Third Eyelid Flap Removal

**Advantages**

1. It reduces frictional irritation and dessication to the cornea.

2. It is easier to perform compared to the conjunctival flap.

3. Topical medication can still be administered.

**Disadvantages**

1. Unable to monitor and visualize the cornea or globe which does not allow for accurate monitoring of the eye and the wound healing process.

2. Sutures may pull out of the third eyelid if incorrectly placed.

**Procedure**

1. The animal is properly restrained as descibed in the pre op procedures.

2. Local anaesthetic is applied where the sutures will be placed on the nictitating membrane and the upper eyelid.

3. A stent is placed over the lateral portion of the upper eyelid and held in place by an assistant.

4. A bite is taken using a curved cutting needle directed through the skin and conjunctiva of the upper eyelid, 1 cm from the lid margin.

5. The upper lid is grasped and pulled away from the globe as the needle is directed out through the palpebral fissure, guarding the cornea.

6. With the third eyelid extended by an atraumatic forceps, a bite (in the form of a horizontal mattress suture) is taken through the palpebral or front surface of the nictitans, 2 to 3 mm from its free edge.

7. The horizonatal mattress suture is completed by passing it back through the palpebral conjunctiva and skin so that the final bite is 2 to 4 mm from the first. An additional suture is preplaced in a similar fashion.

8. Before tying is completed, the sutures are pulled in unison to allow the nictitating membrane to sit as deeply as possible in the dorsal conjunctival fornix.

9. The suture is then tightened and tied over the stent with a surgeon's knot and 4 square knots.