

A New View

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Introduction

While you become accustomed to your eye replacement, you may have many questions about it - its care and how to use it. This booklet is for your reference.

Keep in mind that this booklet is written to include the basic care instructions. You may be given additional information from your ophthalmologist or ocularist. If you ever have any questions, call your ocularist.

Your Ocular Prosthesis

Your ocular prosthesis was custom made especially for you. It was designed to fit your eye exactly. Its shape was adjusted millimeter by millimeter to shape your eyelids and tissues around your eye, giving you the most restored appearance possible. The hand painting, done in your presence, is essentially a realistic portrait of your natural eye. Your prosthesis is made of a very fine acrylic which allows for meticulous painting techniques and precision shaping.

In addition to the cosmetic restoration that the prosthesis provides, there are also medical reasons why a custom-fit ocular prosthesis is important. Without it, eyelids tend to shrink and turn in, eventually coming into contact with and irritating the sensitive linings underneath. Also, tear glands, designed to wash the eyes, have nothing to work on. Moisture then pools in the socket where it can lead to problems. Wearing a premade or "stock" eye, which isn't custom made, can cause continual pain and irritation to the eye socket which can lead to medical complications and eventually, infection and disease.

It is important to realize that as realistic as your prosthesis appears, it does not replace your natural eye in terms of function. It will not move as well as your natural eye, is not permanently attached to your body, and will not provide you with vision in that eye.

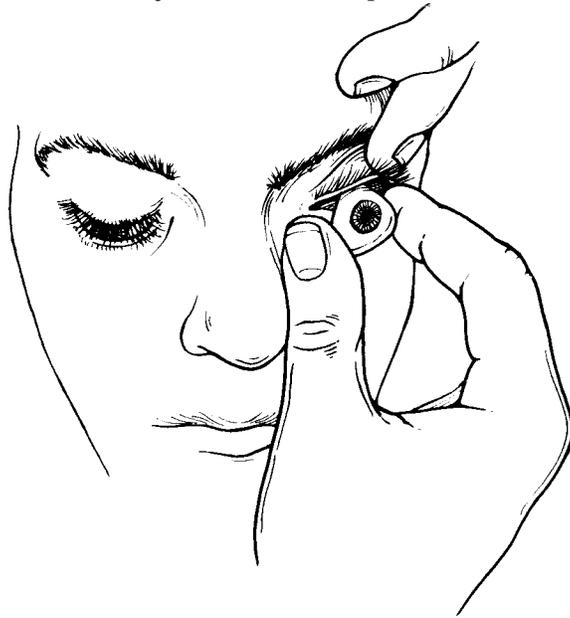
Technology in the 1940s brought us the modern acrylic eye. Before the advent of acrylic prostheses, glass prostheses were widely used. Glass eyes were difficult to shape, and disallowed fine adjustments in shaping while the prosthesis was being fabricated. Also, glass eyes were fragile and could shatter, unlike acrylic which is tough enough to resist breakage if dropped. Your acrylic prosthesis has a much more comfortable and realistic appearance, and can last many years with proper care.

Insertion

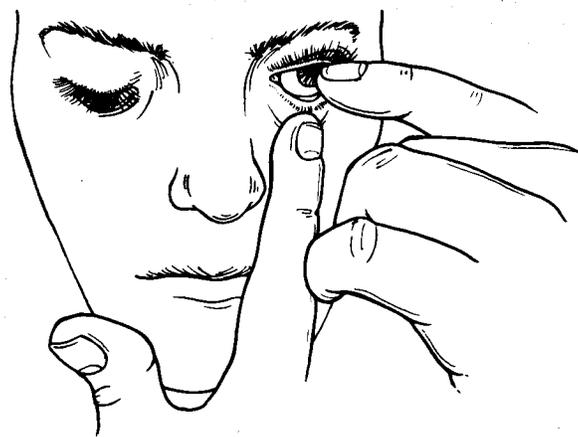
Inserting your prosthesis may at first seem difficult, but with practice, it will become second nature.

Begin by washing your hands thoroughly. Spread a soft towel on the surface in front of you to protect the ocular prosthesis in case you drop it. You may

want to lubricate the prosthesis with artificial tears to assist in the insertion. While you insert your prosthesis, keep your gaze downward. This opens up your eye socket in such a way to allow the prosthesis to enter more easily.



Now lift your upper eyelid with the thumb or forefinger of your left hand. (Use your right hand if you are left handed.) Holding the ocular prosthesis with your other hand, slide the upper edge up under the eyelid as far as possible. Next, release the upper eyelid and then using the same hand, pull down gently on the lower eyelid. Gently push the lower edge into the socket, allowing the lower lid to slide up over the bottom edge of the prosthesis.

