

Removal of an Eye (Enucleation/Evisceration)

Pre- and Post-Operative Information

Introduction

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation, and also about more serious problems that can occasionally occur. The section **“What problems can occur after the operation?”** describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

Your consultant has suggested that the best form of treatment for you and your eye condition is to remove your eye. We understand that this can be an anxious time for you and hope that this information booklet will answer some of the questions you may have.

What does the procedure involve?

An **enucleation** involves the surgical removal of the whole eyeball, leaving behind the muscles that move the eye.

An **evisceration** involves surgical removal of the contents of the eyeball, but leaves the white of the eye (sclera) and the eye muscles intact as this can improve the mobility of the artificial eye.

Your surgeon will discuss which type of operation is best for you, according to your eye condition.

Reasons for having the procedure

Removal of an eye or its contents is usually performed for the following reasons:

- A blind eye which has become painful.
- A tumour within the eye.
- An eye that has suffered a severe injury or trauma, to prevent secondary inflammation of the other eye.
- Cosmetic improvement of a disfigured eye.
- To alleviate a severe or untreatable infection within the eye.

Alternative treatments

These operations are only undertaken if all other alternative treatments have been ineffective. Your eye surgeon would only suggest enucleation or evisceration if absolutely necessary and following detailed discussion with you and sometimes with other medical staff within the hospital or other eye units.

What about the anaesthetic?

The surgery is usually performed under a general anaesthetic, but may, depending on your general health, be performed under a local anaesthetic with sedation. The operation usually takes between 40-60 minutes to perform.

General anaesthetic

If you have a general anaesthetic, you will be asleep throughout the operation. When you arrive in the anaesthetic room, the anaesthetist will give you an injection in your hand or arm, which will ensure you remain asleep during your surgery. Your heart rate, breathing, blood pressure and oxygen levels will all be monitored throughout the surgery. Following the operation, you will be transferred to the recovery room to wake up prior to returning to the ward. You will feel sleepy for a few hours, but will be allowed to eat, drink and mobilise as soon as you are awake enough.

(See separate anaesthesia leaflet for more information on local and general anaesthetics.)

Local anaesthetic

If you have a local anaesthetic, you will be awake during the operation. You will be able to have some sedation to relax you during the procedure. A local anaesthetic solution will be injected into the area around the eye to make it completely numb. You will be asked to lie fairly flat with one pillow and to keep your head still. The anaesthetist will monitor your heart rate, blood pressure and oxygen levels throughout the procedure and will ensure that you remain comfortable and pain free throughout.

What happens before the operation?

You will be asked to attend a pre-operative assessment clinic in our out patient department to assess your general health and to ensure you have all the information you need about the operation. You will have an opportunity to discuss any worries or issues about the surgery with the nurse carrying out the assessment, so it may be an idea to write down any questions you have prior to this appointment.

If you are going to have a general anaesthetic, you will also be examined by a doctor to assess your health and have a blood test and tracing of your heart (ECG). If you are a diabetic or take Warfarin, you will be given special instructions.

You will be admitted to Parkerswell Day Case Unit on the morning of your operation. You should expect to stay 1-2 nights in hospital, but in some cases patients can go home the same day. This depends on how well you feel and what help or support you need. Please bring an overnight bag and all of your medication with you (in their original packets please).

What happens after the operation?

When you return to Parkerswell DCU or Otter Ward following your operation, the eye socket will be covered with a firm pad to reduce bleeding and excess swelling/bruising. This pad usually stays in position for 24-48 hours. You may have some pain or discomfort following the surgery. You will be prescribed pain relief medication whilst in hospital, so it is important to let the nurses know if you are in pain so this can be given to you promptly. You may also need to take some pain killers home with you.

You will be able to eat, drink and mobilise once you feel able to and the nurses feel your condition is stable enough.

If you are not staying in hospital overnight (day case surgery), you can expect to be discharged once you have made a satisfactory recovery (Usually 2-4 hours after returning from the operating theatre). Some patients find this procedure to be quite painful after the anaesthetic has worn off therefore please ensure you have adequate pain medication ready at home.

