

Enucleation / Evisceration

Patient Information



You have been booked for surgery in the Corneo Plastic Unit for treatment in the field of Oculoplastic surgery.

At Queen Victoria Hospital a team of trained doctors and nurses will undertake your treatment and care. Mr Raman Malhotra and Mr Andre Litwin are the consultant ophthalmic and oculoplastic surgeons who works closely with their Fellows in oculoplastic surgery. Occasionally visiting surgeons from neighbouring hospitals will join the team. Your surgery will be carried out either by our consultant, his Fellows or by a member of the team who is suitably qualified and experienced, under the appropriate supervision of a senior surgeon.

Enucleation (removal of the eye) is typically recommended for patients who have sustained severe trauma to the eye (particularly that which results in rupture of the globe) where no visual recovery is likely; for patients with large eye cancers that cannot be destroyed or removed by other methods or when alternative methods are likely to leave the patient with poor or no vision and a painful eye.

Evisceration (removal of the contents of the eye only) is often performed as a treatment for blind, painful eyes, for example following severe infection or end-stage glaucoma. The sclera (outer coat of the eye) is preserved along with its muscle attachments and is used to cover any orbital implant that may be inserted,

either at the time of evisceration or at a later date.

An Orbital Implant is surgically placed within the orbital cavity at the time the eye is removed, to replace the volume lost by Enucleation or Evisceration procedures. The tissues are closed over the implant. A temporary clear plastic shell (conformer) is then placed over the implant and under the eyelids to maintain the space ("the socket") for the artificial eye. Approximately two months later, a visit is made to an ocularist (or prosthetist) in order to create a detailed artificial eye ("prosthesis") to match your natural eye.

All surgery carries risks and benefits. It is for you to weigh-up the risks and benefits before deciding to proceed. If you need more information please ask a member of the team.

What are the risks?

The risks of surgery include, but are not limited to:

- bruising
- bleeding
- infection
- headache and pain around the socket
- swelling
- persistent ache
- exposure of implant
- the need for future surgery to re-position an exposed implant or to improve the cosmetic result

Very rarely:

- serious eye socket infection (orbital cellulitis)
- brain infection (meningitis)

In addition to the specific risks mentioned above there are also general risks such as:

- blood loss
- infection
- cardiac arrest
- airway problems
- blood clots and
- anaesthetic reactions which can be associated with any surgical procedure.

Local anaesthetic injection may also cause bruising or possible allergic responses. Your operation will normally be carried out under general anaesthetic and the anaesthetist will discuss these issues with you before surgery.

Although we have discussed with you the purpose and likely outcome of the proposed procedure, it is not possible for us to guarantee a successful outcome in every case. Those treating you will do their best to ensure success but unfortunately complications can and do occur. You should only agree to surgery if you fully understand the risks.

What are the benefits?

- Reduced discomfort
- Improved cosmetic appearance

Are there any alternatives to surgery?

In some cases a cosmetic contact lens may improve the cosmetic appearance of your eye. However, this would not reduce any pain you may be experiencing.

Can the operation be reversed?

Once the eye or its contents are removed, the operation cannot be reversed.

Will I still be able to produce tears on the affected side?

Yes. Your tear ducts and the gland that produces tears are not affected by this procedure. In fact, you may experience an increased production of tears (watery eyes) in the initial period.

Will this operation have an impact on my other eye?

No. Your other eye should not be affected by this surgery.

Will I have any pain or swelling after the surgery?

Yes. All patients have a degree of pain and swelling initially, which in the majority of cases settle in the first four to six weeks.

What will the socket look like with and without an artificial eye?

All patients are encouraged to visit the prosthetic department where they can be shown photos of patients who have had a similar procedure done. You will also be shown the different shapes of prosthesis (artificial eye) and how to put them in and take them out. If an appointment has not been arranged please contact one of our nursing staff.

Will my artificial eye be able to move?

Yes. The muscles outside your eye are preserved and stitched to the deep orbital implant. There is some movement of the artificial eye; however this will not be the same as your natural eye.

Will the appearance of my eyelids change following the procedure?

Clinicians have found that, no matter which type of implant is used, the tissues in the eye socket shrink over time requiring the use of larger and larger prostheses (or artificial eye).

Larger artificial eyes typically provide less movement and induce sagging of the eyelids (ptosis). Although most patients are happy with the cosmetic result, a small percentage of patients (less than 10%) request additional plastic surgery to improve their cosmetic appearance.

How will I feel emotionally after the surgery?

The loss of an eye brings a variety of emotions and it is important to speak about your feelings to family and friends. Please discuss any concerns with the doctors and nursing staff and if appropriate a referral can be made to our psychological therapy team for an assessment of need.

If you have any specific concerns regarding the surgery, you should discuss them with your surgeon before the operation.

Further queries

Should you have any further questions or concerns please do not hesitate to contact us:

Eye Clinic Reception: 01342 414470 / 4166

(Appointments only or rearranging appointments)

Eye emergencies only: 01342 306782 between 09:00- 17:00

Ross Tilley Ward: 01342 414451 Week-ends, Bank holidays and Out of hours

Switchboard: 01342 414000 Week-ends, Bank holidays and Out of hours

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