Moorfields Eye Hospital NHS
NHS Foundation Trust

Enucleation, evisceration & ball implantation

What is enucleation and evisceration?

Enucleation is the surgical removal of the eyeball. *Evisceration* is the removal of the contents of the eyeball, leaving the white part of the eye and the eye muscles intact.

Why do I need an enucleation or an evisceration?

Removal of an eye or its contents is usually performed for a painful blind eye, to treat some tumours, in the management of some severe ocular injuries, to alleviate a severe infection inside the eye, or for cosmetic improvement of a disfigured eye.

Is there an alternative?

These operations are only undertaken if all other eye treatments are ineffective or undesirable. Your ophthalmologist (eye doctor) would only suggest enucleation or evisceration after detailed discussion with you and, sometimes, other ophthalmologists.

Which operation would I require?

An enucleation could be the procedure of choice to treat a tumour. After trauma to the eyeball, there is a very small, theoretical risk of an inflammatory reaction to the other eye, and enucleation could reduce this risk. In most other situations, either enucleation or evisceration could achieve the desired objective. Your ophthalmologist will help you decide which surgery is most appropriate for you.

What would happen during my 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. Most patients undergoing this operation are discharged on the same day, but on occasion it may be desirable to stay in overnight.

Will my eye be covered after my operation?

The eye is usually covered with a pad for up to a week after your operation. This will be reviewed at your first follow-up appointment after surgery.

What is left after my eye is removed?

During an enucleation, the muscles are left behind; after an evisceration, the contents of the eye are removed, leaving the white part of the eye intact. The remaining space is usually filled by an *implant.* This implant is usually a sphere made of silicone rubber or plastic. After an enucleation, the muscles of the eye might be attached to the implant to try to preserve some movement. This implant will be covered by your own eye lining (conjunctiva), giving a pink appearance.

Sometimes a conformer (a clear, plastic shell) is put in place behind the lids, to give some shape while the socket heals.

You may clean the lids with cool, boiled water to remove any mucus. You are advised **not** to touch the socket. You might wash the rest of your face normally.

Will I need medication?

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

What are the 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 exposure of the ball implant. As with any medical procedure, there may be other inherent risks that should be discussed with your surgeon.

What happens after that?

Once the socket has healed, an artificial eye (*prosthesis)* will be made by an ocular prosthetist. The front surface of the artificial eye is custom painted to match the other eye. The back surface is moulded to fit the socket for maximum comfort and movement.

How do I look after the prosthesis?

The prosthesis is easily removable, and can be removed as necessary for cleaning. Most patients sleep with the prosthesis in place. A prosthesis lasts decades in many patients.

Will the artificial eye have movement?

There is usually an adequate range of eye movements.

Will I need to be followed up?

Continued follow-up is important as the tissues in the socket may atrophy (shrink) with time. This loss of volume may lead to eyelid laxity or socket changes that could affect the fit of the prosthesis. Careful monitoring of the socket and prosthesis by the surgeon and the ocularist will help keep the socket healthy, and will allow for early detection of any changes that might require further treatment.

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.

Yes! For example, you can wear eye make up. It is advisable to wear goggles when going swimming.

Will I be able to drive?

Assuming that you have good vision – in particular you must be able to read a number plate at 25 yards - and field of vision in the other eye, you are legally entitled to drive. Your specific situation should be discussed with your ophthalmologist.

Who can I talk to for more information?

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. The nurse counsellor will be available via switchboard or can come and speak to you in clinic if you wish. 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 020 7253 3411 .

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Monday to Friday 09.00 to 16.30 for further information and advice.