**Exenteration of the Eye**

This involves the complete removal of the eyeball, along with the other orbital contents i.e. lacrimal glands, ocular muscles, optic nerve. This is the surgical procedure chosen in the event of severe intra-ocular infection or trauma that, after careful examination, reveals partial or complete dysfunction of the eye and warrants its removal to decrease the risk of the spread of any localized infection into systemic circulation.

**Appropriate apparatus and materials:**

- Xylazine

- Ketamine

- Lidocaine

- Clippers

- Sterile 5mL and 20mL disposable syringes

- Sterile 18g 1-1 ½ needles

- Sterile 90mm 20g spinal needle

- Sterile gauze

- Cotton swab applicators

- Mayo scissors

- Scalpel handle with blade

- Povidone iodine

- Sterile saline

- Flunixin meglumine

- Penicillin-streptomycin

- Tetanus antitoxin (for small ruminants)

- Clippers

- Haemostats

- Surgical drapes

- Suture material with suturing needles (e.g. 3-0 Vicryl)

Firstly a thorough assessment of the patient, the environment and the eye must be performed in order to determine the cause and severity of the injury and/or infection in order to know how much of the eye is affected. Identification of the source would provide means for correction to provide reoccurrence in the same or other members of the herd. Once it has been determined also that the infection has not become systemic, then the exenteration procedure can be prepped for.

* The patient is sedated using an appropriate dose of suitable anaesthetic agent to bring them to a slightly neurologically depressed state, making it somewhat easier to work.
* The area around the eye is clipped carefully to remove hair that can potentially contaminate the surgical site and the loose hair is blotted off with moist gauze.
* The skin around the eye is properly cleaned using sterile gauze soaked in diluted povidone iodine, alternating with sterile saline. Only dilutions of 1:10 – 1:50 are acceptable.
* Appropriate nerve blocks are used (such as the auriculopalpebral and Peterson’s nerve blocks) using the right doses to provide local anaesthesia for the duration
* The eyelashes can also be clipped using Mayo scissors lightly lubricated in order to prevent any clipping falling directly into the eye.
* The eye is then surgically draped.
* In order to prevent drying of the cornea of the affected eye, sterile saline or methylcellulose gel can be applied using cotton swab applicators.
* Broad spectrum antibiotics e.g. penicillin-streptomycin can also be administered prior to surgery in order to prevent the onset of post-operative infections.
* Flunixin meglumine can be administered at 1mg/kg IV for anti-inflammatory therapy and as well as some degree of temporary relief of postoperative pain.