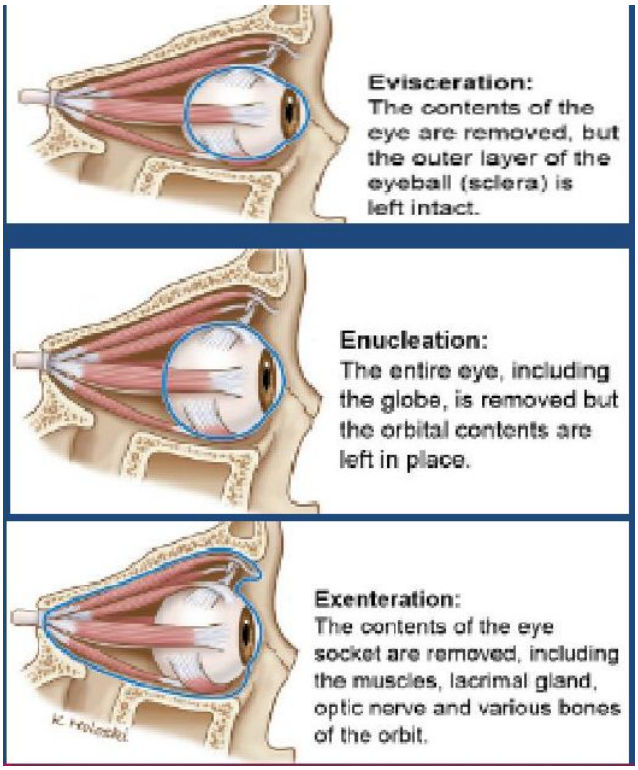
Eye Exenteration Procedure

Exenteration involves transpalpebral enucleation plus the removal of all the orbital contents.

Indications include: intraorbital neoplasia as well as extrascleral extension of intraocular disease.



- Area must be clipped and eyelashes removed
- Application of Peterson's or retrobulbar or 4 point nerve block
- Following surgical preparation, the patient's affected eye is draped with a sterile drape and kept in place with the use of a towel clamp.
- The patient's eyelids are closed together in a simple continuous suture pattern. This is done to use as traction on the eye throughout the

surgery and provide a seal to minimize contamination of the surgical field.

- An elliptical incision is made around the orbit, leaving as much undamaged tissue as possible. The incision is approximately 1cm from the margin of the eyelid. The ventral incision and subsequent dissection are done through the subcutaneous tissue, orbicularis oculi and around the conjunctival fornices.

- Blunt dissection is used for 360° around the entire orbit continuing down to the caudal aspect of the orbit.

- When the optic stalk and optic blood supply is reached, a curved hemostat (forcep) is used to grasp the stalk. The stalk was then severed distally.

- All muscles, adipose tissue, the lacrimal gland, and fascia are removed, along with the eyelids and eyeball.

- The orbit is packed with sterile gauze for five (5) minutes to stem any haemorrhage which might occur and removed before completion of closure with suture.

- Closure is done on the subcutaneous layer using simple continuous suture pattern, 2-0 absorbable suture and interrupted horizontal mattress suture pattern was placed in the skin using 0 synthetic nonabsorbable suture material.

- Sutures are to be removed 14 days post operatively.

