



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# Surgery to Remove the Eye (Evisceration and Enucleation)

Information for patients, relatives and carers

① For more information, please contact:

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# **Introduction**

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

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 is it advisable to have surgery to remove the eye?**

Surgery to remove the eye is usually undertaken when the eye has become painful and no-longer provides any useful vision. It is only undertaken if all other treatment options have been ineffective. Frequent causes of this are longstanding and severe infections, multiple failed surgeries for retinal detachment or glaucoma, and severe traumatic injury to the eye.

We may also propose removing an eye that is blind but not painful if the cosmetic appearance of the eye is very poor. Your doctor will have discussed the treatment options with you and explained that this is the best treatment for you.

## **What is an evisceration?**

An evisceration is an operation that removes the cornea (the clear window at the front of the eye) and the inner contents of the eye. It leaves behind the white of the eye (sclera) with the extraocular muscles still attached (the muscles that allow the eye to move in tandem with the fellow eye). The eyelids, eyelashes, eyebrows and surrounding skin are also left as they are. To replace the loss of volume from removing the contents of the eye a clear plastic sphere (orbital implant) is placed inside the sclera and then this is stitched closed.

To preserve the space between the sclera and the inside of your eyelids a small shell is then placed. This is clear plastic and is called a conformer. It is essentially a similar sort of shape to an artificial eye but has not been painted to look like one. This will remain in place until your own artificial eye has been made by the team at the National Artificial Eye Service.

# **What is an enucleation?**

An enucleation differs from an evisceration in that the eyeball is completely removed. This involves taking the muscles that move the eye around off from their attachments to the white of the eye. An orbital implant is still placed to avoid loss of volume and the extraocular muscles are reattached in such a way that your artificial eye will still move nicely.

Enucleation is performed much less frequently than evisceration and is usually reserved for patients that have lost vision due to a rare tumour in the eye. Taking the eyeball out, in these circumstances will reduce the chance of the tumour spreading.

## **The operation**

The operation is usually performed under general anaesthetic. We will give you another information leaflet called “What you need to know when coming into hospital for surgery” that explains more about your anaesthetic and any possible side effects.

You will also be given an injection of a long acting anaesthetic around your eye at the beginning of surgery which is usually very effective at controlling any pain after surgery. It may be necessary to stay in hospital overnight to recover from your general anaesthetic or if you have any bleeding, but the majority of patients feel able to go home the same day.

You will be told of your fasting instructions nearer the time. The operation takes about one hour and you are given some antibiotics via a drip whilst you are asleep

## **Post-operative instructions**

After surgery your eye will be padded firmly for 72 hours. It helps to reduce swelling and control any post-operative pain if you use an icepack over the dressings for 10 minutes four times a day over the first 72 hours and for the rest of the week once the pads have come off.

Some patients are very nervous about removing the pads but all that you should see is that the eyelids are closed underneath.

The eyelids will not open at this stage as we always put in a small stitch to keep them closed together and allow any swelling to settle

You will be seen again in clinic after two weeks when we will remove this stitch. This is not painful.

You will be given some drops to put in the eye once the stitch has been removed.

At this stage most patients can be referred to the national artificial eye service to begin the process of fashioning an artificial eye. It takes about six weeks for the eye socket to have healed sufficiently to allow this process to begin.

## **What are the risks of having an Evisceration or Enucleation?**

1. Bleeding and Bruising
2. Small risk of Infection
3. Small risk of exposure of the orbital implant (less than 1% of cases). If the implant does become exposed then surgery to replace it or repair it may be needed
4. There is a very small risk of an auto immune condition called sympathetic ophthalmia (less than 0.2%). This results in the fellow eye becoming inflamed and requiring treatment.

## **What are the benefits of having an evisceration or enucleation?**

The benefit of having an evisceration or enucleation is that the eye that gives you little or no vision, is painful and cosmetically unacceptable is removed and replaced with an artificial eye. If you have an enucleation due to a tumour in the eye this means that the tumour has been removed.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

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## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

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Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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