

Unfortunately it is sometimes necessary to remove an eye surgically. The aim of surgery is to remove the problematic eye and replace it with a permanent orbital implant. This is a ball that will fill the space that was previously taken up by the eye. Once the surgery has healed you will be able to wear an artificial eye; this is tailor made and painted to match the fellow eye. These are very realistic.

The main reasons why people need their eye removed include:

- A blind painful or unsightly eye – many people with a blind eye ask for it to be removed to reduce the pain or improve the appearance. A number of diseases can lead to this including severe glaucoma, diabetic eye disease, retinal vein occlusion, trauma and infection.
- An eye tumour – people who have this condition may have normal looking, comfortable eyes, however, it is necessary to remove the eye in order to treat the cancer.

What are the treatment options?

If you have a painful, blind eye it may be possible to alleviate the pain with pain killers or certain eye drops.

If you have a blind, unsightly eye a special contact lens painted to match the fellow eye may be fitted, this is called a cosmetic shell.

If you have an eye cancer and your ocular oncologist has

Contact details

If you have any further questions or concerns, please ask us.

For further information telephone:

Royle Eye Department, Pilgrim Hospital 01205 445626

Clinic 8, Lincoln County Hospital 01522 307180 (option 4)

covered by your own tissues. Very occasionally the orbital implant becomes visible. If this happens further treatment is usually necessary.

- Sympathetic Ophthalmitis - after severe eye trauma or any surgery on the eyeball, including eye removal surgery, there is a risk of sympathetic ophthalmitis. This is inflammation of the other remaining eye. The risk is estimated to be 1 in 60,000 operations after evisceration and 1 in 5,000,000 operations after enucleation i.e. extremely rare. It is caused by the immune system inappropriately attacking the eye. In its most severe form it may cause blindness but with modern treatments it is usually treatable with vision preserved.
- Asymmetry – the human face and eye region is normally variable. There can be further variation from one side to the other following surgery.
- Allergic reactions - in rare cases local allergies to tape, suture material, ointments or drops have been reported. Systemic reactions (reactions involving the whole body) which are more serious, may occur to drugs used during the operation and prescription medicines. Allergic reactions may require additional treatment.

Useful links:

OneVision – support network for people who lose vision in one eye, Wardington Court - Welford Road - Northampton - NN2 8AG, Tel: 0845 108 3161, Email: enquiries@one-vision.org.uk. Website: <http://www.one-vision.org.uk>

The national artificial eye service – Website: www.bfwh.nhs.uk/aes/index.htm, Helpline Number is 0845 6050561. Calls are charged at local rates within the UK

American society of ophthalmologists – Website: www.ophthologist.org/resources_surgical_procedures.asp

discussed the treatment options with you and has recommended eye removal then there isn't usually an alternative.

Surgery – what happens during the procedure?

This operation is usually done under a general anaesthetic so that you are asleep. Occasionally, if you have medical problems, it may be necessary to perform it under a local anaesthetic and sedation.

There are two types of surgery available:

- **Enucleation** – this surgery is necessary if you have an eye tumour and can be used in any other condition that necessitates eye removal. During this procedure the whole eye is removed. The muscles that move the eye are left behind and these are attached to the orbital implant. Your own tissues are then stitched over the implant so the surface looks pink and moist like the inside of your mouth.
- **Evisceration** – this can be used in any situation necessitating eye removal except if you have an eye tumour. The contents of the eye are removed leaving the white covering (sclera). An orbital implant is placed into the sclera and it is stitched over the implant. The eye muscles remain attached to the sclera. Your own tissues are then stitched over the implant so the surface looks pink and moist like the inside of your mouth.

How should I prepare for surgery?

If you are taking aspirin or any other blood thinners you will need to inform your doctor as you may need to stop these. This decision is made on an individual basis and you should only do so if it is safe and you have been instructed by your GP, surgeon or anaesthetist. This will be discussed with you before surgery. All herbal medicines should be stopped at least 14 days before surgery.

Smoking impairs healing and if possible you should try to stop 6 to 8 weeks prior to surgery.

You will need to attend a pre-operative assessment appointment prior to surgery to discuss the procedure and any concerns you may have. Any investigations prior to surgery will be arranged or undertaken at this appointment.

If you have high blood pressure ensure that this is well controlled as it will make you more likely to bleed and bruise.

You should bring a list of your current medications and any allergies with you.

You will not be able to drive yourself home after the procedure. Please arrange for someone to accompany you home.

What happens after the operation?

You will have a pad on the operated eye and this will usually stay on until your next visit. It will be removed in the eye department up to a week later. You may wish to stay in overnight or you may feel well enough to go home the same day.

During the operation the area will have been injected with local anaesthetic to help to control any pain initially. Patients describe different amounts of pain after this operation but you will be sent home with pain killers and any pain should lessen over 1 to 2 weeks. You will also be given eye drops or ointment to use after your eye pad has been removed for up to 4 weeks. You must wash your hands before using these.

It is normal to have swollen lids initially but this will gradually improve. Contact your GP or relevant eye department listed on page 7 if you have severe pain, increasing swelling or redness or significant discharge. This could be a sign of infection.

Try to avoid strenuous activity for 2 weeks after surgery. Many people need at least 2 weeks off work.

You will be referred to the artificial eye service once the surgery has healed. This is usually at 8 weeks after the operation. They will make a tailor made artificial eye for you to match the fellow eye. Straight after the operation you will have a plastic clear 'conformer' placed inside your lids to hold the shape of your eye. This should be left in place until you are fitted with your artificial eye.

Surgery – what are the complications?

- Bruising and swelling – this happens after the operation in everyone. Improvement of post-operative swelling and bruising can vary between patients. Bruising will usually resolve over 2 to 3 weeks. Swelling takes longer; most will resolve over 6 weeks.
- Bleeding - this may present as fresh blood oozing from the site of surgery or a lump appearing near the wound after the operation. Simple pressure on the area is usually enough to control minor bleeding. A collection of blood (haematoma) will usually settle without further surgery.
- Further surgery – many people who have had eye removal surgery require further surgery to their eyelids or socket at some point in their lifetime. This is due to Post Enucleation Socket Syndrome (PESS).
- PESS – after removal of the eye over years the lids can become more lax or droopy, the volume inside the eye socket can reduce leading to a sunken appearance or the lining of the socket can shrink and scar. If this does happen a new artificial eye may help or you might need surgical intervention to fix this problem.
- Infection – this can usually be treated with antibiotics.
- Extrusion or exposure of the implant – during surgery the orbital implant is placed deep in the eye socket and it is then