**ADVANTAGES AND DISADVANTAGES OF EVISCERATION**

In evisceration, most of the sclera is retained and the extraocular muscles' attachments are preserved .This procedure generally produces better cosmetic results and implant/prosthetic motility than most enucleation surgeries. There is also less chance of orbital volume changes, evidenced as a retracted supratarsal sulcus or generalized atrophy of the orbital soft tissues. These two pro c e d u res, evisceration and enucleation, must be compared relative to the management of intraocular tumors, the surgical treatment of uncontrollable endophthalmitis, the prevention of sympathetic ophthalmia, and the maintenance of maximal anatomic integrity of the orbit. The relative simplicity of an evisceration permits its use for even the most debilitated patient, as anesthesia and blood loss are minimized . These procedures produce markedly different effects on the position and appearance of the orbital contents. In the occasional surgeon's hands, enucleation might be thought of as the total removal of a well-suspended, properly located globe, and replacing it with a poorly supported implant without an established rotational center or a reason to stay put.

Evisceration has the distinct cosmetic and functional advantage of leaving the orbital anatomy virtually undisturbed with intact suspensory ligaments and pulley system. Motility of the socket and eyelids may be retained indefinitely, and ptosis of the muscle cone and socket may never occur.