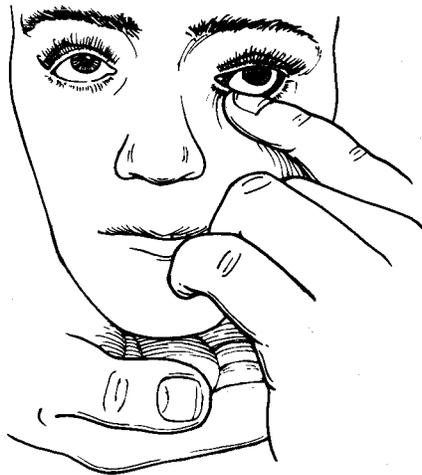


If you are having extreme difficulty in inserting the eye, you may want to use a suction cup. This can be acquired from your ocularist, and can allow you to easily grip the prosthesis. However, it is best not to become dependent on a suction cup, as you may not always have a suction cup when you need it.

Removal

To remove the ocular prosthesis, reverse the insertion process. Again, spread a soft towel in front of you. This time, however, gaze upwards while you remove the prosthesis to open the socket.

Cup your left hand (or right hand if you are lefthanded) under your eye to catch the eye as it is removed. Using your right hand, pull down your lower eyelid in the area closest to your nose. Run your forefinger outward along the lower lid while depressing it. The prosthesis should slide right out into your hand.



Rarely will you need to remove your prosthesis. After you have adjusted to it, you will only need to remove it occasionally for cleaning.

Care

Your eye replacement can be worn day and night. Periodically you can wash the acrylic eye if you wish to cleanse it of secretions or foreign matter. This can be done with the prosthesis in or out of the socket. To wash the prosthesis while in the socket, use an over the counter saline solution. Squeeze drops onto the prosthesis as you would with regular eyedrops. To wash the prosthesis while it is out of the socket, use a mild ordinary soap and warm water. Use your thumb and forefinger to rub it clean. Don't use a brush of any sort as this can scratch the surface. Also, do not use rubbing alcohol which can destroy the finish.

Take care not to drop your ocular prosthesis. This can chip or scratch the surface, which must be repaired by your ocularist. If you are not wearing your prosthesis for any length of time, store the prosthesis in plain water.

Your eye socket, once it is healed after surgery, will require little maintenance. If your socket needs additional care, your ophthalmologist will recommend it.

Remember, the better you take care of your acrylic eye, the longer it will last.

Comfort of the Prosthesis

When you first are fitted with your prosthesis, your socket may feel tender from the unaccustomed use. This should subside over time.

The glands and tear ducts in your eye, in most cases, will function normally with your prosthesis. Many people, however, will notice an increase in secretions. At times these secretions can be considerable. This can be caused by wind, head colds, allergies, extreme temperatures, or failure to wash the hands thoroughly before handling the prosthesis. When this occurs, it is best to leave the prosthesis alone in the socket unless the secretions begin to build up or irritation occurs. If you wish to cleanse your prosthesis, it is best to leave it in the socket. Rinse the eye area with plain water or a saline solution, or try gently patting the acrylic eye with a soft cloth or tissue. If this doesn't work, remove the prosthesis and rinse with a saline solution.

Sometimes excessive secretions can be caused by scratches or roughness on the surface of the prosthesis. If your socket has changed in any way, the prosthesis may become ill-fitting. This, too, can cause excessive secretions. Your ocularist can remedy these situations by polishing or modifying the prosthesis. If you have been relatively free of excessive secretions for several years, and then suddenly have problems that you can't attribute to the situations described above, you need to contact your ocularist to have it checked.

Other problems may include a sharpness or a persistent aching in the socket. This may indicate that the prosthesis needs an adjustment in its shape that can be accomplished by your ocularist. Excessive tenderness, redness, or swelling may indicate a more serious problem. Contact your ophthalmologist if you experience these symptoms.

Some people experience a dryness in the eye. Any artificial tears available at the drug store can be used for comfort.

If you have concerns about what you are experiencing with your prosthesis, call the office and we can answer your questions.

Maintenance

Once a year you should have your prosthesis checked by your ocularist. During this visit, your eye replacement will be given a high polish to restore its appearance, and the fit will be examined. Also, the socket will be checked for a healthy appearance. These visits usually take 30 minutes and are well worth the investment in maintaining your prosthesis. Some individuals may need to have a check-up every six months. This is because excessive secretions cause deposits of proteins to build up on the surface of the acrylic eye quicker than usual.

Daily Use

Adjusting to your new eye replacement, both physically and emotionally, takes time. With time, you will become accustomed to wearing your ocular prosthesis. There are many things you can do to make yourself more comfortable with your prosthesis.

