



Orbital Exenteration Surgery and Care

UHB Skull Base Team supported by UHB charity

What is orbital exenteration?

An orbital exenteration refers to the surgical removal of the eyeball and the surrounding tissues, which may include the eyelids (the extent depending on the disease being treated), and the muscles, nerves and fatty tissue around the eye.

It is a major operation which is usually undertaken to remove a malignant tumour which involves the eye or structures around or behind the eye. It is done to control/prevent local extension and the spread of the disease, which results in permanent loss of the vision in the affected eye. .

The reason for undertaking such extensive surgery is that all other options, in which the eyeball is left intact, do not offer the best chance of tumour removal/disease control and may compromise the overall prognosis. Sometimes titanium screws are implanted to allow an artificial eye (prosthesis) to be fixed at later stage.

What does this surgery involve?

An orbital exenteration is performed under general anaesthesia. The eyeball, muscles and fatty tissue surrounding the eye, and part of the eyelids, may all be removed. The socket can be open or close as dependant on the extent of the disease. Post-operative changes can include:

- pain
- infection, discharge
- crusting/ scabbing
- forehead numbness at the surgical side
- altered body image

What should I do after surgery?

To keep the socket healthy post operatively. Clean the surrounding skin and the eye socket following an “orbital exenteration daily care procedure “below. Bruising and swelling tend to settle over time and sleeping with your head elevated on extra pillow can also help healing and swelling to settle. Infrequent or poor cleaning technique may lead to breathing difficulties, considerable discomfort, pain or pressure symptoms, foul smell and can lead to possible infection at the site.

What happens after surgery?

Full recovery can take a few months. In order to improve the aesthetic appearance, a referral to the prosthetic department is sometimes made. The prosthesis is carefully crafted by the specialist team and typically results in a very acceptable aesthetic appearance. All patients will have an

Information for Patients

ongoing review. Some patients may require local radiotherapy or chemotherapy. This will be discussed by your medical team and is overseen by an oncologist.

Driving after surgery

Any changes that can affect your ability to drive or poses a risk to the public will need reporting to the DVLA (Driver and Vehicle Licensing Agency). It is your responsibility to inform them.

If the vision is normal in the other eye and there is no medical condition or concerns from the medical team, most patients can resume driving. You can discuss this with your medical team.

Orbital exenteration daily care procedure

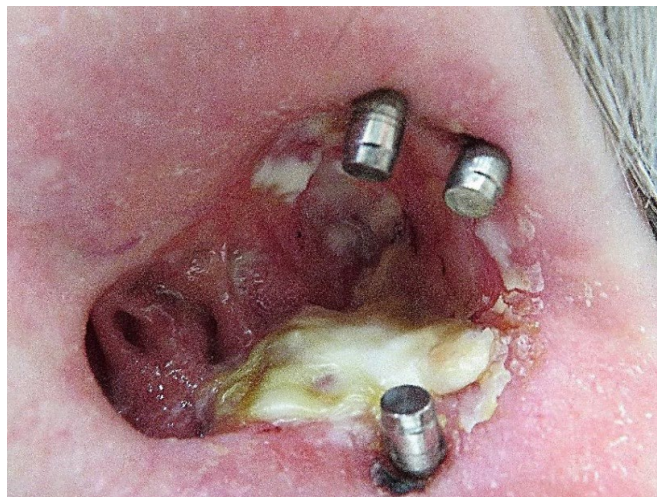
This procedure must be undertaken with considerable care because it is possible to break the skin and cause bleeding. This can be particularly heavy in the holes linked to the nose, resulting in an apparent nosebleed. The procedure can take anything between 20-30 minutes at a time.

We are currently providing a complimentary eye care pack at the time of your initial surgery. This is being funded by UHB Charity. This is a pilot project and we value your feedback.

Replacement wound care, dressings, and equipment can be requested from your GP or district nursing team. The nasal rinse (or douche) is not a prescription item and is available at most pharmacies or online to purchase. For more information, please speak with your medical team or the clinical nurse specialist.

