Enucleation and Evisceration Surgery
Frequently asked questions

What is the difference between evisceration and enucleation surgery for removal of the eye?
Enucleation and evisceration are two procedures used to remove an eye. With enucleation, the whole eyeball is taken out. In evisceration, the clear front part of the eye (cornea) and the contents are removed, but the tough white coat of the eye (sclera) is kept. In both enucleation and evisceration surgery, an implant is put in the eye socket to help replace most of the eye. The recovery after surgery is also almost the same for both operations. An artificial eye (prosthesis) is made by an ocularist about 8 weeks after the surgery.

What basically happens during the surgery?
Enucleation and evisceration are done under general anesthesia or deep sedation. In enucleation, the whole eye is removed, and the eye muscles are reattached to the implant. In evisceration, the front part of the eye and the contents of the eye are removed. An orbital implant (Figure 1) is placed in the socket to replace most of the eye. In either surgery, the soft tissue layers are then closed. A plastic shell, or conformer (Figure 2), is placed behind the eyelids, and the eyelids are often stitched together for a short time.

Should I expect pain after surgery?
Pain is different for everyone. It is usually taken care of by resting, icing, and avoiding strenuous activity that could increase pressure in the socket. You will also take pain medicines. The first 2-day period is often the most uncomfortable, with gradual improvement over the following week. If the pain becomes worse, or causes significant nausea or vomiting, contact the office or doctor on call to ask whether you need to be seen sooner than your scheduled follow up appointment.
I understand there will be a large dressing for 3-4 days after surgery. How do I take care of the socket after the dressing is off?
The taped dressing (Figure 3) may get pink or red from light bleeding in the first few days but should not be removed or changed. This bandage keeps pressure on the socket to keep down swelling and bleeding. Ointment is not needed while the pressure dressing is in place. The eyelids may also be sewn shut for a short time (Figure 4). These sutures will be removed at your next visit. Once the bandage has been taken off (usually on the 4th morning after surgery) the lid tissues may be cleaned gently with warm, wet compresses to remove dried blood and crusting.

When do I start the eye ointment?
Ointment is usually placed in the socket at the end of surgery. It does not need to be reapplied until the dressing is removed. After the bandage has been removed, a small strip of ointment can be placed in the socket (or on the eyelashes if the lids are sewn shut) with a clean finger or cotton-tip applicator, usually 2-3 times a day.

What does the eye socket look like after surgery?
At first, the socket will be swollen and bruised. As the socket heals, the tissues will become less swollen and red, and the sutures dissolve on their own. The round (spherical) implant helps fill up the socket so that it does not look like a cavity or hole. If the lid is lifted, the socket will be a fairly even pink tissue all over (Figure 5). You may cover the socket with gauze if you wish, but this is not necessary. Some patients choose to buy and wear a black eye patch until their artificial eye (prosthesis) is made. The upper lid may also be droopy until the final prosthesis is made.
What activities can I do after surgery?
Avoid strenuous activity for one week after surgery or until you see your doctor. This includes bending, exercising, sports, and lifting more than 15 pounds. Any activity that increases your heart rate a lot soon after surgery may cause bleeding/hemorrhage or increased swelling in the socket. This may slow healing or risk the final outcome.

What should I do if the clear conformer falls out after surgery? If I can’t get it back in, is it okay to leave it out?
The clear conformer (Figure 2) placed at the time of surgery is not custom fit to your socket. It may occasionally fall out after surgery. If the conformer falls out, it should be:

1. Gently cleaned with regular soap and water only. Do not use cleaning chemicals or alcohol swabs.
2. Hold the conformer, which is a clear oval disk, sideways.
3. Place the conformer gently under the upper lid until it stops.
4. Hold it in place and use your other hand to pull the lower lid edge down and over the bottom edge of the conformer. Once the lower lid lashes come around the bottom of the conformer, it will fit back in the socket.

If you cannot replace the conformer back in the socket, it can be left out. Please call the doctor’s office to see if you need an appointment. Do not worry if the conformer falls out. This is not an emergency.

When do I get fitted for the artificial eye (ocular prosthesis) and how is that done?
The artificial eye, the prosthesis (Figure 6), is usually fitted about 8 weeks after the surgery in order to allow swelling to go down. You should schedule the appointments with your ocularist’s office before your surgery. An ocularist is a professional medical artist trained in fitting and creating ocular (eye) prosthetics. Three appointments, for fitting your first prothetic, are usually scheduled two days in a row. During these visits, the customized prosthesis will be molded and painted to best match the other eye.

Figure 6. Custom made ocular prosthesis (front and back views)
How does the prosthesis fit in the socket?
Because the artificial eye is custom made for your socket it should fit without any adhesives or other devices. It simply goes behind the upper and lower eyelids like a large thick contact lens. The ocularist may often mark the top of the prosthesis to help you when putting it in the socket.

How do I take care of the prosthesis? Do I need to clean it every day?
If the artificial eye fits well and is comfortable, it is often better to leave it in and not take it out every day. It does not need to be cleaned daily. If necessary, warm water and gentle soap or baby shampoo should be used. Please ask your ocularist about the general care of the prosthesis. You should know that your artificial eye will need to be replaced every 5 to 8 years, and more often for children. Your ocularist will also need to clean and polish it every 6 months to a year.

Will I be able to drive eventually?
Most patients, who have lost sight in one eye and have good vision in the other eye, will eventually drive. Driving shorter distances and during the daytime will be a good start. On the other hand, those who have lost an eye usually do not feel comfortable operating heavy machinery or commercial vehicles, because of a smaller field of vision and less depth perception.

Other resources that may be useful:

*A Singular View: The Art of Seeing with One Eye* (Paperback) by Frank B. Brady

Thank you for placing your trust in our team at UW Health. If you have more questions, please let us know or call our office at (608)263-7171.

Cat Burkat, MD, FACS
Professor
Oculoplastic, Facial Cosmetic, and Orbital Surgery

Mark Lucarelli, MD, FACS
Professor
Oculoplastic, Facial Cosmetic and Orbital Surgery