

Patient information

Enucleation

St Paul's Eye Department

Your Consultant / Doctor has advised you to have Enucleation.

What is Enucleation?

Enucleation is the term for surgical removal of the eye. During the operation, your eye will be replaced by an implant, which will fill the socket and help to achieve a good cosmetic result when you are fitted with your artificial eye.

What are the benefits of having Enucleation?

Enucleation eliminates the tumour when it is not possible to conserve a comfortable and seeing eye. It also prevents the tumour from spreading from the eye if it has not already done so.

What are the risks of having Enucleation?

There is a small risk that the ball implant will become exposed and infected. This would require further surgery. There is usually some drooping of the upper eyelid but this does not tend to be troublesome.

The lower lid may sag from the weight of the artificial eye and this may require corrective surgery, which is performed under local anaesthetic.

Are there any alternative treatments available?

There may be other treatments available and the doctor will have discussed these with you.

If you feel that you need any further information please feel free to ask your doctor or specialist ocular oncology nurse (your key worker).

What will happen if I don't have any treatment?

Your tumour may continue to grow. This might make treatment more difficult and could make the eye painful. There may be an increased risk of tumour spread out of the eye and to other parts of the body.

What sort of anaesthetic will be given to me?

General anaesthetic, or local anaesthetic, or a combination of both may be appropriate for your surgery.

The operation is usually performed under general anaesthetic. General anaesthetic is drug induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Local anaesthetic is drug induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Unfortunately, both local and general anaesthetic can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

Getting ready for your operation

If the operation is urgent you will be admitted via the day ward the morning after your clinic appointment or, if this is not possible, a couple of weeks later.

You will have some blood tests and an ECG (heart tracing).

These tests are very important for you. It is better to find out about any problems at this stage than to come into hospital expecting to have an operation, only to be told it has been postponed for medical reasons.

If there are any complications, our doctors will refer you to the appropriate hospital specialist or to your own family doctor (GP). You will be told if this is the case.

Interview / teaching session

You will be encouraged to ask questions and talk about your condition and operation.

A qualified ophthalmic nurse will explain your care plan in detail using a specially designed care programme.

The day of your operation

- You will be admitted via the Theatre Assessment Unit (TAU) on the day of your operation.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

- You will be asked to remove jewellery - band rings can be worn but they will be taped.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You will be asked to sign a consent form.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat.
- The ward nurse will then leave you and you will then be taken to the anaesthetic room.

The operation

The operation to remove your eye takes about one hour. Once your eye is removed, an implant will be inserted into the space.

The muscles that were attached to your eye will be reattached to your implant. This will give some movement of the prosthesis along with your unaffected eye, giving a better cosmetic effect.

Your implant will not be visible, and your tissues will be closed over the implant, which normally stays in the socket permanently.

A temporary prosthesis or clear conformer will be placed in the socket (over the top of your implant and surgical wound) at the end of the operation or soon after.

This helps your wound heal in the correct shape, and makes fitting of your permanent artificial eye, at a later date, much more effective. For this reason, it is important to wear your conformer or prosthesis as much as possible.

Once healed, the conjunctiva, which is the transparent tissue which covers the outer surface of the eye and the inner surface of the lids, will look similar to the skin on the inside of your lip.

Your tear function will not be affected, and you will be able to open and close your eyelids as normal.

During the operation, you will be given an injection of local anaesthetic. This is usually effective in relieving pain for the first 24 hours after your operation.

After this, any pain is usually minimal and can be helped by painkillers offered to you by the nursing staff.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure and breathing rate regularly.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed.
- The nursing staff may offer an injection to help this sick feeling go away.
- You will have a pad and shield over the operated eye.

- The socket might be red and possibly a little swollen for a couple of weeks, but this should settle quickly.
- You may see colours and other images from the side of your enucleation (i.e., 'phantom eye'). This symptom resolves spontaneously and is not worrying.

Going Home

Usually you are discharged two days after your operation.

Discharge Information

Pain relief and medication

- The nursing staff will advise you about painkillers before you leave the hospital.
- Continue any oral medication prescribed by the doctors.
- A member of the nursing staff will show you how to apply antibiotic eye drops. If necessary, a District Nurse will be asked to help you with this once you get home.
- Please wash your hands both before and after applying eye drops.
- Apply your drops at the correct times.

Your eye

For two to three weeks after the operation please avoid rubbing or pressing on your eye. Keep the socket clean and avoid touching the area with anything that might cause infection.

Getting back to normal

- Ask your doctor when you can resume driving, swimming and other sports.
- You may feel low in mood at times after you have been discharged from hospital. Sister Gillian Hebbard works closely with Professor Heimann and his patients. She can arrange for you to see a counsellor if required.
- If you would find it helpful, you can arrange for her to contact you at home after discharge from hospital. This might be an opportunity for you to ask her any questions you may have.

Returning to work

You can self-certify for the first seven days of sickness.

Before you are discharged, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need. Any further fit notes will be issued by your GP

Further Appointments

Arrangements will be made for you to be reviewed at your own eye hospital within three to four weeks of discharge, where you should be advised on further treatment with drops.

If you do not receive an appointment from your local hospital within five weeks of being discharged from Liverpool, please contact the referring eye consultant's secretary to arrange an appointment or call your Key Worker in the Ocular Oncology department who can help you to arrange the appointment.

About six to ten weeks after your operation, you will be sent an appointment by post to attend the artificial eye clinic nearest your home. Here, you will be fitted with a temporary painted prosthesis.

A further appointment will be given for measurements to be taken which will allow you to be fitted with an artificial eye that is made to measure and matching exactly the colour of your other eye.

This six to ten week time delay is ideal, as it allows the tissues in your eye socket to have settled down and means that the permanent artificial eye will be the best fit possible.

If you have been referred from elsewhere you will not need to return to the Royal Liverpool Hospital, and will be followed up at your own eye clinic back home. If at any time your consultant feels the need to send you back here for review, this can easily be arranged.

The implant should cause the prosthesis to move like a normal eye, but full movement does not usually occur. In the long term, post enucleation socket syndrome can occur.

In this, the upper eyelid can droop and the prosthesis may sit further back into the socket. Sometimes the prosthesis slips out over your lower eyelid. Should they occur, these problems can be discussed with your eye specialist.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Ocular Oncology Clinical Nurse Specialists

- **Gillian Hebbbar**
- **Gwendolyn Hachuela**
- **Shirley Varghese**

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Theatre Assessment Unit

Tel: 0151 706 3947

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Miss Jenny Pendlebury (Service Administration Manager)

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Accredited Websites:

<http://www.looc.uk.com/>

Royal College of Anaesthetists

www.rcoa.ac.uk/patients

www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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