After induction and maintenance of general anesthesia, clip to the midline, taking care not to traumatize the delicate and thin skin around the eye. Trim the patient’s upper eyelashes by using fine scissors, but first apply ointment to the scissor blades to prevent the hair from falling onto the globe. Apply tape directly to the skin to remove fine short hairs.

Prepare the periocular skin, conjunctival fornix, and corneal surface by wiping with a 1:50 povidone-iodine solution. Despite the fact the eye is being prepared for removal, it is recommended that you use a nondetergent-based iodine solution when preparing the eye to completely avoid the possibility of accidental application to the healthy eye and drainage into the remaining eye, which results in severe corneal damage if a detergent-based iodine is used.

Optimal head positioning is important and can be achieved with a patient positioning device or towels. Place the patient in a semidorsal or lateral recumbency and align the palpebral fissures parallel to the floor. This alignment may require flexing the patient’s head downward, which can compromise the endotracheal tube aperture. Reinforced endotracheal tubes are highly recommended with any ocular surgery to avoid anesthetic complications.