

Loss of an eye

Information for patients leaving hospital after surgery to remove an eye

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The loss or removal of an eye is a traumatic event for both you and your family and friends. People respond to this stress in different ways, but some emotional distress is to be expected. This is a healthy response to your loss and a step in the healing process that will lead you to an acceptance of, and adjustment to your altered physical state.

Special Instructions from your doctor:

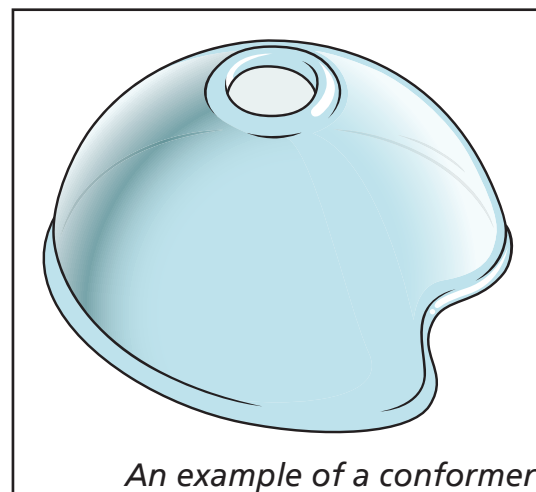
What should I expect the eye to look like after the surgery?

The eyelids may be swollen or bruised for up to two weeks but then they will gradually return to normal. Some people find an ice pack wrapped in a cloth eases the discomfort.

It is normal to have a blood-stained, watery discharge from the socket for several days. An eye pad is worn to collect the discharge.

The eye doctor may or may not have put a conformer (a round piece of clear plastic with holes in it) into the socket after the operation. This helps maintain the shape of the socket until your artificial eye is made.

If the conformer falls out, do not be alarmed. Simply telephone or attend Sydney Eye Hospital Emergency Department between 8.30 am and 4.30pm or contact your surgeon's rooms. You may choose to wait a day or two if it is not convenient for you to come earlier.



An example of a conformer

Will I have pain after the operation and how long will it last?

Most people experience mild to moderate pain after an eye is removed. Injections or tablets to relieve any pain can be given in the first 24 to 48 hours and then tablets like Paracetamol can be taken. Painkillers are generally required for about a week. Do not take aspirin but if you take aspirin for other medical conditions (such as for preventing blood clots in the heart or brain) consult your doctor before starting your tablets again.

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How do I care for my eye after the operation?

If you go home with your dressing still on, your eye doctor will instruct you about follow-up and the timing for the dressing to come off. If you require help with any aspect of this, the Community Liaison Nurse can assist (9382 7124). After the dressing comes off follow the steps below.

If your dressing was taken off and replaced in the hospital, follow the steps below to clean your eyelids and instil drops.

1. Wash your hands

2. Use gauze squares dipped in saline to gently wipe your eyelid starting from the inner side, next to your nose to the outer side. Repeat if needed. Do not rub. If wiping does not remove discharge, lie down for five minutes and soak off with wet gauze. When the gauze we gave you runs out, you can use clean tissues and cooled, boiled water (replace every day).

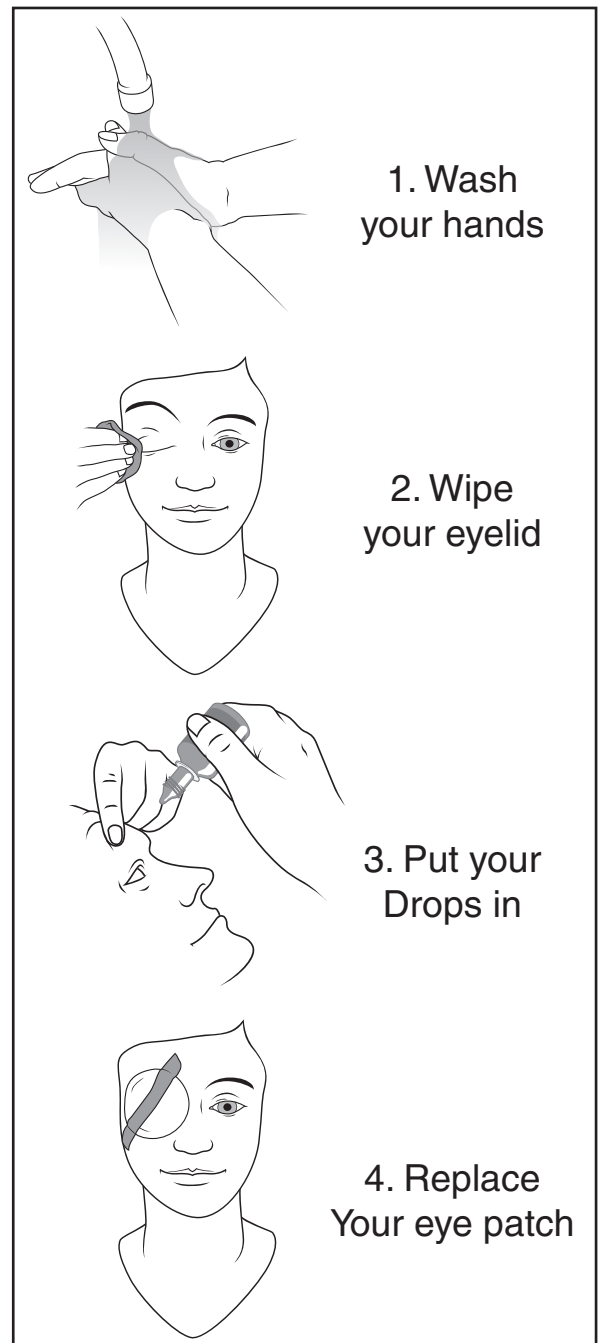
Do not attempt to clean under the lids.

