* The third eyelid is grasped using surgical tissue forceps, Graefe fixation forceps, or surgical gloved fingers to extend the full portion of the lid.
* 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 (Fig. 5).
* The hemostatic forceps serve as surgical excision boundaries and also serve to crush conjunctiva to decrease hemorrhage from the surgical site. Subsequently, scissors (preferably curved Mayo scissors) are used to excise along the border of both hemostatic forceps, removing the entire third eyelid (Fig. 6, A and B).
* After removal of the hemostatic forceps, retrobulbar adipose tissue may occasionally prolapse from the medial canthus region. This tissue may also be excised using scissors without any untoward effects.
* Suture repair of the excised margins of the third eyelid can be performed; however, conjunctiva heals adequately by second intention, and the potential of iatrogenic irritation to the cornea from placement of suture near the globe is a good reason for not suturing the wound. The surgical site to heal by second intention.



Fig. 5. Hemostatic tissue forceps are placed across the base of the third eyelid, proximally to the T-shaped piece of cartilage, to serve as surgical boundaries.



Fig. 6. Surgical removal of third eyelid. (A) Surgical excision of nictating membrane along borders created by hemostats. (B)Surgically excised nictating membrane.

Extracted from ;

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