***Subconjunctival enucleation***

Each eyelid was retracted by means of a single suture with size 1 nylon (Ethilion) 11 attached to the drape. The LigaSure was used at 7 different stages during the procedure (this is a lateral canthotomy was performed to increase surgical exposure. The LigaSure was applied through the skin and conjunctiva and Stevens scissors were used to incise along the line of sealing and coagulation; (b) a stay suture was placed through the conjunctiva and the dorsal rectus muscle at 12 o’clock on the globe, 1 cm from the limbus. The conjunctiva and the muscle were incised by application of the LigaSure and cutting with Stevens scissors through the resulting ‘seal zone’; (c) the stay suture around the dorsal rectus and globar edge of the muscle were gently pulled to exteriorise the eye. A 360° conjunctival incision was made with the LigaSure and Stevens scissors 5 mm caudal to the limbus and extended caudally, dissecting the conjunctiva and Tenon’s capsule from the globe; (d) the third eyelid was grasped. Haemostasis was achieved by application of the LigaSure and the third eyelid was removed; (e) to facilitate manipulation of the globe, sufficient conjunctiva was left attached posterior to the limbus for grasping with forceps. The dissection was continued around the conjunctival sac to identify the attachment of the extraocular muscles. The muscles (ventral rectus, lateral rectus, medial rectus, dorsal oblique, ventral oblique and retractor bulbi) were isolated with a Jameson muscle hook and transacted from the globe by application of the LigaSure; (f) when all the muscular attachments had been resected and one index finger could be passed around the globe, a gauze sponge soaked in mepivacaine hydrochloride was placed adjacent to the optic nerve for 5 min. In all cases, further anaesthesia of the optic pedicle was obtained by slow infiltration of 0.5% bupivacaine hydrochloride10 (10 ml), even after a successful retrobulbar block. Care was taken to avoid traction on the nerve. A large, curved haemostatic forceps was placed across the optic pedicle and curved Mayo scissors were used to transect the optic stalk between the globe and the lamp. The globe was removed, taking care not to puncture the globe. The eye was placed in fixative. The clamp was removed. In the most recent cases (g) The orbit was flushed with 0.1% solution iodine in sterile water. The eyelid margin (approximately 5–8 mm) was resected, taking care to also remove the mebonius glands. Bipolarelectrocautery (Valleylab Bipoloar)1 was used to incise the skin superficially, and the LigaSure and Stevens scissors were used to transect deeper layers.The skin edges of the orbit were apposed with 2-0 polyamide horizontal mattress sutures (Ethicrin)11 and 4–5stainless steel skin staples (Autosuture Royal)12.