

Surgery to remove the contents of the eye socket

Ophthalmology Department

Produced: November 2024

Information for Patients

Review: November 2027

Leaflet number: 1556 Version: 1

What is this operation?

You have been advised to have the eye and contents of the eye socket (the orbit) removed. This operation is called orbital exenteration. The eye, eyelids, the muscles, nerves and fatty tissues around the eye will be removed. The eye socket will then be lined with a skin graft. This is usually taken from the side of your thigh.

Why is it done?

The surgery is sometimes needed to stop a tumour from spreading to other parts around the eye socket like the sinuses, nose and brain. Rarely it is done for serious infections or inflammations of the eye socket.

What are the risks of having the surgery?

There are risks with any surgery. You will lose sight in the eye that is taken out. Other risks include: bleeding, infection, inflammation and breakdown of the wound.

Longer term risks include sticky discharge from the socket, and socket irritation, numbness of forehead and cheeks. You may find it difficult to adjust to your change in appearance.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

It is possible for the tumour to come back if the surgery was not able to remove all traces of it.

What are the risks of not having the surgery?

The risks of not having the operation depend on the reason for your surgery. The risks can be:

- a painful eye with poor eye movement,
- spread of disease into surrounding structures like the sinus, nose and brain.

If the reason for surgery is cancer, then it could spread to other parts of the body and become untreatable.

Are there any other treatments instead of this surgery?

Another treatment would be trying to remove as much of the disease as possible, without removing the eye. If the disease has spread into the eye socket, it can be difficult to get rid of it completely. This can cause problems like reduced or loss of vision, pain, double vision, squint, further spread of disease.

Some tumours will respond to X-ray treatment (radiotherapy), but the X-rays can sometimes damage the eye causing loss of vision and pain. If your tumour is likely to respond well to X-rays, we will talk to you first. A few people will need some X-rays after the surgery to be sure the tumour is all destroyed.

Before your surgery

You can take your usual medications as normal. **Do not take** blood thinning medications such as aspirin, clopidogrel, apixaban, rivaroxaban, warfarin before the surgery. You will get guidance about when to stop them during your pre-assessment consultation.

You can speak to the oculo-plastics team or the staff in the pre-assessment clinic.

If you have been told by your heart specialist never to stop your blood thinning medicine, please let the eye doctor know. We will need to speak to the heart specialist and make a plan to be sure we can keep you safe during and after the surgery.

On the day of surgery

You **must not** eat and drink 6 hours before your surgery (see the fasting leaflet).

You will be examined by the anaesthetist and surgical team. The surgical team will mark your forehead to show which eye is being removed. Your consent for the surgery will be taken.

Your surgery will be done under general anaesthetic. You will be asleep.

The surgical team will talk to you about skin graft. They will explain where it will be taken from if it is needed to line the socket. The thigh skin is usually used.

How long does the operation take?

The operation usually takes about 3 hours.

How long will I be in hospital?

Usually you are admitted on the day of the surgery and sent home the next day.

After care

You will need to wear a pressure dressing. It is made of a double eye pad and tight taping to secure it for 5 to 7 days. This dressing helps to reduce the swelling. You will also have a dressing on your thigh if you have a skin graft taken for the socket lining.

The eye socket is close to the nose and sinuses. You **should not** blow your nose and stop forcefully sneezing for 6 weeks after the operation. This will reduce the risk of air getting into the socket and infections.

We will review both your dressing 1 week after the surgery. We will remove the pressure dressings from the socket and partially remove dressing from the donor site on the leg at that time. Fresh, thinner dressings will be used until everything is fully healed.

How will I sleep?

Sleep with your head in an upright position. Use 3 to 4 pillows for 2 weeks after your surgery. This helps to reduce swelling, pain and will help with the healing process.

Follow-up appointments

Make sure to attend regular follow-up appointments as they are important to prevent or treat any complications. You will have weekly follow-ups until we are happy with the healing process. This can take a few weeks.

During this time, we may ask you to use some antibiotic cream in the socket to stop any infections. You will be given eye pads and tape to cover the socket for when you go out. You can wash the rest of your face as normal.

When can I return to work?

You should not return to work until you feel well in yourself. You are advised to rest for about 2 to 3 weeks before doing gentle activities including returning to work. It may be 6 to 8 weeks before you can return to work.

How will I manage pain after the surgery?

There will be some pain after the operation in and around the socket. You will also have pain in the thigh. You can take painkillers to reduce the pain. The pain should go away within a few days after the surgery.

Once the socket has healed, the skin around will feel tight. This will take a few months to settle down. If you have any concerns after your surgery such as pain not going away with simple painkillers (such as paracetamol or ibuprofen) or bleeding you can contact oculo-plastic specialist team on the phone number on page 6.

Long term recovery

Complete recovery may take a few months. The healing process will cause the socket to look hollow, and the area surrounding it will feel tight. We can improve your appearance by using a fake (artificial) eye (ocular prosthesis) made from silicone. It will be made in the hospital by the specialist prosthetics team. They will make sure it looks like your other eye. But the fake eye will not move.

Adjusting to the change in appearance can take longer.

How long will it be before I get my artificial eye?

When the socket has healed (about 12 weeks), you will be referred to the prosthetic specialist team at the hospital who will make your artificial eye.

Will I be able to drive?

You are advised **not to drive** until you have been reviewed at your follow-up appointment.

By law, you have to tell the Driver and Vehicle Licensing Authority (DVLA) of any change in your health and sight that is likely to affect your driving. You must also tell your insurance company.

The DVLA drivers' medical enquiries advice line – 0300790 6806 – will be able to advise on what information to give. Tell your insurance company about your eye removal.

After the follow-up appointment, if you have normal vision in your other eye, you can continue to drive a car as long as you can read a number plate from 20.5 metres. You must also have a good field of vision.

You will need to remember that your overall vision will be reduced. You will have to turn your head more often while driving because of the lack of vision on one side. You will also need to take extra care when driving at night and parking in narrow spaces.

Contact details

If you have any questions please ask at your appointment, or you can contact:

Oculoplastic Team in Leicester Royal Infirmary

Monday to Friday: 8.00am to 5pm—0116 204 7971

Leicester royal infirmary Eye emergency department

Saturday and Sunday: 08.30am-12.30pm—01162586273



Other support:

Changing Faces: (<https://www.changingfaces.org.uk/>) offers a support service for anyone a condition or injury that affects their appearance.

RNIB counselling and wellbeing team: (<https://www.rnib.org.uk/living-with-sight-loss/community-connection-and-wellbeing/sight-loss-counselling/>)

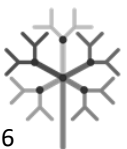
0303 123 9999 - can offer telephone counselling to anyone affected by sight loss or an eye condition.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



LEICESTER'S
RESEARCH ★

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement