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Orbital Decompression for Thyroid Eye Disease

Corneo-Plastic Unit

What does orbital decompression surgery involve?

The purpose of this surgery is to relieve orbital pressure (improving the circulation of blood around the orbit) and increase the available space for the orbital contents (allowing the eye to settle back to a more normal position within the socket).

We usually perform this surgery under a general anaesthetic. In general, you will stay in hospital for one to two days after surgery before being discharged home. The amount of surgery required depends upon the severity of your disease and how much your eyes bulge. Of the four 'walls' of the orbit, three can be decompressed and also some fat can be removed from the orbit. Incisions are made on the inside of your eyelids or in skin creases in your eyelids to hide or camouflage surgical scars.

What is the rate of recovery after orbital decompression?

Orbital decompression is a major operation and the scale of surgery should not be judged by the small skin incisions involved. Although the skin incision settles over a few weeks, natural repair of

your deeper tissues can take many months and this may account for the occasional deeper ache or discomfort during healing.

Swelling and some bruising of your eyelids can develop in the week following your surgery and this swelling can take a few months to settle completely. Double vision may occur in 5-10% of patients, during this healing period and you may require subsequent surgery to re-align your eyes if it does not improve. You may be advised not to drive or work for several weeks after the surgery and should take this into account when planning treatment. If you have been advised not to drive you will need to inform your insurance company and the DVLA.

What are the possible complications of orbital decompression?

As with all surgery, side-effects can include infection, scarring and swelling. Specific side-effects may include poorer vision, double vision, nerve damage and a change in your eyelid height or position.

With decompression of the orbital floor (this is only performed if you have more severe bulging and when the medial or lateral wall decompression extends to the floor), numbness over your upper cheek and upper front teeth can occur. In the great majority of patients (over 90%), this recovers completely.

All forms of decompression surgery carry a risk of permanent visual loss, of 1 in 1000 for each eye.

When decompression surgery extends into your sinuses, you should avoid nose blowing, flying and scuba-diving for at least three weeks after your surgery. This is because drainage around the sinuses near the eye may be temporarily affected. We will be able to advise you. For less than 1 in 1000 patients, surgery may be required to improve sinus drainage after orbital decompression if medical treatments do not help.

All surgery under general anaesthetic carries a small risk (less than 1 in 1000 patients) of neurological injury and, indeed, to life itself. As with all surgery, the possible risks versus the benefits are very carefully considered for each and every patient before surgery is arranged.

What happens after orbital decompression?

If you need further surgery, your surgeon will discuss this with you once you have recovered fully from orbital surgery.

You might need surgery to the muscles that control eye movements in order to resolve or reduce double vision (strabismus or squint). In less than 5% of cases, more than one procedure may be necessary. Sometimes, if your surgery does not solve the issue, it may be necessary to incorporate prisms into your glasses to help the double vision.

Squint surgery for thyroid eye disease requires a general anaesthetic. However, if general anaesthetic is not an option for you, the procedure can occasionally be carried out under local anaesthetic with sedation. This is usually done as a day-case procedure.

Once you have recovered from the squint surgery, or if you do not need it in the first place, you may require surgery to your eyelids. This is often in the form of lowering your upper eyelids and is usually

carried out through the inside of your eyelid, without the need for any further skin incisions. Ideally, this is performed under local anaesthetic with sedation as a day-case procedure so that your eyelid appearance can be adjusted during the operation to achieve the best outcome. We will discuss all aspects relevant to your condition. It is helpful if you can show us photographs of how you looked before your thyroid condition started.

In general, your medical therapy and surgical rehabilitation will take 1 to 2 years. During this period your eyes will gradually improve in comfort and appearance. The aim of rehabilitation is to restore a natural appearance with comfortable eyes and normal sight.

There is a very small likelihood of reactivation of your thyroid eye disease in the long term and it is very important that for the rest of your life that you avoid smoking and that your thyroid function remains stable.

Further Information

For further information visit the British Oculoplastic Surgery Society website

www.bopss.org

Contact us

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

Corneo-Plastic Unit (eye clinic)

Appointments Tel: **01342 414470**

8.30am to 4.30pm

Fax: **01342 414106**

Eye Emergencies: **01342 306782 08:30am - 4:30pm**

For enquiries out of hours, weekends and bank holidays, please contact Ross Tilley Ward. Tel: 01342 414466 / 4451

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