

## Enucleation and Evisceration Surgery

### What are the types of surgery for removal of the eye?

Enucleation and evisceration are two procedures used to remove an eye. The healing process is also almost the same for both procedures. You will have an **artificial eye (prosthesis)** made by an ocularist about eight weeks after the eye is removed. You will have an **implant** put in the eye socket to help replace most of the eye.

With **enucleation**, the whole eye is removed and the eye muscles are reattached to the implant.

In **evisceration**, the clear front part of the eye (cornea) and the contents are removed, but the tough white coat of the eye (sclera) is kept. An orbital implant (Figure 1) is placed in the socket to replace most of the eye.



Figure 1. Silicone and porous orbital implants

### What happens during the surgery?

You will be under general anesthesia or deep sedation.

In either surgery, the soft tissue layers are then closed. A plastic shell, or conformer (Figure 2), is placed behind the eyelids, and the eyelids are often stitched together for a short time.



Figure 2. Plastic conformer

### Will I have pain after surgery?

Pain varies by patient. You will take pain medicines to help control pain. Often you resting, icing, and avoiding strenuous activity that could increase pressure in the socket will help. The first 2 days are often the toughest but will slowly get better over the next week. If the pain becomes worse, or causes a lot of nausea or vomiting, contact the office or doctor on call to ask if you need to be seen.

### I know I will have a large dressing for 3-4 days after surgery. How do I take care of the socket after the dressing is off?

The taped dressing (Figure 3) may get pink or red from light bleeding in the first few days but should not be removed or changed.



Figure 3. Postoperative pressure dressing

This bandage keeps pressure on the socket to keep down swelling and bleeding. You do not need ointment while the pressure dressing is in place. The eyelids will be sewn shut for a short time (Figure 4). These sutures will be removed at your next visit.



Figure 4. Eyelids may be sewn closed

Once the bandage has been taken off (the 4th morning after eye is removed) the lid tissues may be cleaned gently with warm, wet compresses to remove dried blood and crusting.

#### **When do I start the eye ointment?**

We will likely place ointment in the socket at the end of surgery. You do not need to re-apply it until the dressing is removed. After the bandage has been removed, you can place a small strip of ointment on the eyelashes with a clean finger or Q-Tip, 2-3 times a day.

#### **What does the eye socket look like after surgery?**

At first, the socket will be swollen and bruised. As the socket heals, the tissues will become less swollen and red, and the sutures dissolve on their own. The round implant helps fill up the socket so that it does not look like a cavity or hole.

If the lid is lifted, the socket will be a fairly even pink tissue all over (Figure 5). You may cover the socket with gauze if you wish, but this is not required. Some patients choose to buy and wear a black eye patch until their prosthesis is made. The upper lid may also be droopy until the final prosthesis is made.



Figure 5. Healthy pink socket after surgery

#### **What activities can I do after surgery?**

Avoid strenuous activity for one week after surgery or until you see your doctor. This includes bending, exercising, sports, and lifting more than 15 pounds. Any activity that increases your heart rate a lot soon after surgery may cause bleeding or increased swelling in the socket. This may slow healing or risk the final outcome.

#### **What should I do if the clear conformer falls out after surgery? If I can't get it back in, is it okay to leave it out?**

The clear conformer (Figure 2) placed at the time of surgery is not custom fit to your socket. It may fall out after surgery. If the conformer falls out, it should be:

1. Gently cleaned with regular soap and water only. **Do not** use cleaning chemicals or alcohol swabs.
2. Hold the conformer, which is a clear oval disk, sideways.
3. Place the conformer gently under the upper lid until it stops.

4. Hold it in place and use your other hand to pull the lower lid edge down and over the bottom edge of the conformer. Once the lower lid lashes come around the bottom of the conformer, it will fit back in the socket.

If you cannot replace the conformer back in the socket, it can be left out. Please call the doctor's office during clinic hours to see if you need to schedule a visit. This is not an emergency.

### **When do I get fitted for the artificial eye and how is that done?**

The prosthesis (Figure 6), is fitted about eight weeks after the eye is removed to allow swelling to go down. You should schedule the visits with your **ocularist's** office before your surgery. An ocularist is a medical artist trained in fitting and making ocular (eye) prosthetics. Three visits for fitting your new eye are often scheduled two days in a row. During these visits, the prosthesis will be molded and painted to best match the other eye.

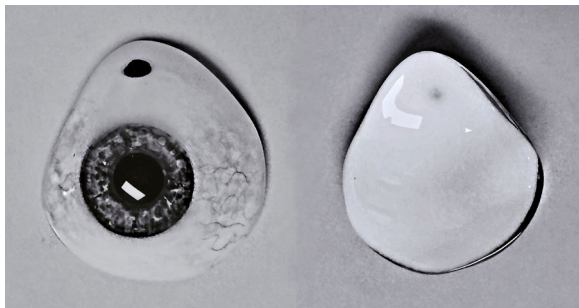


Figure 6. Custom made ocular prosthesis (front and back views)

### **How does the prosthesis fit in the socket?**

Because the prosthesis is custom made for your socket it should fit without any adhesives or other devices. It simply goes behind the upper and lower eyelids like a large thick contact lens. The ocularist may often mark the top of the prosthesis to help you when putting it in the socket.

### **How do I take care of the prosthesis? Do I need to clean it every day?**

If the prosthetic eye fits well and is comfortable, it is better to leave it in and not take it out every day. It does not need to be cleaned daily. If needed, use warm water and gentle soap or baby shampoo. Please ask your ocularist about caring for the eye. This eye will need to be replaced every 5 to 8 years, and more often for children. Your ocularist will also need to clean and polish it every 6 months to a year.

### **Will I be able to drive again?**

Most patients, who have lost sight in one eye and have good vision in the other eye, will be able to drive in the future. Driving shorter distances and during the daytime will be a good start. Those who have lost an eye cannot get a commercial driver's license.

### **For More Information**

*A Singular View: The Art of Seeing with One Eye* (Paperback) by Frank B. Brady

### **Who to Call**

Thank you for placing your trust in our team at UW Health. If you have more questions, please let us know or call our office at **(608) 263-7171**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7677