



Dr. Michael Ashenhurst & Dr. Vivian Hill

*Eye Physicians & Surgeons*

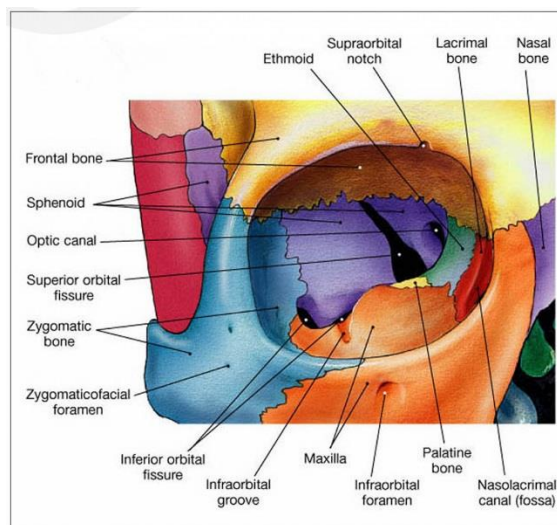
P: 403-245-3171, F: 403-245-4205

(Surgical Booking)

## **Orbital Decompression for Grave's Disease**

Grave's disease, also known as thyroid associated orbitopathy, thyroid eye disease, and Grave's orbitopathy, is an autoimmune condition. That is, the immune system mistakenly attacks the thyroid gland, eye and orbital tissues, and skin of the lower legs in patients with the condition.

When patients with Grave's disease develop ocular symptoms, the condition is known as Grave's ophthalmopathy or Grave's orbitopathy. These patients may develop proptosis, or bulging eyes. The space between the lids may widen producing a staring appearance. Because the eye muscles are involved, some patients may develop double vision. In the worst cases, vision may be threatened to compression of the optic nerve.



## **Indications**

The indications for surgical decompression of the orbit have been to relieve exophthalmos (protrusion of the eyeball) accompanied by corneal exposure and disfigurement and to reduce the increased orbital pressure produced by swelling of extraocular muscles, which can lead to compressive optic neuropathy and visual loss.

## **The Surgery**

In orbital decompression, the surgeon creates fractures of the thin bones of the orbital walls, allowing the orbital contents to be displaced into the sinuses. This permits a significant diminution of proptosis, ie, the bulging eyes fall backward into the orbit creating a more natural appearance.

## **The Risks**

All surgery comes with risk. General risks and those specific to orbital decompression are as follows:

Bleeding	Infection
Double Vision	Allergic reactions to suture materials
Sensory or motor nerve tissue damage	Excessive bruising or swelling
Loss of vision	Irregular or prominent scarring
Asymmetry (Perfect symmetry cannot always be achieved)	Cardiac arrest, death, or other serious bodily injury
Numbness in cheek, upper teeth, or lip on the operated side can persist for months.	Cerebral spinal fluid (CSF) leak, requiring a second surgery for repair.

## **PRE-OPERATIVE INSTRUCTIONS**

- You should not drive to or from your surgery. Bring a friend or relative with you or take a taxi.
- Blood thinners (ASA, Warfarin, Pradaxa, Xarelto) are usually discontinued 1 week prior to surgery – please contact your prescribing doctor to make a specialized plan for you. Other

blood thinners such as Vitamin E, Ginko Biloba, ginger, garlic, Advil, Motrin, Naproxen, and green tea need to be discontinued a week prior to surgery.

- DO continue taking all of your regular medications, especially blood pressure medications.
- Please remove any eye make-up.
- Make sure that your blood work has been completed at least 3 weeks before your surgery or as otherwise indicated by the office. Patients who have not completed their blood work could have their surgery cancelled. The blood work requisition is attached to the back of the paperwork. You do not need to fast for these blood tests.

### **POST-OPERATIVE INSTRUCTIONS**

- Ice (or frozen peas) 10 minutes on and 10 minutes off. Continue for two days, while you are awake. Do not leave ice on for any longer than 15 minutes - it will freeze the skin.
- Elevate the head (for nighttime sleeping) with an extra pillow or sleep in an easy chair. The ice and the elevation will help to reduce swelling.
- You can use teardrops or tear gel as often as you like, for comfort.
- You can take Extra Strength Tylenol for pain, if needed.
- Continue to use any prescribed drops or ointments given by the office.
- After a few days you can use warm compresses, if you want, for comfort.
- Be careful with blowing your nose, especially if you have had a medial decompression.

### **WHAT IS NORMAL AFTER SURGERY:**

- It is normal to have fluid collect at the lower lids where the lid and cheekbone meet. This looks like a fluid blister and will go away on its own.
- Bruising, redness and swelling often last two weeks or more and are a normal reaction to the surgery.

### **WHAT IS NOT NORMAL AFTER SURGERY:**

- **Uncontrolled swelling, bruising, pain and loss of vision is a medical emergency. If this happens contact the office immediately or go to an emergency room.**
- Excessive bleeding is rare. If you should experience excessive bleeding, apply pressure on the wound with ice packs. Lie quietly with head elevated. Go to the nearest emergency or contact the office if bleeding is uncontrolled.
- Fever

### **RESCHEDULING/CANCELLING**

If you need to cancel or reschedule your surgery, we need at least one week's notice. If you do not provide one week's notice there will be a rebooking fee of \$100. Exceptions are made for emergency situations with supporting documentation. Please call Surgical Booking at 403 245 3171 as soon as you can.