Evisceration

Evisceration Surgery - Evisceration surgery refers to the removal of the inside contents of the eye (cornea, iris, lens, vitreous, and retina). The procedure is usually performed to reduce pain or improve cosmesis in a blind eye, as in cases of endophthalmitis unresponsive to antibiotics The white shell of the eye (sclera) is left in place. The extraocular muscles are left attached to the eye surface and the optic nerve is not cut. Once the contents of the eye are removed, the sclera, Tenons, and conjunctiva are then closed. This can be done with a regional nerve block without general anesthesia. However, a small dose of anesthesia may be given to keep the patient still. After the area is numb and patient is sedated, the surgeon will make an incision and use a curette to remove the contents of the eye. At the end, the sclera will be left open to drain, in cases of infection, or sewn closed. Antibiotic ointment and a bandage are then applied. You will be discharged and sent home when the pain is under control and the swelling has decreased.

Surgery

Opening the Globe

An evisceration can be performed with or without a keratectomy, although it is preferable to preserve the cornea if possible. If the cornea must be removed, it should be completely excised following the peritomy. Cocaine is applied topically to the corneal epithelium to loosen this tissue, and the epithelium is then scraped away with a scalpel. A 360° peritomy is performed and a stab incision is made at the 12 O'clock position, 5-mm posterior to the limbus. The wound is then opened to the right and left for 180° and the intraorbital contents are delivered with an evisceration spoon. The endothelium is removed and neurosurgical peanuts are used to remove as much pigment as possible from within the scleral envelope. Any remaining pigment is removed by scrubbing with cotton-tipped applicators soaked in 95% alcohol, with care taken to avoid conjunctival inflammation from contact with the alcohol. Irrigation with suction is then performed to remove the residual pigment and alcohol.

Sizing the Scleral Envelope

The diameter of the scleral envelope is then measured using a set of graduated sizing spheres. The initial incision can be extended to allow access to the intrascleral envelope and, if needed, anterior relaxing incisions can be made between the medial and superior rectus muscles, and between the superior and lateral rectus muscles. The edges of the sclera are then tagged with 4-0 Vicryl suture and are held open using hemostats. If the scleral envelope is too small to accommodate the required implant size, then the posterior aspect is opened to allow the implant to protrude into the muscle cone. An incision is made around the optic nerve and the optic nerve is released. Relaxing incisions are then made from this hole anteriorly into the quadrants between the rectus muscles. These incisions should be no longer than is necessary to

accommodate the implant without tension on the anterior closure. Periodic measurements with the sizing sphere should be made to confirm the level of relaxation.

CLOSURE

The scleral opening, relaxing incisions, and perilimbal incision are then closed with interrupted 5-0 Vicryl sutures, with the knots either buried or left exposed. Tenon's capsule is then closed anterior to the cornea with interrupted 5-0 Vicryl sutures and the conjunctiva is closed with a running 5-0 Vicryl suture. A medium-sized conformer is then placed and two tarsorrhaphy sutures are placed in the lid to manage the additional swelling associated with eviscerations.

Risks

As with any procedure, there are risks in undergoing removal of the eye. Vision is lost in the eye operated on after the procedure. However, some other possible risks will include:

- **Bleeding, including hematoma:** If there is severe bleeding after the procedure, your surgeon might need to quickly take you back to the operating room to stop the bleeding.
- **Infection:** There is always risk of an infection after the surgery. This might require antibiotics and/or drainage of the infection. Because the orbital cavity and the eye are so intimately associated with the brain, a risk of brain infection or other problems exists.
- **Other:** Other risks will be associated with the adjunct procedure being performed, such as maxillectomy or craniofacial resection.