

# Information for patients and carers

## Evisceration and Enucleation

(surgery for removal of an eye or part of  
an eye)

Decorative graphic at the bottom of the page consisting of three horizontal, wavy bands of blue color, with the bottom band being the darkest and the top band being the lightest.

## Why is it advisable to have surgery to remove the eye?

Surgery to remove the eye is usually undertaken when the eye no longer provides any useful vision and has become painful. It is only done if all other treatment options have been ineffective. Common causes include:

- Longstanding and severe infections
- Multiple failed surgeries for retinal detachment or Glaucoma
- Severe traumatic injury to the eye

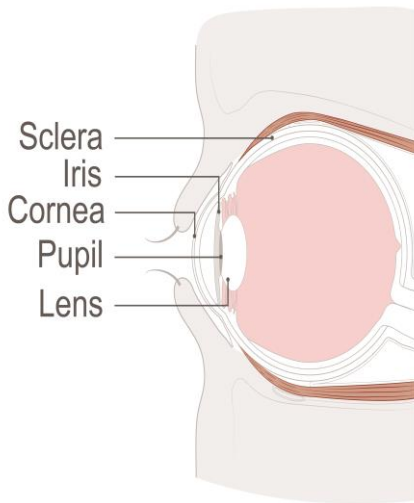
## What is an Evisceration?

An evisceration involves the cornea (the clear window at the front of the eye) being removed along with the inner contents.

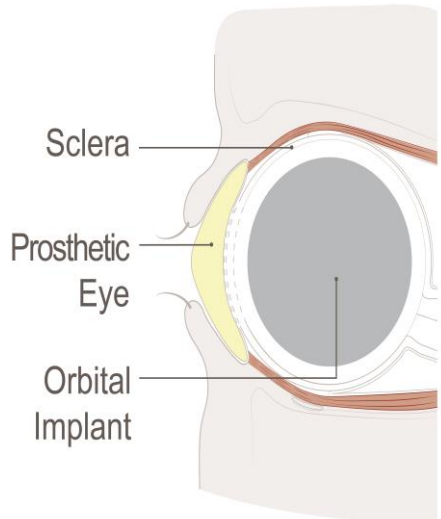
The white of the eye (sclera) remains intact along with the muscles that move the eye. The eyelids, lashes, brows and surrounding skin are left as they are.

To replace the loss of volume from removing the contents of the eye, a plastic sphere (orbital implant) is usually placed inside the sclera, which is then stitched closed.

To preserve the space between the sclera and the inside of the eyelid, A temporary plastic prosthesis, called a conformer, is placed over the implant. When inflammation has settled down, this is removed and will be replaced by a specially made artificial eye.



**Normal Anatomy**

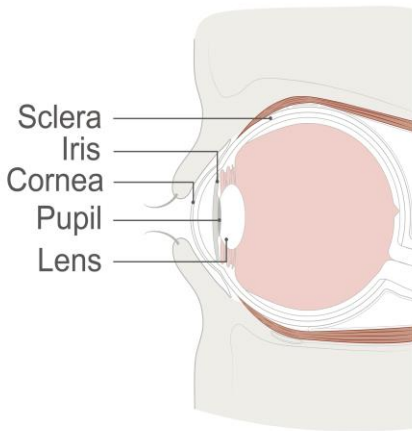


**Evisceration**

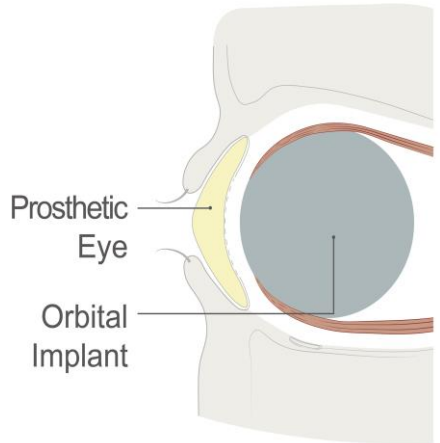
## What is Enucleation?

Enucleation involves the removal of the entire eyeball (globe). The space left behind is filled with an orbital implant and the muscles that move the eye are attached to it. This allows the implant to move in tandem with the fellow eye.

The tissue that lines the eye lids, called the conjunctiva, is sewn over the front surface of the implant, which remains permanently covered and the conformer is placed over this underneath the eyelids.



**Normal Anatomy**



**Enucleation**

## The operation

The surgery is usually performed under a general anaesthetic. You will also be given an injection of a long-acting anaesthetic around your eye at the beginning and end of surgery. This is usually very effective at controlling any pain after surgery. It might be necessary to stay in hospital overnight to recover from your surgery, but most patients feel able to go home the same day.

## After surgery

After the surgery, patients may experience pain and nausea for the first 72 hours. You will be given some antibiotics to take for one week and advised which painkillers to take.

The eye will be padded for the first few days. The dressing will either be removed at home or in the follow-up clinic visit. The eyelids will be

swollen and bruised for up to two weeks after the surgery. Some patients may have the eyelids stitched together.

A review in clinic will be scheduled for up to one week later. This is when the stitches temporarily holding the lids together can be 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 eight weeks for the eye socket to have healed sufficiently to allow this process to begin.

You will need to be aware of and monitor your wound for any signs of infection (although very rare) these include:

- Sudden onset of pain
- Redness in the eyelids or surrounding skin
- Swelling that looks 'angry' and red
- Any discharge
- Generally feeling unwell and/or with raised temperature

If you think you have any of these symptoms and are worried, then either contact your GP or our oculoplastic team using the contact details given at the end of this leaflet.

## Risks of surgery

All surgery carries risks and benefits. It is important that you consider both before deciding to proceed.

Benefits of eye removal are individual to each patient. Your doctor will discuss these with you. They can include:

- Reduction of pain in a blind, painful eye
- Removal of a tumour
- Improvement of cosmetic appearance

## Risks can include:

- Bleeding, bruising, swelling and pain
- Infection of the implant
- Exposure of the implant (less than 1% chance). If this happens, more surgery may be required to repair it
- Growths of cysts on the conjunctiva which may need removing surgically
- Loss of volume to the eye socket giving a hollowed appearance
- Lower eyelid laxity or a droopy upper eyelid
- Contraction or scarring of the socket, which may lead to revision surgery to correct

## Contact details

Should you require further advice or information please contact Lancashire Eye Centre Oculoplastic secretaries:

**01257 245058** or **01772 521392**.

If you have an urgent, sight-threatening problem, telephone our nurse triage line between 09:00-16:30 on **01257 245346**.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.lancsteachinghospitals.nhs.uk/veteran-aware](http://www.lancsteachinghospitals.nhs.uk/veteran-aware)

<https://bepartofresearch.nihr.ac.uk/>

[www.bopss.co.uk](http://www.bopss.co.uk)

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[patientexperienceandinvolvem@LTHTR.nhs.uk](mailto:patientexperienceandinvolvem@LTHTR.nhs.uk)

**Department:** Ophthalmology

**Division:** Surgery

**Production date:** June 2025

**Review date:** June 2028

**JR 1315 v1**