Patient information

Orbital Surgery

Ophthalmology Department – Aintree Hospital

Who is this leaflet for?

This leaflet is for people who are undergoing orbital surgery.

What is orbital surgery?

The orbit is the bony space in the skull that contains the eyeball, optic nerve, eye muscles and orbital fat.

Orbital surgery includes a number of different operations within that area of the body:

Orbital biopsy

If a lump is found on a scan of the orbit it may be necessary to biopsy the abnormal area to determine what it is.

This is an operation where a small piece of the lesion is taken and sent to a pathologist for analysis. It may take two weeks for the result to be determined.

Orbital tumour surgery

Sometimes instead of taking a small biopsy it is better to remove a lesion whole. The surgery may take longer, the incision may be larger, and the risk of complications may also be greater but this really depends on the individual set of circumstances, which will be discussed with you prior to surgery.

Why am I being offered this operation?

The commonest reason to perform orbital surgery is obtain a diagnosis by performing a biopsy.

There are many other scenarios and your specific indication for surgery will be discussed with you.

What additional procedures may be required?

Usually this operation is performed alone and any other procedures that may be required, such as eyelid surgery, are performed at a later date.

What are the benefits of surgery?

The goal of this surgery depends on the specific procedure performed:

- Orbital biopsy aims to provide a diagnosis to guide future treatment.
- Orbital tumour surgery may aim to remove a lesion in its entirety.

What are the alternatives to surgery?

There is no alternative to performing a biopsy if the diagnosis needs to be confirmed.

However if after clinical assessment and a scan the conclusion is that a benign lesion is highly likely, a biopsy may not be necessary. In this case simple observation is indicated.

In other cases, such as lymphoma, it is better to treat the whole lesion with either radiotherapy or chemotherapy rather than attempt a whole excision of the lesion.

Each case depends on the individual circumstances and will be discussed with you in full.

What will happen if I decide not to have surgery?

This depends on what the underlying diagnosis is. As the commonest reason for this type of surgery is to confirm the diagnosis it will be difficult to advise you if you don't proceed with surgery.

If the diagnosis is cancer and it is left undiagnosed and therefore untreated, the condition will progress and make you unwell. If an orbital lesion is left to grow untreated, eventually vision may be affected.

What will happen before surgery?

Before the operation your consultant will see you in the clinic.

The consultant will ask you about your problem. He/she will also ask about other medical problems you have and medications you take (bring a list or the tablets themselves with you to clinic).

The doctor will examine both of your eyes. If you are to proceed with surgery the operation will be discussed in detail.

This will include any risks or possible complications of the operation and the method of anaesthesia.

You will be asked to read and sign a consent form after having the opportunity to ask any questions.

You will also see a preoperative assessment nurse. You will have blood tests and an ECG (heart tracing) if required.

You will be told for how long you should starve before the operation.

What should I do about my medication?

In some cases you may be asked to stop or reduce the dose of blood thinning tablets like: warfarin, aspirin, clopidogrel (plavix), dipyridamole (persantin), pradaxa (dabigatran), xarelto (rivaroxaban), and eliquis (apixaban).

This decision is made on an individual basis and will be discussed with you before surgery.

Other medication should be taken as usual **unless the pre-operative team instruct you otherwise.**

What are the risks and possible complications of surgery?

Loss of sight: A blood clot collecting in the orbit, behind the eye, may compress the nerve of vision and threaten eyesight.

It is extremely rare for this to occur.

It presents as pain, loss of vision and a bulging forwards of the eyeball and is an emergency.

It is also possible to lose vision as a direct result of the surgery but this is equally rare.

Double vision: The muscles that move the eye may become inflamed or their function reduced after surgery. Initially this can cause double vision, which may affect your ability to drive. In most people this is temporary and resolves spontaneously. If persistent it is managed with a combination of occlusion with spectacles or botulinum toxin injections into the eye muscles. If the problem is prolonged, surgery to the eye muscles may be offered at a later date.

Infection might present as increased swelling and redness of the skin. There might also be yellow discharge from a wound. Infection is treated with antibiotics.

Bleeding may present as fresh blood oozing from the site of surgery or a lump appearing near the wound after the operation. Simple pressure on a skin wound is usually enough to control minor bleeding. It may require a return to theatre if more severe.

Further surgery: A complication such as bleeding may require a return to theatre in order to prevent visual loss. Other complications such as eyelid retraction may require surgery to restore normal function.

Postoperative pain and inflammation: There is always some inflammation, bruising and pain after surgery. Throughout your stay in hospital you will be prescribed a range of analgesic medication. You should not worry about postoperative pain because you will receive whatever painkillers are required to control it. You will not be discharged until you are happy with your pain control medication.

Scar: The incision used for orbital surgery depends on the location of the orbital lesion.Commonly the incision lies within the upper eyelid skin crease or a small incision at the outer junction between the upper and lower eyelid, within the ‘crows feet’ area. These incisions usually heal very well with minimal scarring.

Eyelid Retraction or malposition: Both upper and lower eyelid retraction may occur with orbital diseases such as thyroid eye disease (Graves Orbitopathy). However it may also occur or be exacerbated by orbital decompression surgery and much less commonly by orbital biopsy or tumour surgery. If this does not resolve spontaneously, surgery may be performed to correct it.