If you are staying in hospital, you will be transferred to another ward (usually Otter Ward, Level 2, Area J) to continue your care.

What will my eye look like after the operation?

Many people are worried about how their eye will look following the surgery and are concerned about opening their eyes and seeing the eye socket for the first time.

When the eye is removed, an orbital implant is usually put in place to fill some of the volume where your eyeball was. This helps to keep the shape of your eyeball and will support your artificial eye, which is fitted at a later stage. The implant is round and will be covered by the conjunctiva, which is the pink lining that covers the inside of your eyelids so the implant will not be visible and will be permanent. You usually have a temporary plastic shell called a conformer fitted at the time of surgery. This is like a large clear plastic contact lens, often with a hole in the middle. It covers the front of the eye socket and helps create a space for your future artificial eye while it is healing. The nurses at the pre-assessment clinic will be able to show you some examples of the implants, conformers and artificial eyes.

Your doctor or nurse will usually be with you when the dressing is first removed.

Give yourself some time to adjust and remember that your eye will not look like this forever. Once your permanent artificial eye is fitted, it will look very similar to the other eye.

Care of your eye socket

You will be given some eye ointment to use to prevent infection and the nurses will explain how to use this. You will also be shown how to clean and care for your eye socket and conformer.

Discharge from hospital

If you have sedation or a general anaesthetic, you should not drive, operate machinery, consume alcohol or use sedative drugs for 24 hours. You must also ensure you have someone with you for 24 hours post-operatively.

- Your eye will feel sore and bruised. This is normal for several days. You may have been given painkillers to take home with you, so make sure you take these as prescribed.
- Your eye-lids and face may be swollen and bruised for a few days. We advise using cool packs to help with this.
- You can expect to be reviewed in the eye clinic 1 -2 weeks following your operation.

When can I resume my normal activities?

- Driving – It is legal to drive with one eye as long as the vision in this eye has the appropriate levels for driving. You must inform the DVLA and your insurance company. Please discuss this with your eye surgeon or optician. Remember that it will take some time for you to adjust to monocular vision (seeing with only one eye).
- Sports and swimming – once the eye socket has healed and you have had your artificial eye fitted, you can go back to your usual sporting activities (you may wish to wear eye goggles for swimming).
- Return to work – you may return to work when you feel well enough, depending on your work activities. Please discuss this with your surgeon.
- Eye make-up – can be used once the eye socket has healed.
- Initially it will be more difficult to judge distances with only one eye, so take extra care when walking, driving, crossing roads, picking things up etc. You will also need to turn your head from side to side more when looking from left to right.

Getting your artificial eye (prosthesis)

Your artificial eye will be fitted about 6-8 weeks after your surgery. This allows time for the eye socket to heal and for any swelling to have gone. You will be given an appointment with the orbital prosthetist (artificial eye fitter), who is based at the RD&E Hospital, **Heavitree**.

At your first visit, the prosthetist will fit you with a temporary artificial eye and take measurements and assessments for your permanent eye to ensure it matches your other eye and is the right size and fit for you. The nurses at your pre-assessment or out-patient clinic will be able to give you some leaflets from the National Artificial Eye Service that will explain the fitting and care of your artificial eye in more detail.

Will my artificial eye be noticeable to other people?

Once in place, it may not be noticeable to most people. The artificial eye will be able to move to some extent, but may not move as much as the other eye.

What problems can occur after the operation?

- Rarely, the eye socket can become infected. If this happens, the infection usually responds well to antibiotics.
- Limited movement of the artificial eye.
- Instability of the artificial eye.
- Occasionally, the eye lids can turn inwards or outwards.

Deep Vein Thrombosis (DVT)

Deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early, all help to stop thrombosis occurring.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.

- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

Who to contact in an emergency or if you have any problems

- **Telephone triage team** **01392 402399**
(Monday - Friday
9am-12.30pm, 2pm-4.30pm)
- **Otter Ward** **01392 402807**
(all other times and Bank holidays)

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