**POST-OP CARE FOR EYE ENUCLEATION SURGERY IN COWS**

An eye patch or covering may be worn by the patient until the eyelids have healed well (5 to 10 days post-operatively) to protect the surgery site and prevent self-trauma. It is usual for some orbital swelling to occur, usually due to haematoma formation underneath the sealed eyelids. This usually resolves in three to five days. The accumulation of blood into the suture closed orbit acts as a pressure bandage and stops further bleeding.

Alternatively the wound could be packed with a lengthy strip of gauze/cloth, which is left pertruding from sutured lids and each day a portion of the gauze/cloth is pulled out and subsequently removed. Observe that this method which utilizes the exteriorization of material from the environment and into an open wound may act as a conduit for infection. The eye must therefore be observed daily and the patient examined.

Warm compresses may be applied by the farmers if this seems to give the animal some relief. A tear duct connects the orbit to the nares, and therefore a small amount of bleeding (usually serosanguinous in nature) from the ipsilateral nostril may be observed in the first three to four days after the procedure. Post-operative analgesia, in the form of non-steroidal anti-inflammatory drugs such as Banamine, should be provided for approximately five days after surgery. A short course of post-operative antibiotics like Pen-Strep are normally prescribed as it is impossible to maintain completely aseptic field throughout.In cases where non-absorbable sutures have been used in the eyelids, these are removed 10-14 days following surgery.

Animals recovering from anaesthesia may feel a bit weak as the sedation may not completely wear off after the procedure and so it is important to ensure that the patients are slowly walked or carried to a safe, hazardless area. The best thing to do is to get an animal into a clean, shady, wide open space with minimal dust where there are no objects to trip over or bounce into.

There can be complications associated with enucleation. These include:

•Cardiac bradyarrhythmias as a result of the oculo-cardiac reflex. Stimulation of the vagus nerve can be avoided or minimised by gentle globe and tissue handling.

•Intra-operative bleeding. This may arise from the optic blood vessels. Usually packing the orbit with a swab and applying digital pressure for long enough (five minutes or more) will stop the bleeding. Bleeding can also occur from the angularis oculi vein when the eyelids are being removed. It is situated below the medial canthus.

•Post-operative bleeding. Eyelid closure provides a seal to contain any further haemorrhage. However, if bleeding is extensive, the orbit can swell and blood may escape. For small or unwell patients, the potential blood loss may be significant.

•Infection.

•Dehiscence of the surgical wound.

•Cyst or mucocoele formation due to inadequate resection of conjunctiva or gland of the third eyelid. Build-up of lacrimal secretions can lead to sinus formation.

•Orbital emphysema.

•Blindness of the contralateral eye due to damage to the optic nerve.

•Pain. Severe pain warrants the attention of a veterinarian.

When it comes to enucleation in most animals, blindness is well tolerated. Animals with vision in one eye cope very well and generally behave completely normally. They do lose their binocular vision which does alter their depth perception (stereopsis), although they do retain a limited ability to judge depth using other visual cues. In addition, a variable degree of orbital depression is present, but this is usually cosmetically acceptable and rarely causes the animal any problem. When the hair regrows, the depression becomes less obvious.