3. Put the drops or ointment between your lids by gently lifting your top eyelid a fraction.

4. Replace the eye pad and tape from the forehead to the cheek with one or two strips of tape in the same direction.

5. After the discharge stops, you can continue to wear an eye pad or switch to a "pirate" patch or just leave the eye uncovered. It is recommended that you wear some protection when going outside, eg sunglasses.

This is just until you get your artificial eye.



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Can I still drive?

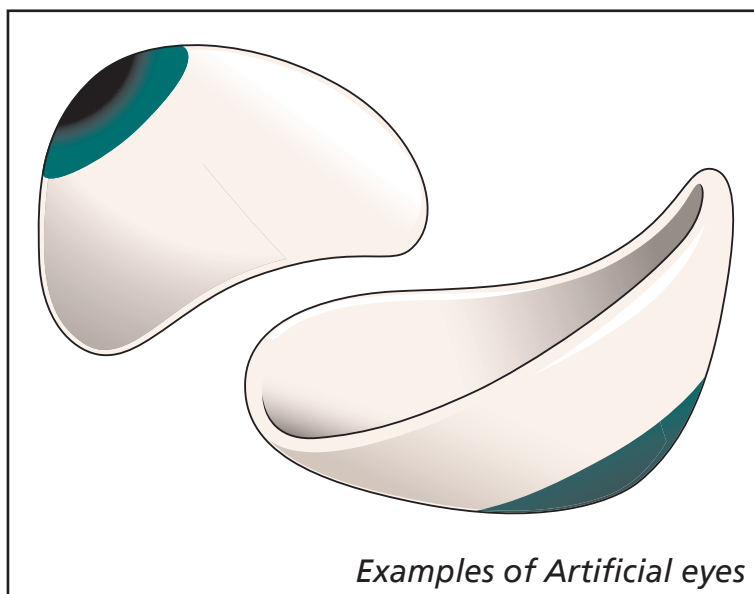
There are no restrictions on driving so long as your other eye has good vision. However it will take some time and practice to get used to driving with one eye, especially if you have lost your right eye. We recommend that you do not drive before your check up with the eye doctor after the operation. The doctor can write you a letter for the RTA confirming that you have adequate vision for safe driving. Take someone with you the first time you drive with one eye and stick to familiar, local streets. Commercial drivers have a three month restriction on driving. Talk to your eye doctor about other requirements.

Do I need to protect my remaining eye?

Yes. It is very important to protect your remaining eye. Some people decide to wear glasses all the time. If you do not need prescription glasses, they can be made with plain lenses. Sunglasses are recommended for outdoor wear to protect from the sun. Safety glasses should be worn for gardening and handyman activities and approved glasses or goggles for sporting activities such as soccer or squash. You should see an eye doctor (rather than your GP) for any problems in your remaining eye and to have regular check ups.

When will I be able to have an artificial eye?

Your eye doctor will assess your socket and recommend you to an eye maker for your artificial eye (called a prosthesis) usually six to eight weeks after the operation. The socket needs to be fully healed and all the swelling gone. The eye maker will make a prosthesis especially for you, to suit your socket and match your other eye as closely as possible. They will also explain how to care for your prosthesis. There is a short video on how an artificial eye is made available at www.geelen.com.au



Examples of Artificial eyes

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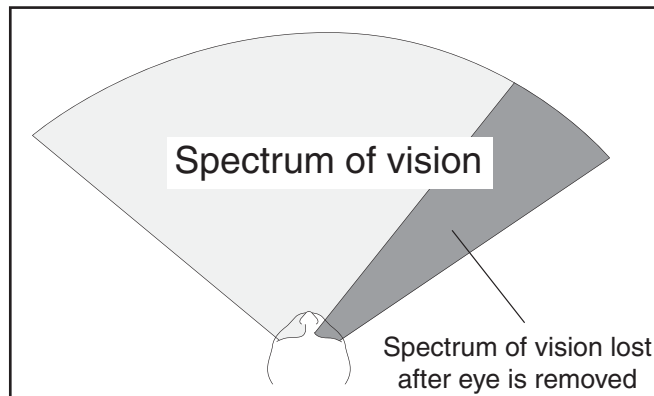
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How will having only one eye affect me?

Firstly, remember that you have not lost half of your vision. There is a big overlap of vision in front of you so you only lose about 20% of your vision on the affected side. People with one eye say they quickly learn to turn their head that way and to be more aware of things on that side to make up for this.



Secondly, the ability to judge distance and depth is affected. People find activities that require both hands such as pouring a drink into a cup or threading a needle difficult at first. This is because it is hard to judge where each hand is. Judging where the first and last step on a flight of stairs is initially tricky, too. Most people adapt to this in a few months.

If you have poor vision in your remaining eye, you may need help when you first go home. Vision Australia and Guide Dogs NSW both have a service where they can assess your home and recommend changes to maximize the vision you have and to keep you independent. Your doctor can give you more details.

Will I damage my only eye by using it all the time?

No. Your remaining eye is doing the same amount of work that it has always done. The eye may sometimes feel tired just as people with two eyes have tired eyes but it cannot be over-used or damaged.

What if I have other questions or need advice?

Community Liaison Nurse is available 8.00am to 4.30pm Monday to Friday. Outside of these hours please ring our switchboard and explain that you have had surgery and need urgent advice from an eye doctor or nurse.

Sydney Eye Hospital Switchboard: (02) 9382 7111 (24 hours)

Community Liaison Nurse: (02) 92382 7124 (business hours)