**Procedure for Transconjunctival (subconjunctival) Enucleation**

1. A lateral canthotomy is performed to increase surgical exposure. (Although this is not essential, an eyelid retractor can be used when this is preferred by the surgeon.)
2. Grasp and remove the third eyelid, along with the gland of the third eyelid, using tenotomy scissors. A 360° conjunctival incision is made 3-5 mm posterior to the limbus and extended posteriorly, bluntly dissecting the conjunctiva and Tenon’s capsule from the globe. Just enough conjunctiva should be left attached posterior to the limbus for grasping with a forceps, to facilitate manipulation of the globe.
3. The extraocular muscles are transacted close to their insertion on the globe. The optic nerve and associated blood vessels are clamped with curved artery forceps. The globe is removed by sectioning between the forceps and globe, taking care not to puncture the globe. The eye is placed in fixative. The clamp is left in position while the eyelid margin is removed, taking care to also remove the eyelid margin at the medial canthus, where the eyelids are more closely attached. Where possible, the optic nerve and ciliary blood vessels are tied with a ligature. The purpose of this ligature is both to reduce haemorrhage and to close the nerve sheath which directly communicates with the central nervous system, preventing reflux of blood or leakage of cerebrospinal fluid. However, this is not always possible, in which case the clamp may be removed and the orbit packed with a sterile swab while firm digital pressure is applied for five minutes.
4. The swab is removed and observation for further bleeding is made, but usually it has stopped at this point apart from mild capillary seepage. Conjunctiva should be removed to reduce the possibility of mucocele formation.
5. The orbit is usually closed in three layers. The first layer is adjacent to the periorbital rim and is used to close as much dead space as possible. The second layer is at the level of the Tenon’s capsule and conjunctival remnants, and the third layer is an intradermal layer.
6. A continuous suture pattern may be used and this will reduce overall anaesthetic time, although dehiscence is more likely than with the simple interrupted pattern. Some veterinary surgeons prefer skin sutures (for example nylon or silk sutures) in the eyelids.