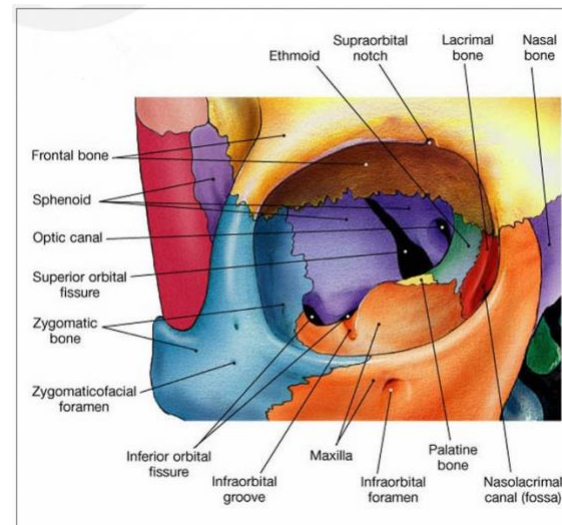


Orbital Decompression for Grave's Disease

Grave's disease, also known as thyroid-associated orbitopathy, thyroid eye disease, and Grave's orbitopathy, is an autoimmune condition. That is, the immune system mistakenly attacks the thyroid gland, eye and orbital tissues, and sometimes the skin of the lower legs.

When patients with Grave's disease develop ocular symptoms, the condition is known as Thyroid related Eye Disease (TED) also known as Grave's ophthalmopathy or Grave's orbitopathy. These patients may develop proptosis, or bulging eyes. The space between the lids may widen producing a staring appearance. Because the eye muscles are involved, some patients may develop double vision. In the worst cases, vision may be threatened by compression of the optic nerve.



Indications

The indications for surgical decompression of the orbit have been to relieve exophthalmos (protrusion of the eyeball) accompanied by corneal exposure and disfigurement and/or to reduce the increased orbital pressure produced by swelling of extraocular muscles, which can lead to compressive optic neuropathy and visual loss.

The Surgery

In medial orbital decompression, the surgeon creates fractures of the thin bones of the medial orbital walls and removes some of the sinus tissues allowing the orbital contents to be displaced into the sinuses. This reduces the pressure inside the orbit which can damage vision. In Lateral decompression, the bone from behind and lateral to the eye is removed. This permits a significant diminution of proptosis, ie, the bulging eyes fall backward into the orbit creating a more natural appearance.

The Risks

All surgery comes with risk. General risks and those specific to orbital decompression are as follows:

Bleeding may cause pressure build up and vision loss.

Double vision may be worse, especially after medial decompressions. When persistent Strabismus surgery may be recommended at a later date.

Numbness in the Cheek and lateral orbit are common after lateral decompression surgery.

There may be asymmetry after and secondary lid surgery is often required.

All anesthetics carry some risk which your anesthetist will review beforehand.

PRE-OPERATIVE INSTRUCTIONS

- You should not drive to or from your surgery. Bring a friend or relative with you or take a taxi.
- Blood thinners (ASA, Warfarin, Pradaxa, Xarelto) are usually discontinued 1 week prior to surgery – please contact your prescribing doctor to make a specialized plan for you. Other blood thinners such as Vitamin E, Ginko Biloba, ginger, garlic, Advil, Motrin, Naproxen, and green tea need to be discontinued a week prior to surgery.
- DO continue taking all of your regular medications, especially blood pressure medications.
- Please remove any eye makeup.
- Make sure that your blood work has been completed at least 3 weeks before your surgery or as otherwise indicated by the office. Patients who have not completed their blood work could have their surgery cancelled. The blood work requisition is attached to the back of the paperwork. You do not need to fast for these blood tests.

POST-OPERATIVE INSTRUCTIONS

- Ice (or frozen peas) 10 minutes on and 10 minutes off. Continue for two days, while you are awake. Do not leave ice on for any longer than 15 minutes - it will freeze the skin.
- Elevate the head (for nighttime sleeping) with an extra pillow or sleep in an easy chair. The ice and the elevation will help to reduce swelling.
- You can use teardrops or tear gel as often as you like, for comfort.
- You can take Extra Strength Tylenol for pain, if needed.
- Continue to use any prescribed drops or ointments given by the office.
- After a few days you can use warm compresses, if you want, for comfort.

- Be careful with blowing your nose, especially if you have had a medial decompression.

WHAT IS NORMAL AFTER SURGERY:

- It is normal to have fluid collect at the lower lids where the lid and cheekbone meet. This looks like a fluid blister and will go away on its own.
- Bruising, redness and swelling often last two weeks or more and are a normal reaction to the surgery.

WHAT IS NOT NORMAL AFTER SURGERY:

- **Uncontrolled swelling, bruising, pain and loss of vision is a medical emergency. If this happens contact the office immediately or go to an emergency room.**
- Excessive bleeding is rare. If you should experience excessive bleeding, apply pressure on the wound with ice packs. Lie quietly with your head elevated. Go to the nearest emergency or contact the office if bleeding is uncontrolled.
- Fever

RESCHEDULING/CANCELLING

If you need to cancel or reschedule your surgery, we need at least one week's notice. Please call Surgical Booking at [1 403-258-1773](tel:1403-258-1773) as soon as you can.

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