

Managing complications of evisceration and enucleation

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ABSTRACT

Enucleation and evisceration of the eye are few common procedures performed by many ophthalmologists. However, the complications are often under-recognized and thus the appropriate treatment to overcome undesired sequelae is not fully delivered. This lecture will address the possible issues that may arise from these procedures and the impacts on patients' lives. It will also highlight into ways of prevention and discussion of newer techniques.

Rescuing the failing filter

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ABSTRACT

Bleb scarring is the most common cause of a failed trabeculectomy. And despite the use of mitomycin-C and 5-FU, it is not easy to escape from the proliferation of fibroblasts in the Tenon's capsule that leads to a failed filter. For a successful rescue, careful evaluation is needed in order to manage the failing blebs correctly. Firstly, it is important that we are able to recognize what a failing filter looks like. An ideal functional bleb should be diffuse, with good height, relatively avascular, with microcysts. A failing filter will have a change in bleb appearance towards the opposite features, depending on the stage of healing. Next, it is important to identify the predominant cause of the bleb failure. More commonly it is due to factors external to the ostium such as tight sutures, subconjunctival fibrosis or Tenon's cyst rather than internal blockage from iris blood clot or fibrin. As the process of scarring is dynamic and its likelihood increases with time, the type of intervention carried out will depend on the phase of wound healing. Intensifying existing topical treatment with steroids and 5-FU injections can be carried out as a first step, and manipulation of the bleb to release tight sutures or break early scar tissue can be performed at a later stage. Sutures may be released, undergo laser suturelysis or surgically cut. Encapsulated bleb may undergo needling with use of anti-fibrotics. The methods of bleb revision and its success rates will be detailed in the talk.