

Procedure:

- The eyelids may be sutured closed using 3 non-absorbable suture material, or
- The eyelids held closed using hemostats or towel clamps, or
- The eyelids remain open during surgery

Freeing the globe:

- Make an elliptical Incision 10mm from the edge of the upper and lower eyelids, initially using a scalpel blade, followed by blunt and sharp dissection using curved Mayo scissors.
- Mayo scissors are used to dissect the orbicularis oculi muscle, subcutaneous tissue and fascia surrounding the eye.
- Sharp transection of the medial and lateral canthus ligaments is required.
- Aggressive blunt and sharp dissection of the retrobulbar musculature is required using mayo scissors.
- This process is continued caudally behind the eye, with gentle tension applied to the eyelids.
- The globe will then become free.
- Transect optic nerve:
- Hemostat is then applied to the optic nerve.
- Incise the nerve with curved scissors 5 mm behind the globe between the globe and clamp.
- The clamp is then removed.
- Remove globe:
- Sever any remaining attachments surrounding the globe.

Exit:

- Close subcutaneous tissues
- An absorbable suture material is used to close the subcutaneous tissue in a continuous pattern.
- Note: some practitioners prefer not to place a subcutaneous suture.
- Close skin:
- A non-absorbable suture material is used to close the skin. The options for the suture pattern used to close the skin include: cruciate, forward interlocking and horizontal mattress.
- Note: drains are not required unless there has been a pre-existing infection in the wound.

Bandage:

- A pressure bandage may be applied over the eye socket to assist in hemostasis.
- The pressure bandage is to be removed after 24 hours.
- Note: many practitioners do not apply a pressure bandage as adequate hemostasis is achieved with closure of the surgical wound.