

Patient information

## **Local Resection**

St Paul's Eye Department

Your Consultant / Doctor has advised you to have Local Resection.

### **What is Local Resection?**

A trap door will be made in the wall of your eye and your tumour will be excised and removed in one piece. To prevent excessive bleeding, your blood pressure will be lowered during the operation, by means of a special anaesthetic.

For more information, please ask your doctor or nurse for the leaflet "Very low blood pressure for removal of a tumour from the eye (Trap Door Operation PIF 323).

It is likely that you will also have additional radiotherapy in the form of a ruthenium plaque (shaped like a button), which will be placed, behind your eye for about one day. This plaque is removed under local or general anaesthesia.

### **What are the benefits of having Local Resection?**

Local Resection is performed when it is important to save vision and when other methods, such as radiotherapy, are unlikely to achieve this aim.

### **What are the risks of having Local Resection?**

The main risk of local resection is incomplete tumour removal, which is why you will be examined regularly afterwards.

The second main risk is retinal detachment, which may require surgical repair.

## **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?**

Local resection is usually carried out under general anaesthetic. To minimise bleeding during the operation, it is usually necessary to lower the blood pressure. 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 anaesthesia can cause side effects. These are usually short-lived and include nausea, confusion and pain. Complications are very rare and include awareness during the operation, paralysis and death.

The risks of anaesthesia 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, including any risk from lowering the blood pressure.

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**

You will be admitted either immediately 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. It is better to find out about any problems as soon as possible to help prevent the operations being postponed or cancelled.

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 in detail using a specially designed care programme.

## **The day of your operation**

- You will be admitted via the Theatre Assessment Unit (TAU).
- 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 08.30 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 take a shower and 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 excise the tumour from your eye can take up to three hours. It involves making a trap door in the wall of your eye, directly over the tumour. Using tiny scissors, the surgeon then cuts around the tumour and lifts it from the eye. The trap door is then closed and sutured back into position.

It is likely that you will also have a radioactive plaque placed over the trap door to destroy any invisible tumour cells that may be present.

Once in position, calculations will be carried out and you will be told how long the plaque needs to stay in place to kill the tumour cells (usually one day). At the end of this time you will go back to theatre to have the plaque removed under general or local anaesthetic.

The following day you should be allowed to go home.

### **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being taken back to the ward.
- A nurse will check your pulse, blood pressure, breathing rate and wound 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 you an injection to help this sick feeling go away.
- You will have a pad and shield over your operated eye.
- You may feel as if there is something in your eye while the plaque is in place. You may feel some slight discomfort. You will be offered pain-relieving medications if needed.
- While the plaque is in place, you will need to stay in your room or near your bed as much as possible. This is to limit the amount of radiation that other patients and visitors might be exposed to.
- You will be allowed visitors, but they will be asked to sit a few feet away from you. Children and pregnant women should not visit while you have the plaque in place.
- Ocular radiotherapy does not cause tiredness, hair loss or any generalised side effects. The treated eye might be red and possibly swollen for a few days, but this should settle quite quickly once the plaque has been removed.

### **Going Home**

Usually you can return home the day after the plaque is removed.

## **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 and anti-inflammatory 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.

**If you notice severe pain, sudden loss of vision or excessive stickiness, please contact the Emergency Eye Department on Tel: 0151 706 3949 Text phone number: 18001 0151 706 3949 or your local hospital.**

## **Your eye**

### **For two weeks after the operation please:**

- Avoid rubbing or pressing on the eye.
- Avoid heavy lifting (i.e. heavy shopping bags), strenuous exercise or heavy gardening.
- Avoid getting soap or shampoo in your eye while washing.
- Avoid eye makeup for at least two weeks after your operation.

## **Getting back to normal**

- Ask your doctor when you can resume driving, swimming and other sports.

- You may experience some double vision afterwards, but this usually corrects itself. However, it may be necessary to have a prism fitted in your spectacles. Very occasionally, a corrective operation is required.
- You may feel low in mood at times after you have been discharged from hospital. Sister Gillian Hebbar is available to help you and can arrange for you to see a counsellor if required. She works closely with Professor Heimann.
- 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 (sick note) may be issued by your hospital doctor to cover the expected time off you will need.

## **Further Appointments**

Arrangements will be made for you to be reviewed at your own eye hospital one to two weeks after discharge, where you will be advised on further treatment with drops.

It is usually between three and six months before you will be reviewed here at the Royal Liverpool Hospital.

This is to allow enough time to pass so that your consultant can assess the effectiveness of your treatment. This appointment will be sent to you through the post. If you do not receive an appointment within this time, please telephone **Mrs Jenny Pendlebury on**

**Tel: 0151 706 3973**

**Text phone number: 18001 0151 706 3973**

You will need to be reviewed every six months for the first few years, and then once a year for the rest of your life.

At first these appointments will be alternated between here and your home hospital. Eventually, you will be discharged from the Royal Liverpool Hospital. If, at any time, your consultant feels the need to send you back here for review, this can be easily arranged.

## **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 Specialist Nurses**

- **Gillian Hebbar**
- **Gwendolyn Hachuela**
- **Shirley Varghese**

**Tel: 0151 706 3976 (answer machine out of office hours)**

**Text phone number: 18001 0151 706 3976**

**Email:**

**[gillian.hebbar@rlbuht.nhs.uk](mailto:gillian.hebbar@rlbuht.nhs.uk)**

**[gwendolyn.hachuela@rlbuht.nhs.uk](mailto:gwendolyn.hachuela@rlbuht.nhs.uk)**

**[shirley.varghese@rlbuht.nhs.uk](mailto:shirley.varghese@rlbuht.nhs.uk)**

**Theatre Assessment Unit**

**Tel: 0151 706 3947**

**Text phone number: 18001 0151 706 3947**



**Mrs Jenny Pendlebury**  
**Service Administration Manager**  
**Tel: 0151 706 3973**  
**Text phone number: 18001 0151 706 3973**

**Accredited Websites:**

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

**Royal College of Anaesthetists**

**[www.rcoa.ac.uk/patients](http://www.rcoa.ac.uk/patients)**

**[www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf](http://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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