



Removal of an eye

This information is for patients who are to undergo an operation to remove the eye called enucleation.

When patients are told that they need an eye removed they are often shocked and afraid about what the operation involves and about their appearance after the operation. This is a normal reaction and we hope this booklet can address some of the anxieties and answer some of the questions that patients may have.

Why do I need an enucleation?

This operation is sometimes necessary to treat eye cancer. It is only undertaken if all other treatment options are ineffective. Your doctor will have discussed the treatment options with you and explained that this is the best treatment for you. The aim of the operation is to remove your tumour.

What is enucleation?

An enucleation operation is where the eye ball is removed. The eyelids, eyelashes, eyebrows and surrounding skin will be left as they are.

The eyeball is set inside the protective bony eye socket (orbit). The eyelids protect the front of the eye and are lined with a protective membrane called

the conjunctiva that also covers the front of the eyeball. The optic nerve is attached to the back of the eyeball. There are muscles attached to the surface of the eyeball which are responsible for moving the eye.

During the operation the optic nerve and eye muscles are cut and the eyeball is carefully removed. It is replaced with an orbital implant in the shape of a ball. Some of your eye muscles are then stitched to the orbital implant so the eye muscles will be able to move the implant. This means that when your artificial eye is fitted at a later date it should move in a similar way to your normal eye.

At the end of the operation your conjunctiva, the membrane lining the eyelids, is positioned so that it covers the implant giving the eye socket a pink appearance. After surgery, a temporary transparent plastic shell is put in place in the eye socket to allow healing and give shape.

After a few weeks the clear shell will be replaced by an artificial eye (prosthesis). The prosthesis is shaped like a large contact lens and will sit in your eye socket over the orbital implant. You will



be shown how to remove it so that you can clean it when required.

What are the complications of an enucleation operation?

The operation is usually straightforward but as with all surgery there is a small risk of complications. Short-term complications can include bleeding, swelling and infection. Long-term complications can include discharge and socket irritation or exposure of the ball implant.

Where will I have the operation?

Your operation will take place at Moorfields or St Bartholomew’s Hospital; you will need to stay in for one night.

What happens before the operation?

You will be seen by one of the doctors and an anaesthetist, and you will be asked to sign a consent form for the operation which is performed under general anaesthetic.

The eye that is to be removed will be carefully marked and checked again just before the operation.

How long does the operation take?

The operation lasts about one hour.

What will happen after the operation?

You will go back to the ward after surgery and your eye will be covered with a firm dressing to help reduce swelling. This will stay in place for about one day.

Your eye may feel a little painful and sore, and you will be given pain killers if you need them.

The day after the operation the dressing will be removed. Your eye socket will look red but it will become pinker in colour as it heals. Some bruising and swelling of the eyelids may occur; this can become worse over the first few days before gradually getting better.

You will be able to see the clear plastic shell that has been placed in your eye socket. This has a hole in the middle to help with airflow and drainage. It is easily removed but should stay in place until your socket heals and a temporary artificial eye is able to be fitted.

The nursing staff will show you how to clean your eye socket and give you some information on taking care of your eye and the shell. When you go home it is best to keep your eye uncovered to help healing but you can wear dark glasses until the swelling goes down.

Very occasionally the shell may fall out. This rarely happens but if it does, follow the cleaning and care instructions the nursing staff give you after the operation.

Will I need medication?

You will be asked to instil eye drops for one month to prevent infection and take oral antibiotics for one week. Paracetamol should be taken if required.

How will I feel after the operation?

You may feel upset after having your eye removed, especially if you had some sight in your eye before the





operation. Your emotions may fluctuate as you realise you are losing, or have lost, a part of you. You may also feel grief, sadness, bitterness and anger, and initially find it difficult to come to terms with having only one eye. Some patients have the sensation that the eye is still there or have temporary visual hallucinations or flashing lights. This is all quite normal and will improve over time.

If you would like to talk to someone about coping after having an enucleation you can contact one of several helpful organisations. You can also talk to one of our ocular oncology clinical nurse specialists. (Contact details are at the end of this leaflet).

