

Orbital Decompression

What is an orbital decompression?

An orbital decompression is an operation to remove bone from the walls of the orbit (the eye socket) and fat in order to reduce the amount of protrusion of the eye and is commonly associated with thyroid eye disease. In simple terms, the orbit can be considered as having four walls that support the soft tissues of the eye. Most patients require the partial removal of one or two of the walls of the orbit, but in more severe cases, three walls might be operated upon. The surgery is performed under a general anaesthetic and takes approximately 2-3 hours.

Why have I been offered an orbital decompression?

Orbital decompression could be required due to one or more of the following:

- Significant protrusion of the eyes causing cosmetic deformity.
- Severe protrusion of the eyes preventing closure of the eyelids with exposure of the cornea.
- Compression of the optic nerve by enlarged eye muscles causing loss of eyesight.

Are there any risks involved in this operation?

There are risks associated with any surgery, yet despite these potential complications it is worth remembering that there are benefits to be gained by having the surgery. The benefits and risks should be discussed with the Oculoplastic team.

Potential complications

- Infection and bleeding are rare complications following surgery and every precaution is taken to prevent this.
- Blindness is an extremely rare complication but must be taken into account when considering this surgery. The benefits of surgery generally outweigh the risk. This will be discussed with you in more detail by your surgeon before you undergo surgery.
- Leakage of fluid from around the brain (cerebro-spinal fluid, CSF) is an extremely rare complication. The walls of the orbit are part of the skull and there is a very rare risk of entering the skull base, which could potentially cause fatal complications.
- Double vision is a rare complication associated with some types of decompression more than others. This will be discussed with you in more detail by your surgeon before you undergo surgery.

There are some risks associated with anaesthesia, which is the same for any operation. Serious complications are very rare.

Will the operation be painful?

There will be some discomfort, which should be resolved with mild pain relief medication. It is important to report any excessive post-operative pain immediately to the nursing/medical team, especially in the first week following the surgery.

How long will I be in hospital?

You are normally admitted on the day of surgery and can go home the following day. If you are not sufficiently recovered you might be advised to stay a further night. You will be seen in the outpatients' clinic one week after the surgery.

How long will the dressing stay in place?

The operated eye will be covered with a dressing overnight which will be removed the following morning. We may need to remove the dressing earlier if we need to check your vision. You might be advised to use ice packs for 10 minutes every hour for the following 48 hours to reduce any swelling. Instruction will be given before you are discharged.

Immediate care following surgery

In the immediate period after surgery you will be given a short course of steroid tablets to help reduce swelling and inflammation. You will also be prescribed lubricants and ointment for your eye, antibiotics (to reduce the risk of infection) and anti-inflammatories for pain relief and to reduce excessive swelling. Sleeping on an extra pillow at night helps to reduce any post-operative swelling and bruising, this should settle within a few weeks of surgery.

It is important that you do not fly, scuba dive, blow your nose or hold your nose whilst sneezing in the first 4 weeks post-operatively as this could introduce air into the orbit.

How long will it be before I can return to work?

This will depend on your recovery and what work you do, but we would suggest that you take at least 2 weeks off work.

Will I require further surgery?

You could require further surgery which can include squint surgery to correct any double vision, or lid surgery to correct the position of the eyelids or remove any excess skin.

If you are worried or wish to ask any questions about this information, please contact the Oculoplastic nurse practitioner via the hospital switchboard on:

(0161) 276 1234 and ask the operator to bleep 5235 or 5605 Monday–Friday 9.00 am - 5.00 pm or contact staff on Ward 55 on (0161) 276 5512 (24 hour) every day.