Your socket will need time to adjust to the presence of a prosthesis. When you first get your prosthesis, you may want to wear it only a few hours a day at first, and slowly increase wear time. If you are wearing a prosthesis over an existing eye, the process of building up wear time is generally slower. Your ocularist will describe a program that is best for you. Also, your eyelids may fit tightly over the prosthesis at first, making the insertion of the prosthesis more difficult. Over time this should go away as your eyelids adjust to the prosthesis. Sometimes, because of surgery or injury to the eye, the eyelid may droop over the ocular prosthesis or not function at all. There are a variety of solutions to this problem which include exercises, corrective lenses, or surgery. Any problems can be discussed at the primary fitting.

The prosthesis will not move as well as the natural eye, or may not move at all. The degree of movement you have with a prosthesis depends on the type of surgery you had, and how well the prosthesis fits into your socket. Your custom prosthesis is made in such a way to fit your eye socket as well as possible, but many people with custom prostheses still have limited movement. By making simple changes in your posture, you can disguise the lack of movement in your prosthesis. When you talk to someone, turn your face completely towards that person rather than look sideways. If you are shorter or taller than the other person, turn your face up or down so that you are looking directly into their face. In general, turning your head more frequently will help you to compensate for a smaller field of vision. This will allow you to see more.

After eye surgery some people have eye sockets that aren't symmetrical placed within the bony structure of their faces. In these cases, eyeglasses can do wonders in visually making the eyes look even. If you have this problem, choose glasses with a strong line or horizontal design across the top. Have your optician adjust the arms of the eyeglasses so that the top edge of the glasses are equal distances above your upper eyelids. The result is that you will have glasses that are slightly uneven on your head, but will appear even in relation to your eyes. This is generally a preferred cosmetic result. Your optometrist or optician may also use prisms in your eyeglasses to make one eye appear higher, lower, larger, or smaller.

Be careful with how you wipe your eyes. Always wipe from the outside edge to the inside corner.

Wiping the opposite way may cause your prosthesis to fall out. If you swim, while diving or underwater be sure to keep your eyes closed or wear goggles. Watch out for surf when swimming in the ocean.

Your remaining eye needs to be cared for. It now has to do the job of two eyes, and must be protected. If you don't wear glasses now, you should consider

getting a set of safety glasses. These have the appearance of corrective glasses, but function importantly in protecting your remaining eye.

You and your ocularist want your new prosthesis to be as comfortable and to look as realistic as possible, and every effort will be made to accomplish this. If you see slight imperfections in the color and shape, keep in mind that you and your ocularist look much more carefully at your ocular prosthesis than anyone else.

Emotional Aspects

The loss of an eye, whether from injury or disease, can be a traumatic experience. You can experience any range of emotions in response to this traumatic period. There are six major feelings that you may experience after your surgery: shock or disbelief, anger, denial, depression, uncertainty, and fear. However, there is no "normal" way to react to the loss of an eye or a diagnosis of a disease which caused you to lose your eye. Just as there are infinite numbers of personalities, there are infinite ways to react to your condition.

An organized support group can connect you with people who have had the same experience that you have had. Each support group has its own personality, so may need to shop for one in which you feel comfortable. (See References section of this booklet). Our office can also connect you with other patients we see, if you wish to meet with others on a one on one basis.

Resources

Books:

A Singular View: The Art of Seeing With One Eye

Frank B. Brady, Author/Publisher
P.O. Box 4653 Annapolis, MD. 21403

Excellent book on techniques to for monocular vision. Gives tips on wide variety of situations such as driving, stairs curbs and various sports.

When Bad Things Happen to Good People

Harold Kushner
Avon Books

Inspirational book that addresses the universal question "why?" when tragedy strikes a family.

Beauty and Cancer

Diane Doan Noyes, written by Peggy Mellody R.N.
AC Press, Los Angeles

Grooming and beauty tips for people undergoing cancer treatment. Has camouflage tips for those who have had surgery, including in the area of the eye.

A Different Dimension Adapting to Monocular Vision

Jewelee Jones & Jack Diner Write to:
Francois Durette Oculo-Plastik

1170 East Henri-Bourasse
Montreal, Quebec, Canada H2C1G4

More tips on living with monocular vision. Additional information on eye anatomy and how a prosthesis is made.

Support Groups:

Vision Northwest
4370 NE Halsey
Portland, OR. 97213
1-503-284-7650
1-800-448-2232

Support groups for blind and visually impaired in Portland and southwest Washington areas.

Also can provide resource lists for equipment and supplies for visual aids.

Singular Vision Outreach
P.O.1451
Maryland Heights, MO. 63043
1-314-453-9905

Nationwide organization for individuals and their families who are adjusting to monocular vision Also is an information center concerned with current research and advances in vision care.

For Cancer Patients:

American Cancer Society Oregon

Division & Metro Unit

0330 SW Curry

Portland, OR

1-503-295-6422

1-800-227-6422

For patient services, support groups and cancer information hotline.

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