**EVISERATION**

Unlike enucleation, evisceration can be performed using a retrobulbar injection and intravenous sedation. Whether monitored anesthesia or general anesthesia is used, a retrobulbar injection of 3 cc of a 50/50 mixture of 1% lidocaine and 0.5% bupivacaine with 1:100,000 units of epinephrine is injected to control oozing and provide postoperative pain control. The patient is then prepped and draped by the surgeon. An eyelid speculum is placed and a 360-degree limbal peritomy is performed with blunt-tipped Westcott scissors and small toothed forceps. Using Steven's scissors, the four quadrants between the recti muscles are cleared. This is performed by grasping the edge of conjunctiva and Tenon's capsule, advancing the scissors posteriorly along the sclera to just past the equator and spreading the tissue by opening the scissors.

Approximately 1 to 2 mm posterior to the limbus, a small full-thickness scleral incision is made. Westcott scissors are then used to make a circumferential incision around the globe to remove the cornea. If the cornea is to be left in place, the incision is stopped just short of completion leaving a small scleral hinge. The intraocular contents are then separated from the sclera using an evisceration spoon or Freer periosteal elevator. Bleeding from the optic nerve or penetrating vessels can be controlled with gentle bipolar cautery. The pigment is meticulously removed using absolute alcohol on a cotton-tipped applicator. The scleral cavity is then copiously irrigated with antibiotic solution. Windows oriented in an anterior to posterior direction are cut in the sclera in the four quadrants between the recti muscles using scissors. The sclera can also be opened around the optic nerve.21 These scleral windows allow for vascular ingrowth if a porous implant is placed. Scissors are then used to make two cuts at the anterior opening of the sclera in an inferior-medial and superior-lateral direction to facilitate implant placement into the sclera. A sphere implant measuring from 14 to 18 mm is placed into the scleral cavity (Fig. 9). Redundant sclera is trimmed and the sclera is closed with multiple interrupted 5-0 Mersiline sutures. Tenon's capsule is closed first with multiple interrupted 5-0 Vicryl sutures. The conjunctiva is then closed with a running suture of 7-0 Vicryl (Fig. 10). Antibiotic ointment and a conformer are then placed between the eyelids, and the socket is pressure patched for 4 to 7 days. Some surgeons place patients on prophylactic oral antibiotics for the first few days following surgery. After the patch is removed, the patient is asked to apply antibiotic ointment to the socket twice a day for the next 2 to 4 weeks. Continued wear of the conformer is essential to prevent shortening of the conjunctival fornices. The patient is ready to see the ocularist 6 to 8 weeks after surgery for the prosthesis fitting. As with any monocular patient, polycarbonate glasses should be worn routinely to protect the remaining eye.