

Exenteration is the surgical removal of the eyeball and the surrounding tissues including the eyelids, eyeball muscles and orbital soft tissue.

Why do I need an exenteration?

Removal of an eyeball and its surrounding soft tissues is usually performed for a tumour involving or surrounding the eye. If the tumour has been found to be invasive and likely to spread to surrounding structures, an exenteration is necessary to prevent further spread of the tumour.

Alternative procedures

This operation is only undertaken if all other eye treatments are ineffective or undesirable. Your ophthalmologist (eye doctor) would only consider this as an option after much discussion with you and, sometimes, other ophthalmologists.

During the operation

You would be given a general anaesthetic which means you would be asleep during the operation. Before you are given the general anaesthetic, you would be assessed by an anaesthetist and your surgical team will ask you to sign a consent form. The team will also mark your forehead to indicate which eye is to be removed.

The operation takes about an hour and a half. Most patients undergoing this operation are discharged after one overnight stay. The operated side is covered with a pad for about a week and will be reviewed at your first follow-up appointment after surgery.

Complications

Short-term risks for this surgery, as with any surgery, include bleeding, swelling and infection. Long-term complications include discharge and socket irritation or thinning of the socket lining. As with any medical procedure, there may be other inherent risks that should be discussed with your surgeon.

What is left after my eye is removed?

During an exenteration, the eyeball and muscles surrounding the eye and part of the eyelids are removed, as well as the surrounding soft tissues in the socket. The part of the eyelids that has the lashes is removed during the operation.

The remaining space is covered by the residual surrounding skin and a pressure dressing is placed on top which is removed after about one week. You may clean the area surrounding the wound with cool, boiled water to remove any skin flakes. You are advised **NOT** to touch the wound itself. You may wash the rest of your face normally.

After your operation

You will be asked to take medications after surgery such as eye drops, antibiotics, steroids or pain-relievers.

Once the wound has healed, the surrounding skin will feel tight and will take a few months to settle down. Please do not blow your nose for two weeks as this can cause air to pass into the operation site and spread infection. Also, please try to sleep upright with three to four pillows for two weeks after the surgery as this helps prevent the wound from becoming swollen, and aids healing. At a later stage, the eye socket can be covered with a prosthesis, which mimics the appearance of the eye and eyelids. The prosthesis can be attached to glasses to hold it in the correct place.

Looking after the prosthesis

The prosthesis is easily removable, and can be removed as necessary for cleaning. A prosthesis lasts many years in most patients.

Follow up

Continued follow-up is important as the remaining tissues in the socket will need to be inspected to ensure 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.

Can I carry on as normal?

Yes! For example, you can go back to work when you feel ready and, assuming that you have normal vision in the other eye, you can continue to drive when you feel ready, although please remember the vision in the remaining eye must be able to read a number plate at 25 yards to be able to drive.

Support and advice

We have a nurse counsellor available to talk through any worries that you have. The counsellor will be able to talk to you in more detail and provide you with further information that you need. In addition, please tell your doctor of any particular concerns that you have or if you need more time to consider your options. It is always best to try to write down any questions before your clinic appointment. If you require any further information or wish to contact any support groups please speak to the nurse counsellor, who is available via the hospital switchboard or email.



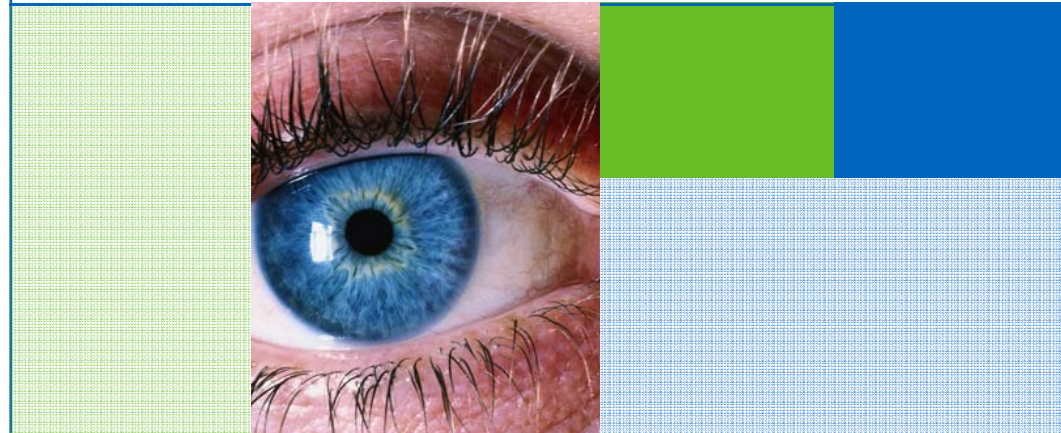
Moorfields Eye Clinic
Bedford Hospital NHS Trust
Kempston Road
Bedford
MK42 9DJ
01234 792 643

Bedford Hospital **NHS**
NHS Trust



Ophthalmology

Exenteration



Information regarding Exenteration.

Date of publication: December 2010
Date for review: December 2012
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