



Enucleation

Your Questions Answered

Patient Information Leaflet

When patients are told that they need to have an eye removed, they are often very shocked, nervous and worried about the operation and on how to care for their prosthesis following surgery. The purpose of this booklet is to provide you with the factual information you need to support you through the process of having your eye removed and to help you understand the steps involved and the follow up care.

What is an enucleation?

- The eye is removed surgically, leaving the eyelids and the extra ocular muscles attached.
- An orbital implant is inserted into the space of where the eyeball was (see Figure 4 below).
- The purpose of the implant is to help keep the shape and movement of the natural eye that was removed.
- A plastic conformer shell is inserted under the eyelids, to keep the shape and volume of the socket until it is ready to have the prosthesis (See figure 5).

Reasons for enucleation

- To remove a large intraocular tumour (malignant melanoma). This is a cancer that develops in the eye from cells called melanocytes.

- To provide relief from a painful eye for example end stage glaucoma (raised pressure in the eye).
- To create a better cosmetic appearance following an injury or trauma to an eye.
- Untreatable infection of an eye that will prevent the “good” eye from being affected.

Be assured that this surgery is the final measure when all other options or treatments are ineffective. Your Consultant Ophthalmologist will discuss at length with you, why he/she feels that enucleation is the only option.

Coming to Hospital

- You will be asked to come to hospital usually the day before surgery.
- It **may** be necessary to carry out a series of routine blood tests and electrocardiogram (ECG) this will depend on your age and medical history as the surgery will be done under a general anaesthetic.
- Please bring with you **all medications and eye drops that you are currently taking in their**

original packaging and a current prescription.

It is also a good idea to bring with you enough night clothes and toiletries for a two- three night stay.

You will be seen by a series of professionals once admitted to the ward, these being:

- The Anaesthetist, who will assess your health with regards to having a general anaesthetic.
- The Clinical Nurse Specialist, who will go through the surgical procedure with you, answer any questions you may have and discuss the follow up care.
- The Ocularist, who will discuss the fitting of your prosthetic eye.
- A Team of Ophthalmic Doctors, who will also discuss the surgical procedure with you, answer any questions you may have, the team will also mark your forehead to indicate which eye is to be removed and will ask you to sign a consent form to give permission for the surgery to go ahead.

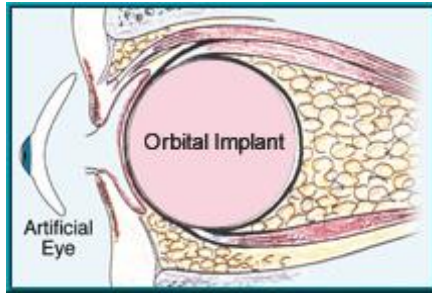


Figure 4. Orbital Implant



Figure 5. Conformer Shell



Artificial Eye (ocular prosthesis)

Figure 6.

Post-Operative Care:

- When you wake from the anaesthetic, there will be a pressure pad covering the socket of the enucleated eye. The dressing will remain on for usually one week after surgery.
- Discomfort is common after surgery. If you experience this please inform the nursing staff.
- The Nurse will remove the dressing at an arranged time one week later. Once the dressing is removed, we advise you to look in the mirror as soon as you are able, for the first time the nurse will be with you.
- The eyelids may be swollen and bruised for a few weeks. It is normal for the socket to look pink and moist behind the conformer shell.
- You will be given a prescription for an antibiotic and anti-inflammatory ointment or eye drop. Please use as directed by your ophthalmologist. An antibiotic tablet **may** also be prescribed.
- An eye shield will be given to you by the nurse.

When you are at home:

Cleaning the eyelids: It is normal for the socket to produce a minimal amount of discharge after surgery. Discharge may stick to the upper and

lower eyelids. If this is the case, the lids may be gently bathed with cotton wool soaked in water which has been boiled and cooled.

Please ensure that you wash your hands before bathing your eye or applying ointment or drops.

Conformer Shell:

The plastic conformer shell should be left undisturbed for six weeks, until you see the artificial eye fitter (Ocularist). If the conformer shell falls out at home

DO NOT PANIC! Simply wash the shell in cooled boiled water and reinsert it into the socket see figures 7 and 8.

The nurse will go through this in detail before you are discharged.

If you are unable or have any issues with this please contact the Clinical Nurse Specialist or the Emergency Department

Pain Management:

You may have some pain or discomfort in the socket for a few days. It is advisable to take a Paracetamol based pain killer for this. Anti-inflammatory drugs such as neurofen should be **avoided** as they may cause the socket to bleed and bruise more than it should. The doctor will prescribe a suitable pain killer for you before you are discharged from hospital.

Things to Avoid:

- Rubbing or pressing on the socket
- Heavy lifting, stooping or bending for at least four weeks
- Getting soap or shampoo into the socket when washing
- Make-up (eye-liner, mascara, eye shadow) for four weeks after surgery
- Excessive exercise or sports for four weeks after surgery
- Swimming pools and sea water for at least four weeks after surgery

Eye Protection:

When the dressing is removed, you will be given a plastic eye shield. We would advise you to wear the shield when going outside and going to bed. Sun glasses or your own prescription glasses can

be worn when outside if preferable. You are advised not to wear an eye pad or eye patch once the main dressing is removed, as these can slow healing and introduce infection.

Personal Hygiene:

It is quite safe for you to bathe and shower as normal, just avoid getting shampoo or soap into the socket by wearing your shield when washing.

Going back to work:

Going back to work depends on what your occupation entails, such as:

- Visual requirements
- Environmental Hazards
- Heavy lifting
- Stress

You can discuss this with the nurse or doctor before you are discharged.

Driving after Surgery: With the loss of vision in one eye the road safety authority advocates an adaption period of a minimum duration of six months. However your other eye must meet the medical approval and legal requirements for driving as per road safety authority.

For more information ask the nurse or doctor looking after you or contact the **Road Safety Authority** on: 1890 40 60 40.

Contact the Clinical Nurse Specialist or the Emergency Department if:

- You have a lot of bleeding from the socket.
- Severe pain in the socket that is not relieved by pain killers.
- Excessive redness and swelling around the eyelids.
- Excessive foul smelling discharge from the socket
- If you think you can see the implant showing through.
- If you lose your conformer shell.

Follow up Appointment:

You will be seen in the outpatients department in approximately six weeks time depending on the preference of the consultant. Usually you will see the Ocularist on the same day this will be confirmed with you before you are discharged.

Your First Ocularist Visit

The Ocularist will remove the conformer shell and make an impression of the socket. A temporary shell will then be fitted. The Ocularist will make a customised prosthesis (artificial eye) unique for you, usually within a week of your first visit.

Inserting an Artificial Eye

Lift the upper lid with the index finger to create an opening. Gently slide the top edge of the prosthesis under the upper lid (see Fig 7.) Release upper lid once the prosthesis is inside. Pull down the lower lid and blink until the prosthesis sets into position (see Fig 18.)



Figure 7



figure 8

Removing an Artificial Eye

Pull down the lower eyelid with index finger, look up and slide the finger towards the ear (see Fig 9.) Allow the prosthesis to slide out over the lower

lid. Gently remove the prosthesis with your free hand (see Fig 10)



Figure 9



figure 10

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Revision History

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PIL 010	1	2013	New Information leaflet	-	Hospital Management group