

Enucleation of the Eye

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1. Protect the good eye during clip and prep. Lubricate it well and place a gauze patch or soft towel over the "good" eye.
2. Clip around the eye, perform tarsorrhaphy at eyelid margins. (figure 1)
3. Perform rough prep taking care not to allow prep to run towards the "good" eye.
4. Perform a retrobulbar local block with the appropriate dose of local anesthetic. (figure 2)
5. Drape aseptically.
6. Make an elliptical incision through skin and subcutaneous tissue several millimeters from the tarsorrhaphy. (figure 3)
7. Incise ligamentous attachments of the eyelids at the medial and lateral canthus- note there is often a vessel to be ligated at the medial canthus.
8. Continue dissection toward the back of the eye taking care not to penetrate the conjunctival fornix. (figure 4)
9. Locate the attachments of the extraocular muscles on the globe and transect.
10. Clamp/ligate/transect the optic stalk. Take care not to apply excess tension to the stalk. (figure 5)
11. Check for residual hemorrhage. Use ligatures, cautery or direct pressure to control.
12. Close orbital fascia, subcutaneous/subcuticular tissue and skin. (figure 6)
13. Recover from anesthesia and monitor in hospital for several hours for evidence of hemorrhage (excessive swelling, bleeding from the nose, tachycardia, pale mucous membranes, hypotension).