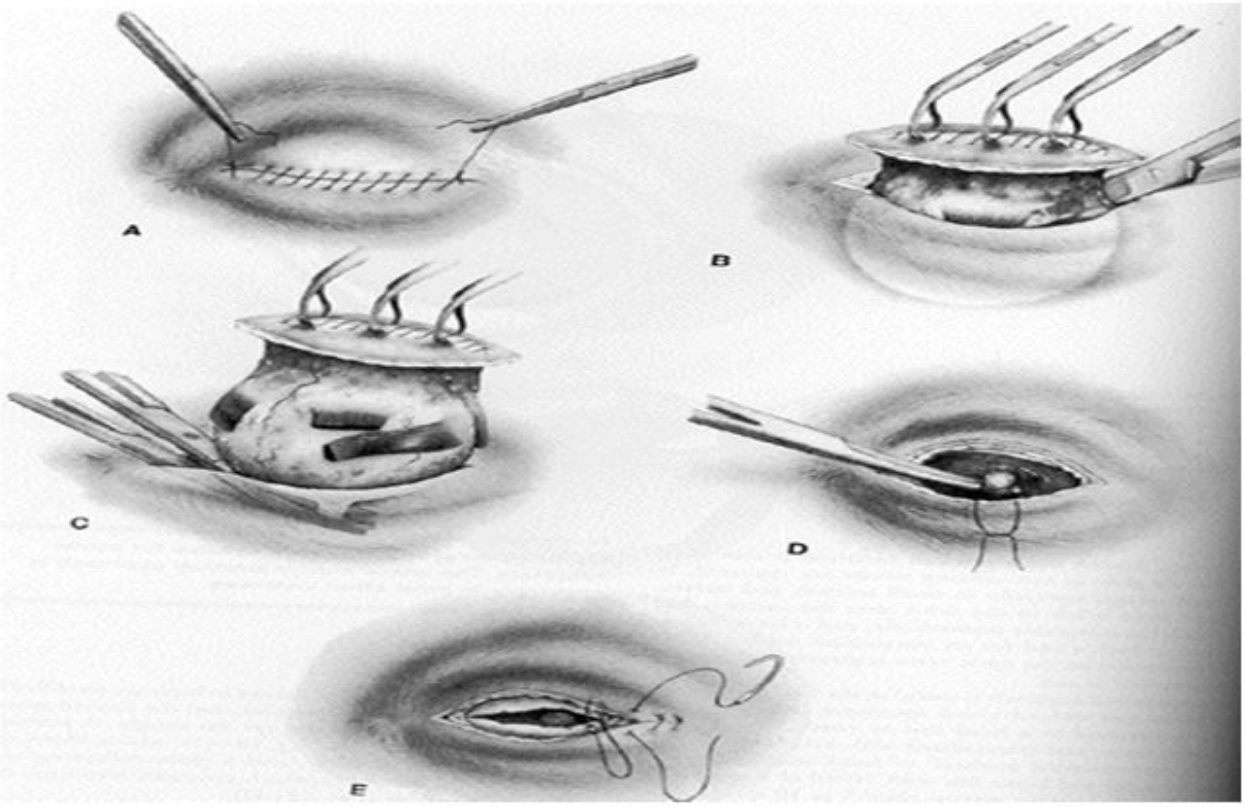


Diagram Showing Procedure

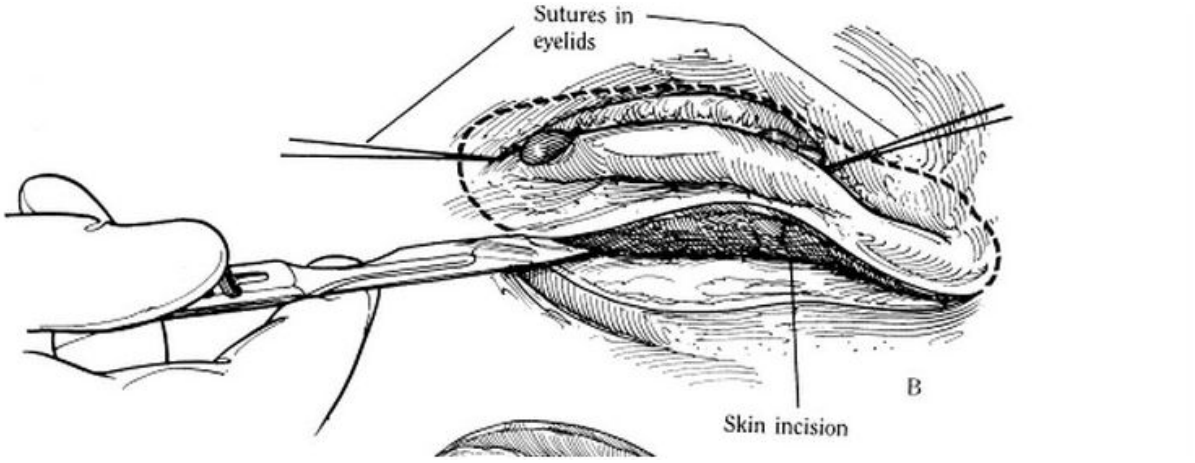


Diagram Demonstrating Elliptical Incision

Pictures from the Lab