



Dr. Michael Ashenhurst & Dr. Vivian Hill

Eye Physicians & Surgeons

Phone: 403 245 3171 Fax: 403 245 4205

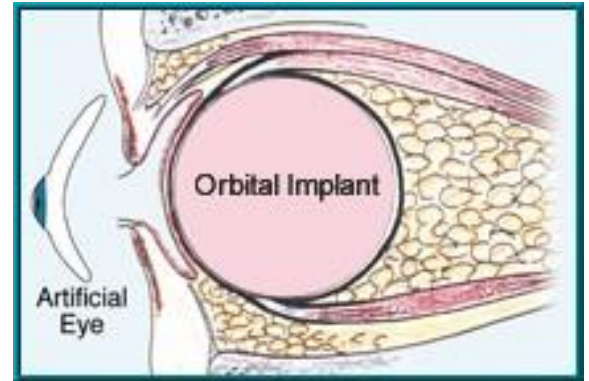
ENUCLEATION / EVISCERATION

Enucleation is the removal of the entire eyeball. Evisceration is the removal of the contents of the eyeball. Eye tumors or disease, severe injuries to the eye or severe pain in a non-seeing eye may require one of these procedures.

The Surgery

The surgery takes about forty-five minutes. It can be done under general anesthetic or local anesthetic with IV Sedation.

Most patients remain in hospital overnight. During the surgery, the muscles and tissues that hold the eye in place are cut and the eyeball is removed from the socket.



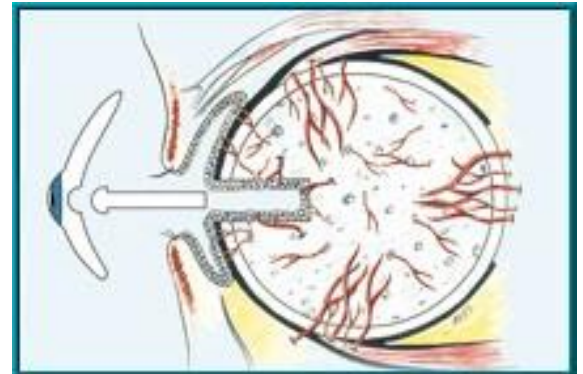
The Conformer

The eye will be patched over with a clear plastic conformer. The conformer will help the eye heal. For the first few weeks, after surgery, the eyes and lids will be too swollen to adapt to the conformer. If it falls out, try to put it back in place and patch the eye for a day. Do not force it if there is too much swelling or discomfort. If the lower lid is too swollen the conformer will not fit well enough, so wait a few days and try again.

Implant / Prosthesis

The artificial eye consists of two parts; a permanent implant and a removable prosthesis or shell.

When the eyeball is removed, a space is left. The doctor will insert an implant made of acrylic or coral. The implant is shaped like a marble and is held in position by some man-made tissue. The eye muscles are attached to the tissue surrounding the implant. When you look into the eye socket after the implant is in place, you will see a bulge, this is the covered implant. The implant helps the eye prosthesis move with the other eye so it looks natural.



The doctor will suture your eyelid shut during the surgery. This suture will dissolve on its own in 5 to 14 days. Any drops or ointment should be applied on the outside of the eyelash ridge. The eye patch should be used as long as there is drainage.

About 4 - 6 weeks after the removal of your eye, the socket will be healed, the swelling will be gone, and you can see Shirley Weyland, an ocularist at Calgary Ocular Prosthetics (415, 7015 Macleod Tr. SW, Calgary - 403-266-6460). The ocularist is a specialist that makes artificial eyes (prosthesis). She will design a prosthesis that is made of plastic and shaped like a shell. It fits over the tissues that cover the implant and is carefully painted to match your other eye. She will give you instructions about inserting, removing, and

cleaning of the prosthesis. The appointment starts at 9:00am - you will be back and forth several times throughout the day.

Call their office and arrange for this appointment. Once you have your follow up with Shirley scheduled, please call our office at 403 245 3171 to book your follow up with Dr. Ashenhurst.

Pre-Operative Instructions:

- ❖ 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.
- ❖ 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 do not wear any eye make-up the day of your surgery.

Post-Operative Instructions:

- ❖ Ice (or frozen peas) 10 minutes on and 10 minutes off. Continue for two days, while you are awake.
- ❖ Elevate the head (for night time sleeping) with an extra pillow or sleep in an easy chair. The ice and the elevation will help to reduce swelling.
- ❖ Use Tobradex ointment on lashes with every dressing change
- ❖ Keep the eye patched for as long as there is drainage and change the patch regularly
- ❖ If there is discharge, the eye must remain patched. This minimal discharge could last for 4 - 6 weeks.
- ❖ You can take Motrin and Advil alternating for pain. Dosage as per manufacturer's instructions.
- ❖ After a few days you can use warm compresses, if you want, for comfort.
- ❖ Continue to use any prescribed drops or ointments given by the office.
- ❖ Your eyelids will **NOT** open for 3-4 days this is normal.
- ❖ **Smoking causes poor healing and should be avoided.**

What IS Normal After The Surgery:

- ❖ Nausea, pain, and swelling can be quite severe. Strong painkillers and Gravol are usually needed.
- ❖ You may experience some bleeding for the first few days.
- ❖ The swelling could last for four to six weeks.

What IS NOT Normal After the Surgery:

- ❖ Any indications of infection or fever should be reported to the office at 403-245-3171.
- ❖ Loss of vision in the other eye

Peg Drilling Procedure

The peg drilling is a separate procedure that not all patients require, but can be booked down the road to improve mobility and support of the implant. A wax template must be made prior to the Peg Drilling. During

the wax template visit you can request that your prosthesis be temporarily modified so that you can wear it after the peg drilling. This visit takes about one hour and you must bring this template with you to surgery.

The Peg Drilling is a short surgical procedure requiring only a local anesthetic, though IV sedation can be requested. It takes approximately 15 - 30 minutes. After surgery, you should keep the eye patched for a couple of days and take Extra Strength Tylenol if required for discomfort. Call the office if you any questions.

Coral Implant

The coral implant is porous. It takes about six months for your own tissue to fill the pores in the coral, at that time you will be booked for an MRI or bone scan, to confirm that the coral implant is fully healed with your own tissue. Once it is fully healed, an optional minor **Peg Drilling** surgery is available. This procedure involves the drilling of a small hole into the now healed implant. Five weeks after the drilling, the ocularist will remold the prosthesis to accommodate the placement of the peg into the implant. Your prosthesis will then be attached to the peg allowing the artificial eye to move with the implant as it moves behind it.

Risks of Surgery

All surgery involves risks. General risks include, but aren't limited to; Bleeding, infection, sensory or motor nerve and tissue damage, cardiac arrest, or other serious bodily injury.

Other risks specific to enucleation/evisceration surgery are as follows:

- Retrobulbar hemorrhage – bleeding at the back of the eye
- Orbital edema – swelling around the eye area
- Exposure, extrusion, or migration of implant
- Sympathetic ophthalmia in the opposite eye - The disease can result in vision loss. It is very rare (approximately 0.01%)
- Eyelid ptosis (droopy upper lid), ectropion (outward rotation of lid), entropion (inward rotation of lid).
- Poorly fitting prosthesis.
- Enophthalmos – eye is displaced backwards

Rescheduling/Cancelling surgery

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.