

Orbital Decompression

Information for patients



Leeds Centre for
Ophthalmology

Eye protrusion (Exophthalmos)

Exophthalmos is a Greek word that means bulging or protruding eyeballs. Proptosis is also a term that describes bulging eyeballs, although it is often used when only one eyeball protrudes.

What causes exophthalmos?

Exophthalmos can be caused by many different conditions. It is important that the underlying cause is identified so that appropriate treatment can be given.

Common causes include:

- physiological (shallow orbits);
- thyroid gland dysfunction (i.e. Graves disease);
- infection (i.e. Orbital cellulitis); and
- tumours (growths) including orbital and/or lacrimal gland.

Diagnosis

This is very important and may include the following:

- ophthalmological examination;
- blood tests; and
- head and orbits scanning - a scan such as a Computerised Tomography (CT) scan or Magnetic Resonance Imaging (MRI).

Treating exophthalmos

Treatment for exophthalmos will depend on the underlying cause. In cases where exophthalmos is caused by a tumour, treatments such as radiotherapy, chemotherapy or surgery may be appropriate. A combination of these treatments may sometimes be recommended.

Complications of exophthalmos

In very severe cases of exophthalmos, you may not be able to close your eyes properly. This can damage your cornea and cause optic atrophy (deterioration of the optic nerve); this may cause severe pain and vision deterioration.

Orbital decompression surgery

In severe cases of exophthalmos, such as where vision is affected, surgery may be required to remove the bony floors of your eye sockets (orbits). This procedure is known as orbital decompression surgery.

Decompression involves removing the bones surrounding the eye socket, called the orbital bones. This includes the bones of the lateral (outside) medial (nose and sinus area) and floor of the orbit. The medial wall is usually done via an endoscopic approach up the nose by an ENT surgeon.

This allows any excess material that builds up, pushing your eyeballs forward, to move down into the space below. It also allows your eyes to sit further back in your head so that they do not protrude forward as much.

Risks from surgery

With lateral wall decompression, some patients experience masticatory oscillopsia (a feeling the environment moves when chewing). When the orbit floor is decompressed, there can be numbness to the cheek and upper lip.

You may also be at risk of developing:

- bruises;
- swelling;
- infection;
- inflammation;
- squint eye;
- double vision or it may make existing double vision worse;
- retrobulbar hemorrhage;
- scarring; and
- possible vision loss.

Please discuss with your surgeon the benefits and risks of the procedure to you and he will be happy to answer and explain all your queries.

Further resources

Patient information leaflets section on the Leeds Teaching Hospitals NHS Trust website:

www.leedsth.nhs.uk/patients/resources/



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