

How to deal with complications

If you notice any of these complications or have any other concern related to your wound, contact:

- Info-Santé 8-1-1;
- Your outpatient service centre;
- Make an appointment with your doctor by calling the outpatient clinic, if necessary;
- For any emergency outside the opening hours of the outpatient service centre or medical clinic, quickly visit the nearest emergency room.

APPOINTMENTS

Val-d'Or outpatient clinic
819-825-5858, ext. 2215
Dr Christian El-Hadad, ophthalmologist

Date: _____

Time: _____

Sources :

- CHU de Québec Université de Laval
- American society of ophthalmic plastic & reconstructive surgery (ASOPRS)

Centre intégré
de santé et de services
sociaux de l'Abitibi-
Témiscamingue

Québec



OPHTHALMOLOGY TEACHING GUIDE

Amputation of the eye (enucleation and evisceration)

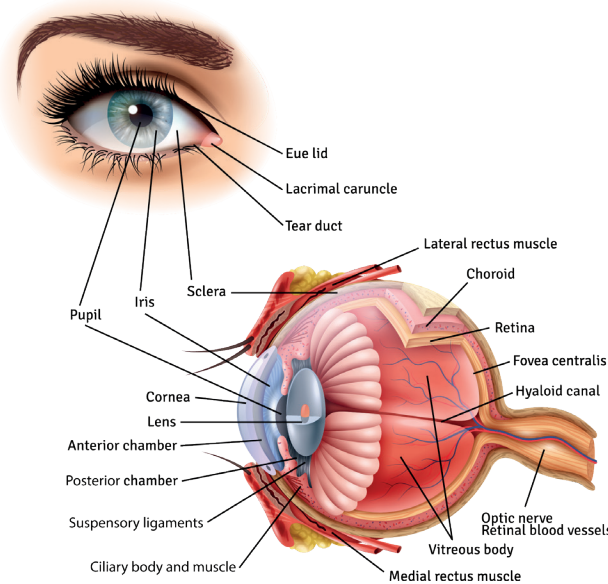


Enucleation is the surgical removal of the eye where entire eyeball is removed.

Evisceration is the surgical removal of the contents (cornea, lens, iris, vitreous, retina) of the eyeball while preserving the sclera (envelope constituting the white of the eye).

Enucleation is the procedure of choice if the eye is removed to treat an intraocular tumour, or to try to reduce the risk of developing a severe autoimmune disease affecting the healthy eye called sympathetic ophthalmia after trauma. In most other situations, enucleation or evisceration can each achieve the desired goal. Your surgeon will help you determine which surgery is most appropriate for your particular condition.

Removal of an eye may be necessary following a serious injury, to control pain in a blind eye, to treat certain intraocular tumours, to relieve a serious infection inside the eye, or for cosmetic improvement of a disfigured eye.



Preoperative care

- The night before your procedure, eat a light meal (oatmeal, soup, yogurt, etc.), then fast from midnight. You may drink water up to three hours before surgery.
- The day after the procedure, you will be able to resume a normal diet gradually.
- On the day of surgery, do not wear nail polish, make-up, jewelry, or piercings.
- Be accompanied by an adult to ensure a safe ride home.
- Take all your medication, except diabetes medications.
- Discontinue the use of aspirin or anticoagulants as recommended by the surgeon.

Hospitalization

Most users return home the same day as the surgery. You may have a large pressure dressing or bandage placed over the eye for a week to prevent bleeding. You may be asked to take medications after surgery such as antibiotics, anti-inflammatory drugs or painkillers. You may wear a conformer after surgery for several days/weeks until you receive your prosthesis.

Treatment and precautions

Several weeks after surgery, an artificial eye or prosthesis is made by an oculist. You can think of it as a very large, thick and firm contact lens. The front surface of the artificial eye is painted and customized to match your other eye. The back surface is custom moulded to fit the orbit perfectly for maximum comfort and movement. The prosthesis can be easily removed for cleaning as necessary. Most users sleep with the prosthesis in place. A prosthesis can last for several decades.

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The ocularist and surgeon should follow up with you every 6 to 12 months to make sure the eye socket remains healthy. The socket can atrophy (shrink) over time. This loss of volume can lead to laxity of the eyelids or changes in the alveoli that can affect the fit of the prosthesis. Further, the prosthesis can irritate the tissues at the back of the eyelid or the tissues at the surface of the implant. Your providers will monitor these changes.



Eye wounds

- You will have a compression bandage to decrease edema (swelling) and prevent painful eye movements.
- A dressing will remain in place for about 3 to 10 days and will be removed according to the indications of the surgeon.
- If you notice swelling of the eyelids, icing of the area is allowed for 10 minutes every hour.
- Eye ointments or eye drops (antibiotic or anti-inflammatory) may be applied after removal of the dressing in accordance with the doctor's prescription.

Recommendations for the graft site if applicable

- Stitches will be placed and you will be notified if they require removal.
- A dry dressing will be put in place: do not let it get wet for a week.
- A shower will be permitted as soon as the dressing is removed. However, avoid water at the eye level as much as possible.
- A bath will be permitted after 1 week.

Conformer

- The conformer is a plastic shell inserted between the eyelids.
- If the conformer falls out, clean it with soap and water and put it back in place immediately. If you are unable to replace it, call the outpatient clinic at the Val-d'Or hospital (819 825-5858, ext. 2215).
- Depending on the doctor's recommendation, the eyelids may be closed together temporarily to prevent shell loss.

Mobilization

- On the day of the surgery, move your legs often.
- It is better to get up more often than stand too long.
- Unless your vision was already restricted to one eye before the surgery, you will need to relearn how to evaluate the distances with only one eye and relearn how to walk by moving your head from right to left in order to obtain a panoramic view. This adjustment can take up to three months.

Pain

- Pain management is important after surgery to allow for a better recovery.

Your doctor will perform a locoregional anesthetic block near the eye to relieve pain for a few hours after surgery. It is recommended that you do not wait until the pain is too severe to take your painkiller. Acetaminophen is very effective unless you are allergic to it or have liver diseases.

Departure advice

- You may go outdoors.
- In general, it will be difficult to wear your glasses because of the dressing's size. You may put your glasses over the dressing if your frame allows it.
- You may wash your hair, while being careful not to put water on your eye or on the dressing.
- You can watch TV.
- You can bend over once the bandage has been removed.
- It is better to elevate your head when sleeping.
- Avoid physical exertion (sex, sports, lifting objects over 10 lb) for 14 days.

- Professional activities, the use of machines or dangerous tools as well as driving are not recommended, the duration of which will be defined by your surgeon.

The prosthesis

Better known as a «glass eye», the prosthesis is an acrylic shell handmade by an ocularist. In Quebec, there are fewer than 10 ocularists. Several weeks after the surgery, your ophthalmologist will refer you to the services of an ocularist, either in Quebec City or in Montreal.

Risks and complications

Signs of local infection:

- Increase in pain;
- Persistent fever;
- Greenish discharge;
- Redness, swelling;
- Foul smell.

Please note:

Your surgeon cannot control all the variables that may impact the final outcome of your procedure. Remember that enucleation or evisceration are only the first step in the reconstruction process. Therefore, it is normal to expect further surgical interventions after these surgeries. The goal is always to improve the patient's condition, but no guarantees or promises can be made regarding the success of a surgical procedure. There is always a possibility that you may not be satisfied with your results and/or that you may need additional interventions. As with any medical decision, there may be other inherent or alternative risks that should be discussed with your surgeon.