

Removal of an eye (enucleation)

An information guide



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This leaflet provides you with information that may help you to understand your operation.

What is enucleation?

An enucleation is the removal of an eyeball only. The eyelids, eyelashes, brow and surrounding skin are all left in place.

Reasons for an enucleation

The operation is carried out when all other options have been considered. It is the final measure taken by your eye consultant after a great deal of consideration and consultation with you.

The reason for removing an eye is:

- If you have a painful blind eye
- A tumour
- Serious injury to the eye
- Infection.

What does the operation involve?

The eye is removed by detaching the muscles from the eyeball. Depending on the situation and the reasons for removing the eye, an implant is usually put into the space where the eye was. This will be discussed with you before the operation.

Prior to your admission, you will be seen by a nurse in the preassessment clinic. This is an opportunity for you to ask any questions, as well as for us to take information regarding your overall health. Investigations such as blood tests / ECG (heart trace) may also be performed.

The operation can be performed under a local anaesthetic or general anaesthetic, which will be explained to you. Wherever possible you will be offered a choice of anaesthesia. The surgery can be carried out as a day-case or as an inpatient procedure. On the day of the surgery you will be admitted to the eye ward, where the nurses will answer any other questions that you may have. The surgeon and the anaesthetist will also see you prior to your surgery.

Following surgery your eye socket will be covered with a pressure pad and bandage, to help reduce the swelling. This may be left in place for up to 5 days. You will be advised about removing this prior to discharge. When the pressure dressing is removed, the eyelids will be cleaned and the wound reviewed by a doctor. If you experience any pain or discomfort please ask the nurse for pain relief.

Eye drops/ointment will be provided to put into the wound, to help prevent infection. The frequency of use of the drops/ointment will be discussed with you by the nurse/doctor. Your eyelids may be bruised and swollen for a few days.

Aftercare

A plastic protector that fits into the socket to maintain its shape may be needed. Help and advice with the removal and the insertion of the protector will be provided by a nurse or district nurse, if needed. The eyelids will be cleaned first to remove any stickiness. Always remember to wash your hands before attending to the wound site. The protector should be washed at least twice a day with soap and water, rinsed well and replaced. Please note that you will be encouraged to sleep with the protector in place.

At a later date the consultant will discuss the possibilities of an artificial eye. You will then be referred to another hospital for this to be made and fitted.

What are the risks?

- Infection (low)
- Bleeding (low)
- Bruising of the eyelids, which are often closed together with stitches for up to 5 days.

What are the benefits?

- Freedom from pain
- Improved quality of life.

What general problems may I have?

Care must be taken when wiping the wound, so as not to move the protector, which must be avoided. Under normal circumstances the protector should not fall out easily and cannot be lost inside the socket.

Difficulties in judging distances and depths may be experienced; for example pouring a cup of tea and missing the cup. After a period of adjustment you will learn to adapt to the different situations that may arise. This includes driving. You should seek your doctor's advice prior to resuming work or driving. The DVLA and your insurance company must be informed about your condition. This should not prevent you from driving if you do not have any other eye problems.

You may take part in sporting activities but please avoid contact sports such as rugby, wrestling and boxing. Difficulties with fast ball games may arise but whatever sport is played, on land or in water, wearing eye protection is strongly advised in order to protect the other eye. If you are at risk at work, shatterproof or safety toughened glass must be used.

You may feel a great sense of loss, similar to the feeling of grief when you lose someone close. You may think of yourself as being

seriously disfigured. This is a normal reaction to the loss of part of your identity.

Over time you will come to terms with what has happened, with the help and support of your family, friends and health care specialists.

You may experience flashes of light which are not really there (phantom flashes); this is a common occurrence that will become less noticeable.

How can I get help when I get home?

If you think that you will not be able to manage certain tasks when you return home, for example putting your drops in, you must inform the nurse, who will arrange the help required, perhaps from a district nurse. Once you have been discharged home, if you find that you require help, this can be arranged through your GP. If you have any concerns or queries you can always receive advice by contacting us on the numbers provided, as well as your GP.

Will I need to use the eye drops/ointment?

You will need to use eye drops or ointment depending on your surgeon's preference. The purpose of using these is to prevent the eye socket from becoming infected in the early stages of healing. You may need to use the treatment for approximately two weeks after being discharged home.

Am I classed as partially sighted?

If the vision in your remaining eye is good, or is said to have normal vision, you will not be classed as partially sighted. Your doctor will inform you if you qualify to be registered as partially sighted. Any further questions, please do not hesitate to contact us on the numbers provided over the page.

Contact Numbers

The Royal Oldham Hospital, Oldham

A&E Department - 0161 627 8923

Friday 5pm until Monday 9am

Oldham Integrated Care Centre Eye Clinic -0161 621 3721

Monday – Friday 9am - 4.30pm

Rochdale Infirmary, Rochdale

Eye Clinic - 01706 901757

Monday - Thursday 9am until 5pm. Friday 9am until 12.30pm

Eye Ward - 01706 901766

Monday - Friday 8am until 8pm

Urgent Care Centre - 01706 517005

Monday - Friday after 8pm. Friday 8pm until Monday 9am

Fairfield General, Bury

Eye Outpatients Clinic - 0161 778 2804

A&E Department - 0161 778 2600

Monday - Friday after 8pm. Friday 8pm until Monday 8am

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897


For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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