Recommended Procedure –

Pre Cleaning



- Wash hands with soap and water and dry them.
- Open the packaging and lay items ready for use e.g. Dressing pack
- Remove the prosthesis or the eye pad
- Use gentle nasal and eye socket douching to clear any build-up of crusts
- Have the torch light ready to be able to see the area clearly and your mirror so that you can see into all areas of the eye socket.
- Apply gloves and gently apply lubricant jelly (optilube) to areas of dried mucus with a cotton bud and leave it for short period to soften.

Information for Patients

- Gently remove softened mucus and build up with a gauze swab, then clean the socket including cleaning around Titanium implants. You can gently use the tilleys forceps provided to remove crusts.

Soak non-woven gauze in sterile irrigation solution (Normasol) and use to gently clean the socket surface free of any remaining mucus etc. (Repeat the procedure if necessary). Dry the site using a dry gauze swab. Normasol can be requested from a GP or the District nurse team on prescription.

- You can apply E45 cream to the surrounding skin, particularly around the socket outer rim. If the skin is red or sore you can use the barrier cream for few days.
- Apply a clean eye patch securing with the micropore tape provided.

Post Cleaning



Use two short lengths of tape rather than one long across the whole patch to secure it.



Information for Patients

Alternative Equipment Items–

- Kitchen Roll
- Facial tissues
- Large magnifying Mirror
- Powerful Torch
- Cotton buds (with paper stems)
- Surgical Scissor Tweezers/Tongs
- Dentist's Stainless Steel Inspection Mirror
- Pair sharp Scissors
- Nitrile Pro Gloves (non sterile)
- Optilube Lubricating Jelly 5g Sachets
- 10cm x 10cm x 4 Ply Non-Woven Swabs
- Normasol sodium chloride 0.9% Solution 2ml Sachets
- Naseptin Nasal Cream (optional)
- E45 Cream
- 8cm x 6cm Sterile Non-Woven Eye Patch
- 3M Micropore 1.25cm (½") Tape



Useful Contacts and Information

Contact Details

Your Consultant:

Contact Number:

Your Clinical Nurse Specialist:

Contact Number:

The Anterior Skull Base Team (ENT)

Queen Elizabeth Hospital Birmingham

Edgbaston, B15 2TH

0121 371 5390

The Prosthetics Team

Outpatient Area 2

Ear, Nose, Throat & Maxillofacial department

Queen Elizabeth Hospital Birmingham

Edgbaston, B15 2TH

Tel. 0121 371 5661

Information for Patients

Sally Brailsford

Clinical Nurse Specialist BAHA & Implant
Department of ENT & Maxillofacial
OPD Area 2- QEHB
Tel: 0121 371 5601

ENT Outpatient Area 2

QEHB
Tel: 0121 371 5663

University Hospitals Birmingham Charity

Fisher House
Queen Elizabeth Hospital Birmingham
B15 2TH
Tel. 0121 371 4852

Support Services

Cancer Information Support Services at University Hospitals Birmingham

- 1. The Patrick Room- Cancer Centre**
Queen Elizabeth Hospital, Heritage Building,
Edgbaston, B15 2TH
Tel. 0121 3537/ 3539
- 2. Health Information centre**
Birmingham Heartlands Hospital
Bordesley Green, Birmingham, B9 5SS
Tel. 0121 424 2280
- 3. Patient Information Centre**
Good Hope Hospital
Rectory Road
Sutton Coldfield, B75 7RR
Tel. 0121 424 9946
- 4. Sandwell and West Birmingham Hospitals NHS Trust**
The Courtyard Centre
Sandwell General Hospital (Main Reception) Lyndon.
West Bromwich. B71 4H
Tel. 0121 507 3792
- 5. Walsall Healthcare NHS Trust**
Walsall PACT (Patient Advisory Cancer Team)
Tel. 0800 783 9050 / 01922 602 610
Email: walsallpact@walsallhealthcare.nhs.uk
- 4. National Support Group**
Macmillan Cancer Relief
Tel. 0800 808 0000
Website: www.macmillan.org.uk

Information for Patients

5. Cancer Research UK

Tel. 0808 800 4040

Enquiries: 0300 123 1022

Website: www.cancerresearchuk.org

About this information

This guide is provided for general information only and every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication. We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved please let us know.

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.