



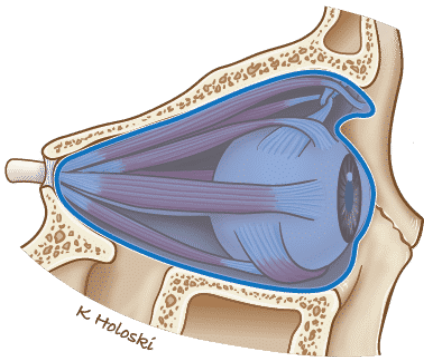
Orbital Exenteration

Orbital exenteration involves the removal of all contents of the eye socket: muscles, the tear gland system, the optic nerve, the eye, and possibly bone from the orbit. In some cases, the eyelid can remain. It is performed for large cancers of the eye, the skin over the eye or eyelid, cancers from other areas that have spread into the eye socket, or severe infections.

Before Surgery

You will receive specific instructions on when you need to stop eating and drinking, and your medication regimen before surgery.

A few days before your operation, the anesthesiologist will ask you a few questions so that they can create a comprehensive anesthesia plan based on your medical history. On the day of your surgery, you will arrive at the hospital a few hours before your scheduled procedure. The nurses, anesthesiologist, and surgery teams will check in with you. If you have any last minute questions, this is a good time to ask them.



Exenteration: The contents of the eye socket are removed, including the muscles, tear gland, optic nerve, eye, and possibly bone of the orbit.



Please note that this information is intended for educational purposes. It does not replace consultation with your doctor, and it should not be interpreted as medical advice. We encourage you to speak to your health care provider if you have further questions or concerns regarding your medical care.

For more information scan this code or visit:

<https://thancguide.org/cancer-basics/treatments/surgery/ablative/eviceration/>

The Surgery

This procedure is performed by either an eye surgeon (ophthamologist) or a head and neck surgeon.

It is completed under general anesthesia, meaning you will be fully asleep. Like any surgery, the major risks are bleeding and infection. In these rare events, you may need to be treated with medication or additional surgery. A risk of infection of the brain also exists due to the proximity between the orbital cavity, the eye, and the brain.

After Surgery

You may require an additional surgery to reconstruct the eye socket. Your surgery team will discuss this with you extensively. The duration of time spent in the hospital post-surgery is case-dependent, but is typically a few weeks.

Postoperative planning will include services to help you adapt to any changes following surgery.

Once the surgery team is confident you are ready to be discharged, a discharge planning team will work with you and your family to determine the best route forward. While you may be able to go straight home with or without nurses, you could also be advised to go to a rehabilitation center first if needed.

After discharge, additional treatment and reconstruction options can be discussed.



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