When will I be seen again?

Once you have been discharged you will be sent an appointment to come back to the clinic in about a month. You will need another appointment approximately three months after the first appointment. You may also need additional radiotherapy to complete the treatment of your eye but this will be discussed with you when you attend your first clinic appointment after the operation.

When do I get my artificial eye?

Once your socket has healed, your ophthalmologist will refer you to the ocular prosthetics department for measurement and fitting of a temporary artificial eye, taken from stock to replace the shell. This will be similar to your eye but not an exact match. Your final artificial eye will be made for you

and custom painted to match your other eye. This will involve taking a mould of your eye socket so that it is the exact shape of your eye socket and fits over the orbital implant. This is a painless procedure that can take up to two hours, but ensures the eye's shape, size and colour is made to match your own. The process of making a prosthesis takes about a month and you will be fitted with a temporary prosthesis until your permanent one is ready.

Once fitted, your artificial eye should have an adequate range of eye movement.

You will be able to sleep with it in place and once the socket is completely healed you can continue with your normal life. Eye make-up can be worn and you can swim or do other water sports (you are advised to wear goggles to avoid loss of the artificial eye).

You are also advised to wear eye protection when doing any activity that could potentially cause injury (e.g. DIY) to the other eye.

Can I drive after having my eye removed?

You can drive a car as long as the vision in your normal eye meets the legal requirements for driving and you have an adequate field of vision. You will need to remember that your overall vision will be reduced and you will have to turn your head more frequently while driving to compensate for the lack of



vision on one side, however you will adapt. You will also need to take extra care when driving at night. You will no longer be allowed to drive cabs, lorries or buses.

Ocular oncology nurse specialists

Ocular oncology nurse specialists are available in the ocular oncology clinics at Moorfields Eye Hospital at City Road on Tuesday afternoons, and all day on Thursdays and Fridays. They can also meet you on the ward at St Bartholomew’s Hospital if you need to be admitted for surgery.

Contact details

Sinead Hanrahan
Tel: 0771 1765 371
Email:
Sinead.Hanrahan@moorfields.nhs.uk

Nana Gyasi-Twum
Tel: 0788 5447 138
Email:
Nana.Gyasi-Twum@moorfields.nhs.uk

Nurse counsellors

If you are finding it difficult to come to terms with your diagnosis and the treatment you require you may like to talk to one of the nurse counsellors based at City Road. Counselling provides an opportunity to talk things through, allowing you the time to explore your thoughts and feelings and to make sense of the way you feel.

Counsellors

Jasmine Thombs (available Monday–Tuesday)
Hannah Treston-Davies (available

Wednesday- Friday)

Phone: 020 7566 2385
Email:
jasmine.thombs@moorfields.nhs.uk

Hannah.treston-
davies@moorfields.nhs.uk

Write to: Ophthalmic nurse counsellors,
Moorfields Eye Hospital, City Road,
London EC1V 2PD

Alternatively, ask your nurse specialist to refer you to the counsellors.

Useful contacts:

Macmillan Cancer Support

www.macmillan.org.uk
Tel: 0808 808 00 00
Macmillan provide practical, medical and financial support and advice for people going through cancer

Changing Faces

www.changingfaces.org.uk
General enquiries tel: 0845 4500 275
Support service helpline: 0300 012 0275
A charity for people and their families who are living with conditions, marks or scars that affect their appearance.

Maggies Cancer Support Service

St Bartholomew’s Hospital
London
www.maggiescentres.org

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**Moorfields Eye Hospital NHS
Foundation Trust**
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline

Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye
conditions and treatments from
experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides
confidential advice and support to help
you with any concerns you may have
about the care we provide, guiding you
through the different services available
at Moorfields. The PALS team can also
advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients
have the right to begin consultant-led
treatment within 18 weeks of being
referred by their GP. Moorfields is
committed to fulfilling this right, but if
you feel that we have failed to do so,
please contact our patient advice and
liaison service (PALS) who will be able
to advise you further (see above). For
more information about your rights
under the NHS constitution, visit
www.nhs.uk/choiceinthenhs

