



Royal Berkshire  
NHS Foundation Trust

# Eye removal - evisceration / enucleation / exenteration

- Eye Casualty (Reading): Open Mon-Fri 9am to 5pm; Sat & Sun & bank holidays 9am-12.30pm; Closed Christmas Day and New Year's Day
- Eye Casualty (Windsor): Open Mon to Fri 9am-5pm; Sat 9am-12.30pm
- Eye Day Unit (Reading) Tel: 0118 322 7123 (Mon-Fri 7am to 6pm)
- Dorrell Ward Tel: 0118 322 7172 (24 hours)

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This leaflet gives you information about your operation to remove an eye and aftercare advice. If there is anything you do not understand or if you have any questions, please ask your doctor or nurse.

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Eye removal is only undertaken when all other eye treatments are ineffective or undesirable. It is the final measure taken by your ophthalmologist, after a great deal of consideration and consultation with yourself and other ophthalmologists where necessary.

There are three types of eye removal surgery – evisceration, enucleation and exenteration.

### What is evisceration?

Evisceration is an operation to remove the contents of the eye, leaving the white part of the eye and the eye muscles intact.

### What is enucleation?

Enucleation is an operation to remove the entire eyeball and its contents. The eyelids, lashes, brows and surrounding skin remain intact.

### What is exenteration?

Exenteration is the removal of the entire eyeball, the eye lids, eye brows and surrounding skin.

## Why choose one operation over the other?

Enucleation is normally used to treat an intraocular tumour, severe eye infection or to try to reduce the risk of developing a severe autoimmune condition called 'sympathetic ophthalmia' following trauma.

In most situations either enucleation or evisceration can achieve the desired objective. In some case, exenteration may be required when the tumour has spread into the surrounding tissues.

Your surgeon will help you to determine which surgery is most appropriate for your condition. The rest of this leaflet will refer to 'operation' as meaning either evisceration or enucleation, unless specified differently.

## How will this affect my vision?

There will no longer be vision in the operated eye. The main effect on visual function is the loss of perception of depth and a reduction in the field of vision.

## What are the risks of eye removal surgery?

The risks of surgery include: bruising, bleeding, infection, headache and pain around the eye socket, swelling, persistent ache and the need for future surgery to reposition the exposed implant or to improve the cosmetic appearance. Very rarely, patients experience orbital cellulitis (serious infection of the eye socket). There are also the general risks of surgery and having an anaesthetic. Your ophthalmologist and anaesthetist will discuss these with you in detail before you agree to surgery.

## Before the operation

You will have an assessment prior to surgery to ensure you are physically and emotionally prepared for surgery.

If you wish to speak to someone who has had evisceration, enucleation or exenteration, please ask staff on the eye ward for information.

## The operation

You will have a general anaesthetic (you will be asleep during the operation), which will take about an hour. After the eye is removed an implant is often inserted into the socket. This replaces volume lost as a result of removing the eye, and improves the cosmetic result. The operated eye will be covered with a pad and dressing. A temporary plastic shell is usually inserted into the socket during the early healing stages. The pad is usually kept in place for one week to reduce swelling of the tissues in the socket.

## After the operation

As the anaesthetic wears off you may feel a little pain or discomfort in the socket or have some sickness. This can be relieved by an analgesic such as paracetamol or ibuprofen.

You will go home about one to two days after the operation.

You will usually be seen about one week after the operation for a check-up to remove the dressing.

The eyelids may be swollen and bruised for a few days. You may feel that you want to cover the socket with a pad or dark glasses.

## Recovery

We know that after an operation to remove your eye, it will take you time to adjust to the effects it will have on your life.

Beside your family and friends' support, you will have the opportunity to meet and talk with your GP, your consultant ophthalmologist (eye specialist) and the ocular prosthetist (technician who makes artificial eyes).

You can also get more information from the library, internet or organisations such as the National Artificial Eye Service.

During the recovery period, you may find your emotions fluctuating; this is a normal reaction to experience.

## Ocular prosthetic technician

You will be referred to the ocular prosthetic technician about 6 weeks after the surgery. They will prepare your new prosthetic eye to match the other eye as much as possible.

## Important advice to follow:

- Keep your outpatient appointment – to make sure you are healing properly.
- If you have got a minor eye problem, please seek advice from your GP, optician or pharmacist. If you think your problem might be urgent, please attend Eye Casualty.

## Using and looking after your shell

You will be fitted with a 'shell' – this is to keep the normal shape within the eye socket and of the eye lid and helps prepare the socket for an artificial eye. The ocular

prosthetist will find the right shape, colour, and size to match your existing eye.

### Removing the shell

- Wash and dry your hands thoroughly.
- Pull your lower eye lid down to expose the lower edge of the shell.
- Look up and lever the shell out.
- The shell should be washed with soap & water and rinsed thoroughly before being dried with a clean towel or cloth.
- It is then ready to put back in (remove the shell daily).
- Wash and dry hands before putting the shell back in.

### Cleaning the socket and using drops

- It is important to keep your eye socket clean in order to avoid infection.
- Wash and dry your hands.
- Wipe away any discharge with cotton wool moistened with cooled boiled water.
- After cleaning, use the eye drops or ointment as instructed by your doctor or nurse.
- Always wash and dry your hands before putting drops or ointment in. Eye drops will help to prevent infection.

### Putting the shell back in

- Wash and dry hands before putting the shell back in.
- Pull up the upper eye lid and push the shell gently underneath.

## You may experience

- Pain – aching/bruising: take regular painkillers for the first few days.
- Stickiness – it is normal to have a discharge from the lining of the socket (conjunctiva). If this becomes sticky or offensive smelling, attend Eye Casualty or contact the Eye Ward as you may have an infection.

## Change in vision with one eye

You are likely to experience loss of depth of perception and reduction in your field of vision.

## Work

Normal activity can be resumed as soon as you feel fit.

You can return to work about two to three weeks after the operation or as soon as you feel fit and ready.

## Driving

Do not drive until at least four weeks after surgery to allow adjustment to having one eye - discuss with your doctor before resuming. The un-operated eye must meet the DVLA vision standard (a car number plate at 20 metres) and have normal field of vision. Remember that you will have lost the perception of depth and the field of vision will be reduced. Otherwise, you are driving illegally and will not be covered by your insurance. You will need to inform the DVLA and your insurance company. You may feel that you want to tell your employer, but this is not statutory.

## Personal appearance

Your eye lids may be swollen for a short period of time. For healing to take place, the eye is left unpadded. You may wish to wear dark glasses whilst your eye lids are swollen.

If you experience increasing or severe pain or discharge from the eye socket please contact us immediately – numbers on the front of this leaflet.

If you have any further questions, please contact the Eye Unit (numbers on the cover of this leaflet).

Visit the Trust website at [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This leaflet can be made available in other languages and formats, e.g. large print or Braille, upon request.

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