

# Evisceration

Information and advice for patients

## *Birmingham and Midland Eye Centre*

### **Evisceration**

An evisceration is an operation to remove the contents of the eyeball leaving behind the sclera, which is the white coat of the eye and the extraocular muscles. This operation is usually to remove a painful blind or poorly seeing eye, in the management of some severe ocular injuries, to alleviate a severe infection inside the eye or to remove a disfigured eye.

### **What are the benefits?**

The extra-ocular muscles remain attached to the white coat of the eyeball (sclera), which optimises the motility of the prosthesis (false eye).

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

The operation is usually performed under general anaesthetic (which means that you would be asleep during the operation) although it can be performed under local anaesthetic in selected cases.

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 lid swelling, drooping eyelid and breakdown of the wound. Longer term risks include discharge from the socket, socket irritation and exposure of the ball implant. These complications are rare.

### **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 blind eye and infection.

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

An alternative treatment is called an enucleation. Enucleation is the removal of the entire globe (eyeball) leaving other orbital tissues. Painful eyes without useful vision can be managed with evisceration or enucleation. In a disfigured eye without pain, a cosmetic shell may be tried. If tolerated, cosmetic shells can provide a superior cosmetic outcome and better movement than an artificial eye (prosthesis) after removal of the eye itself (evisceration or enucleation).

### **During the treatment**

#### **How long does it take?**

The operation usually takes about an hour.

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### **After the treatment/investigation**

#### **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 and eye movement and can be minimised by limiting head and eye movements. Elevating the head at night with 2 or 3 pillows can also help to reduce pain.

#### **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.

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

At the time of surgery a small clear plastic shell called a conformer is inserted behind your eyelids. This is used to make the eye socket more comfortable and to reduce contraction and scarring of the socket. It also helps to give the eyelids a more natural shape. This conformer will stay in place until you have your prosthesis (artificial eye) fitted.

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.

#### **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 will be asked to take medications after surgery including painkillers, and eye drops to apply to the eye socket 3 or 4 times a day until your post-operative clinic appointment.

You may clean the eyelids with cooled boiled water to remove any mucus. You can clean the rest of your face normally. You are advised not to touch the eye socket.

You can wear eye make-up and swim however it is advisable to wear goggles when swimming and protective eyewear when gardening or undertaking DIY etc,

#### **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 20.5metres.

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### **Follow-up/results**

You will be given a post-operative follow-up appointment for 1 week to remove the pressure dressing. You will also require follow up in the longer term as the tissues in the socket may shrink with time which can cause eyelid laxity and affect the fitting of the prosthesis, Careful monitoring of the socket by the ocularist and surgeon will allow detection of changes early on that may require treatment.

### **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 your GP (General Practitioner), NHS Direct (Tel: 111 from any landline or mobile phone free of charge) or if symptoms are severe, the Eye Casualty on 0121 554 3801. The Eye Casualty team will be able to liaise with your Oculoplastic team to help you.

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

Once the socket has healed (about 8 weeks), the ocularist will be able to start making your artificial eye (prosthesis) in the Ocular Prosthetic Department. The front surface of the artificial eye is custom painted to match the other eye. The back surface is moulded to fit your eye socket for maximum comfort and movement,

The prosthesis may be easily removed as needed for cleaning, Most patients sleep with the prosthesis in place. In many patients the prosthesis lasts for decades.

The ocularist will be able to answer any questions you may have regarding your artificial eye and may be contacted on: 0121 507 6740 Monday to Friday 9.00am -5.00pm.

### **Will I require further surgery?**

In some cases after surgery, the eyelids may appear sunken. An implant may then be placed in the eye socket to increase the socket volume. Eyelid surgery may also be required to improve the cosmetic appearance. This is usually done under local anaesthetic.

### **Contact details**

If you have any questions or are worried about any of the information in this leaflet, please contact the Oculoplastic nurse practitioner on 0121 507 6894 Monday to Friday 9.00am to 4.00pm.

National Artificial Eye Service, Birmingham and Midland Eye Centre: 0121 507 6740. Monday – Friday 9.00am-5.00pm.

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### Further information and support

British Oculoplastic Surgery Society

[www.bopss.co.uk](http://www.bopss.co.uk)

For more information about our hospitals and services please see our website  
[www.swbh.nhs.uk](http://www.swbh.nhs.uk), or follow us on Twitter @SWBHnhs and Facebook  
[www.facebook.com/SWBHnhs](http://www.facebook.com/SWBHnhs).

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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