

Requirements

Materials required

Minimum equipment

- Standard surgical kit.
- Curved Mayo scissors .
- Curved hemostats (scissors are essential).

Ideal equipment

- Eye speculum for transconjunctival approach.

Minimum consumables

- 2-0 polyglactin 910 , eg Vicryl or polydioxanone , eg PDS II.
- 2-0 non-absorbable suture material.

Ideal consumables

- Sterile intraorbital silicone prosthesis 40-47 mm diameter.
- 2-0 polypropylene , eg Prolene.
- Stent bandage.
- 0 non-absorbable suture material for stent bandage.

Preparation

Pre-medication

- 4 Point Nerve Block and Peterson nerve block is applied

Dietary preparation

- Standard regimen.

Site preparation

Site

- Eye and lids including a wide margin of facial skin around orbit.

Preparation

- Cut off vibrissae and cilia with scissors.
- Standard aseptic preparation: clip hair with fine blade or razor, wash hair off with saline, swab with 1:50 saline dilution (2%) povidone iodine antiseptic .
- Irrigate conjunctival sac with 1:50 saline dilution (2%) of povidone iodine antiseptic - leave for 5 min.
- Place swab impregnated with solution over eye up to start of surgery.
- Drape aseptically over eye and rest of head with plastic barrier drape.

Other preparation

- Pre-operative systemic antibiotics because the operative site cannot be completely sterilized.
- Tetanus prophylaxis advised

Restraint

- General anesthesia

Procedure

1. Suture the lower eyelids and incise the skin as described for enucleation.
2. Dissect everything away from the bony orbit, rectus muscles included.
3. Transect the optic nerve and retrobulbar muscle as close to the bony orbit as possible.
4. Close skin incision using nonabsorbable suture material. The pattern used is the surgeon's choice, a trampoline suture will provide a better final cosmetic appearance and placing interrupted sutures in the medial portion will allow drainage, but could also allow infection to enter. In these cases, a drain may be necessary despite the risk of infection.