Loss of life: This has been reported in a very small number of cases over the history of this procedure and never in this department.

What type of anaesthesia will I have?

There are three different anaesthetic techniques available. Your consultant will advise you what you should have or if there is a choice what these options are.

General anaesthesia means you are completely asleep with a breathing tube inserted.

Local anaesthetic with intravenous sedation means that you are heavily sedated but awake and breathing for yourself – local anaesthetic is injected at the site of surgery to ‘freeze’ it.

Lastly local anaesthesia alone is similar to going to the dentist and having the injection to ‘freeze’ the area.

What are the risks of anaesthesia?

You will have the opportunity to discuss the risks of anaesthesia with your surgeon and anaesthetist prior to surgery.

It is worth noting that modern anaesthesia in all its forms is extremely safe.

General anaesthetic has an extremely low risk of heart attack, stroke and death.

The risk very much depends upon your general health and will be assessed prior to surgery.

Anaesthetic risks can usually be greatly reduced by thorough pre-operative assessment, which you will receive.

What should I expect after surgery?

After surgery you may experience some pain. Simple paracetamol/codeine is usually enough to control this.

For some people the pain is more severe requiring morphine type painkillers. For this reason it is routine to admit patients over night to ensure pain is well controlled prior to discharge.

The eyelids may be bruised and swollen. Bruising will take up to two weeks to settle. Swelling is greatly reduced after two weeks but may not completely resolve for three months.

Double vision is usually transient and self-resolving. This will be assessed when you return to clinic a week after surgery.

Pre operative instructions for orbital surgery

Do’s

- Dress in loose fitting casual clothes.
- Avoid bringing valuable items, such as jewellery, into hospital.
- Thoroughly wash the face and remove all traces of makeup to reduce your chance of an infection.
- Remove your contact lenses.
- Inform your consultant of all your medication and discuss which should be taken on the day of surgery.
- It is usually recommended that all medications be taken until and including the day of the surgery.
- Please attend the hospital $1^{1}/_{2}$ hours prior to the start of the surgical list.

Don’ts

- Please refrain from any non-steroidal anti-inflammatory painkillers such as aspirin, brufen, ibuprofen and voltarol for a period of one week prior to surgery, if in doubt, ask your consultant or your general practitioner.
- Refrain from alcohol consumption for two days prior to surgery, on the day of surgery and the following day.
- Refrain from smoking for a month prior to surgery and a month after.
- Please do not wear eye make up on the day of surgery.

Postoperative Instructions

If any swelling, bruising, discomfort or pain worsens or a discharge (pus) appears around suture line, contact the hospital / clinic immediately. See contact numbers at the end of the leaflet.

First day post operatively

- Hot showers and baths are to be avoided for the first day.
- Avoid hot drinks for the first day. You can drink tea and coffee but not piping hot.
- Sleeping in an elevated position for 48 hours reduces the swelling. Try using an extra pillow. Sleep is important, so do not persevere without sleep.
- You should rest but you may start your usual daily activities.
- Take your usual medications and eat as you would normally would.
- Avoid certain medications **if instructed to do so** e.g. warfarin aspirin and other unprescribed painkillers.
- Take the additional medications prescribed as instructed.
- Drink lots of water, clear fluids, cold drinks, clear soup and tea for the rest of the day.
- You may have a light lunch or dinner, as long as it is 4 hours after surgery, provided you are hungry and are not feeling nauseated.

General post-op instructions

- A firm eye pad is put on after the procedure overnight. This should stay on until instructed. Sometimes a pad is not placed and you have regular checks on your vision by nursing staff to check that you have not had a complication.
- You will be given Chloramphenicol eye ointment for the eyelids and any incisions before you are discharged.

  Apply the Chloramphenicol ointment with clean fingertips along any incision lines and to the eyelids four times a day for two weeks, running from the inside along the stitches to the outer end.

- If non-absorbable stitches have been used, these are removed by your consultant at your follow up appointment one to two weeks later. This includes any sutures that have been placed to hold your eyelids shut.
- If absorbable stitches have been used these will fall out after a few weeks.
- The follow up appointment will be organised for you before your discharge.
- Cool compresses should commence as soon as the pad is removed or immediately if there is no pad. Hourly for ten minutes for the first day. This may continue four times a day after this if you find it beneficial.
- Cleanse the lids with cotton wool dipped in cooled boiled water or sterile saline for ten days.
- Do walk, but avoid any form of exercise for ten days.
- Reading and watching television is fine.
- Please try not to bend-over very much for the first two days after surgery.
- If your eye is patched, try not to put your head below your chest for three days.
- Try not to move your eyes around very much. This will lessen the amount of general discomfort you may have.
- If you have pain within two hours of surgery, start taking the painkiller prescribed (or two 500mg paracetamol tablets every six hours) for 48 hours following surgery.
- Eye make up can be used one week after surgery.

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

Who do I contact if I have questions or concerns?

In an emergency
Tel: 0151 529 0186 / 0187
Or
Tel: 0151 525 5980

Pre-op assessment nurses
Tel: 0151 529 0178 / 0179

Secretary for Mr McCormick and Mr Hsuan

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Lower Lane
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Review date: April 2026

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