THIRD-EYELID REMOVAL

Principle:

The third eyelid is removed due to neoplasia, traumatic lacerations, and inflammatory/infectious processes. The third eyelid is exercise then removed.

Method:

1. After appropriate nerve blocks such as Peterson and retrobulbar nerve block.
2. The third eyelid is grasped using surgical tissue forceps (being careful not to grasp the outer edge of the third eyelid) or surgical gloved fingers to extend the full portion of the lid.
3. After extension dorsolaterally across the globe, two curved Mosquito or Crile hemostatic tissue forceps are used to delineate the most ventromedial margins of the nictating membrane. Each hemostatic tissue forcep is placed across the base of the nictating membrane beyond or proximal to the T-shaped piece of cartilage.
4. The hemostatic forceps serve as surgical excision boundaries and also serve to crush conjunctiva to decrease hemorrhage from the surgical site.
5. Scissors (preferably curved Mayo scissors) or a scalpel blade are used to excise along the border of both hemostatic forceps, removing the entire third eyelid.