Enucleation

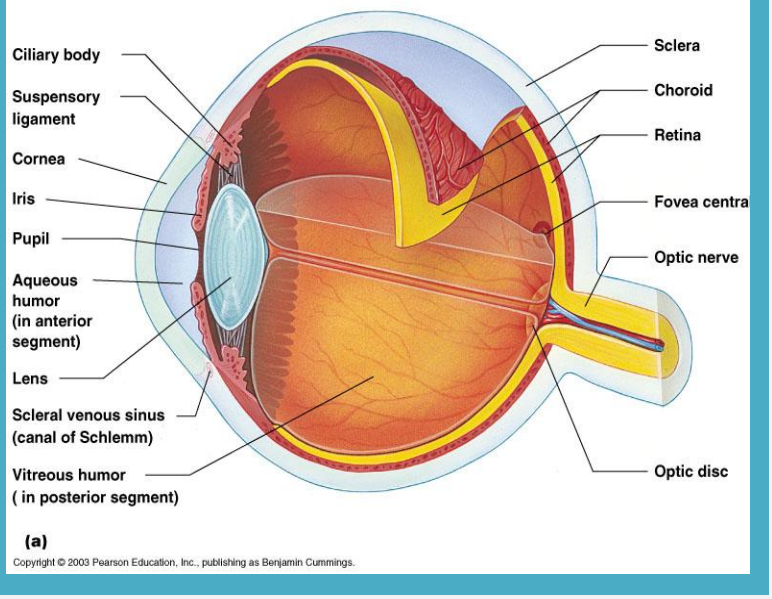
Removal of the eyeball (globe) ONLY

Indications:

- ✓ Uncontrollable glaucoma
- ✓ Severe trauma
- ✓ Intraocular neoplasms
- ✓ Infections/ inflam on or w/in the eye that is unresponsive to therapy
- ✓ Congenital deformities

Considerations:

- ✓ Done when the condition is confined to the globe
- ✓ The type of Enucleation will depend on the presence/ absence of infection



Intra-Op

Eye lid remains open

Eye lids are closed

Sub-conjunctival

Used for non-contaminated cases (ie infection/neoplasia is confined to the globe)

1. Perform a lateral canthotomy (to allow better access to the globe)
2. Incise around the bulbar conjunctiva (360°) approx 5mm form the limbus.
3. Isolate and transect the extra-ocular muscles and optic nerve.
4. After removal of the globe; eyelid margins; conjunctiva; 3rd eyelid and 3rd eyelid gland, routine closure is done, with a simple continuous pattern.

Avoid too much traction on the globe!

Too much traction → oculo-cardiac reflex → potentially blinding the other eye

Trans-palpebral

Used in cases w/ infected ocular surface or neoplasia not restricted to the globe

1. Lid margins are sutured together, using a simple continuous suture pattern.
2. Approx 5mm from the lid margin is incised (in an elliptical shape) through the SQ tissues and obicularis oculi muscle (Do not incise through the conjunctiva).
3. Blunt dissect around the globe, to the limbus.
4. Isolate the muscles and transect w/ scissors.
5. Clamp the optic nerve w/ a curved forceps and transect.
6. Pack the orbit for 5mins w/ gauze (so that the orbit won't become filled w/ blood) and ligate any bleeder.
7. Palpate the remaining orbital tissue & orbital bone to ensure that no evidence of neoplasm.
8. Close the SQ tissues w/ simple continuous and skin w/ interrupted horizontal mattress.