

SURGICAL PROCEDURES

Excision of an eyeball enucleation

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Indications include a blind, painful eye, a blind, cosmetically poor eye/intraocular neoplasm and, in cadavers, for use in corneal grafting. The operation The speculum is introduced between the lids and opened. The conjunctiva is picked up with toothed forceps and divided completely all round as near as possible to the cornea. Tenon's capsule is entered and each of the four rectus and two oblique muscle tendons is hooked up on a strabismus hook and divided close to the sclera. The speculum is now pressed backwards and the eyeball projects forwards. Blunt scissors, curved on the flat, are insinuated on the inner side of the globe, and these are used to sever the optic nerve. The eyeball can now be drawn forwards with the forceps, and the oblique muscles, together with any other strands of tissue that are still attaching the globe to the orbit, are divided. A swab, moistened with hot water and pressed into the orbit, will control the haemorrhage. If an orbital implant is inserted to give better eye movement, the muscles are sutured to the implant at the appropriate sites. The subconjunctival tissues and conjunctiva are closed in layers. Evisceration is preferred to excision in endo-ophthalmitis, minimising the risk of orbital and intracranial spread with meningitis. The sclera is transfixated with a pointed knife a little behind the corneosclerotic junction, and the cornea is removed entirely by completing the encircling incision in the sclera. The contents of the globe are then removed with a curette, care being exercised to remove all of the uveal tract. At the end of the operation the interior must appear perfectly white. A ball orbital implant made of acrylic or hydroxyapatite may be placed within the orbit behind the sclera to improve the appearance when the artificial eye is fitted.

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