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CONSULTANT OPHTHALMIC, OCULOPLASTIC AND ORBITAL SURGEON

## **Patient information leaflet**

### **Exenteration**

Exenteration is the surgical removal of the eyeball (globe) and the surrounding tissues including the eye muscles, orbital soft tissue and sometimes the eyelids. The eyelashes are removed and the remaining space may be covered with surrounding skin, a skin graft, or left to granulate (heal) and form a skin covering.

### **Why is it done?**

The operation is sometimes necessary to prevent a tumour from spreading to the surrounding structures of the eye socket (orbit), adjacent sinuses, nasal cavity and brain.

### **What are the risks?**

There are risks associated with any operation. There are small risks associated with general anaesthesia. The main risks of this operation include bleeding, infection, inflammation and breakdown of the wound. Longer-term risks include discharge from the socket, and socket irritation. These complications are rare.

The operation is usually performed under general anaesthetic (which means that you would be asleep during the operation).

After the operation, when the socket is healed, you may be fitted for an artificial eye (known as a prosthesis, with artificial eyelids). You may have pegs inserted at the time of exenteration or at a later time to facilitate fitting of the prosthesis.

### **What are the risks of not having the treatment?**

The risks of not having the operation depend on the initial indication for surgery but may include a painful eye with poor eye movement, and spread of disease into surrounding structures including the sinuses, nose and brain.

### **Are there any alternatives to this treatment/investigation?**

An alternative treatment would be wide local excision however when disease has spread into the orbit (eye socket), it is extremely difficult to get complete clearance of a tumour such that the risk of local spread persists. Local wide excision would also carry the risk of significant morbidity (including reduced or loss of vision, pain, double vision, squint, further spread of disease).

**Before your surgery**

You can take your usual medications as normal apart from anticoagulants such as aspirin, clopidogrel, apixaban, rivaroxaban, warfarin, which will need to be stopped before surgery. If you are taking anti-coagulants (blood-thinning medication), please speak to your Consultant or eye doctor and staff in the pre-operative assessment clinic.

**On the day of surgery**

You will be given a general anaesthetic, which means that you will be asleep during the operation.

You must not have any food or drink at least 6 hours before surgery.

We advise that you take your blood pressure tablets with a sip of water except the ones that end in PRIL or TAN (e.g. enalapril or Losartan) as these medications may lower your blood pressure while you are under general anaesthetic.

You will be assessed by the anaesthetist and surgical team. The surgical team will mark your forehead to indicate which eye is to be removed. Your consent for the procedure will be confirmed.

**During the treatment****How long does it take?**

The operation usually takes about one and a half to 2 hours.

**What happens afterwards? How long will I be in hospital?**

Usually patients are admitted on the day of surgery and discharged home either the same day or the following day. Most patients having this operation will stay in hospital overnight.

**How long will the dressings stay on?**

After the operation, you will be asked to wear a pressure dressing (consisting of a double eye pad and tight taping) for 5 to 7 days. This helps to reduce the swelling caused by the surgery. The dressing will be removed in the outpatients' clinic at your first follow-up appointment.

**Can I wash?**

You will be told how to clean the area surrounding the wound with cool, boiled water. Take care not to touch the wound itself. You may wash the rest of your face as normal.

Do not blow your nose for 2 weeks after the operation as this can cause air to pass into the wound and may cause infection.

**Will the operation be painful?**

There will inevitably be some pain after the operation but this may be managed with painkillers and usually subsides within 24-48 hours. Pain is usually associated with head movement and can be minimised by moving the head and limiting eye movements. Elevating the head at night with 2 or 3 pillows can also help to reduce pain.

Try to sleep upright with three to four pillows for two weeks after your surgery. This helps to reduce swelling and will help with the healing process.

Once the wound has healed, the surrounding skin will feel tight and will take a few months to settle down.

At a later stage, the eye socket may be covered with a prosthesis, which mimics the appearance of the eye and eyelids. This may be attached to glasses or secure with magnets to hold it in place.

**When can I go home and resume my normal activities?**

Usually patients are discharged the day after their surgery. You should not return to work until you feel well in yourself. Patients are advised to rest for approximately 2 to 3 weeks before resuming their usual activities including returning to work.

You may be asked to take medications after surgery including painkillers and antibiotics and drops.

**Follow-up**

You will be given a post-operative follow-up appointment for 1 week to remove the pressure dressing. It is important to attend follow-up appointments because the remaining tissues in the socket will need to be inspected to ensure that the tumour does not recur. Careful monitoring of the socket by the patient is also important and it is vital to report any new changes that appear as soon as possible. Careful monitoring of the socket by the artificial eye technician (ocularist) and surgeon will allow detection of changes early on that may require treatment.

**Will I be able to drive?**

You are advised not to drive until you have been reviewed at your post-operative clinic appointment. If you have normal vision in your remaining eye you can continue to drive as long as you can read a number plate from 20.5 metres and you have an adequate field of vision. You will need to remember that your overall vision will be reduced and you will have to turn your head more frequently while driving to compensate for the lack of vision on one side, however you will adapt. You will also need to take extra care when driving at night.

By law, you are required to inform the Driver and Vehicle Licensing Authority (DVLA) of any change in your health and sight that is likely to affect your driving. You must also inform your insurance company. The DVLA drivers' medical enquiries advice line – 0300 790 6806 – will be able to advise on what information to provide and help inform your insurance company about your eye removal.

### **Symptoms to report**

If you have any concerns after your surgery including pain not relieved by simple painkillers (such as paracetamol or ibuprofen) or bleeding, please contact Miss Mellington (see contact details below).

### **How long will it be before I get my artificial eye?**

Once the socket has healed (about 12 weeks), the ocularist will be able to start making your artificial eye (prosthesis).

### **Contact details**

If you have any questions or are worried about any of the information in this leaflet, please contact:

- Miss Mellington via her secretary (0121 227 0787), your hospital (BMI The Priory 0121 440 2323 or Spire Eye Centre, Little Aston 0121 580 7171), your GP (General Practitioner), or NHS Direct (Tel: 111 from any landline or mobile phone free of charge), or your local eye casualty (Birmingham Midland Eye Centre 0121 554 3801).