



## The General Principles of Anophthalmic Patient's Management

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The removal of an eye (enucleation, evisceration) is a severe psychological and physical injury for a person. Loss of an eye is most often caused by a number of conditions, including trauma, inflammatory and congenital processes, eye malignancies. At the same time a sudden loss of sight impacts negatively and considerably on all complex of social functioning of a person (personal, professional, family life), complicating his subsequent readaptation to everyday life, quite often resulting in need of change of profession and even leads to disability. Successful surgical treatment (evisceration/enucleation with using of an orbital implant) is achieved a painless, non-inflamed socket with adequate volume and naturally normal eye looks by using individual ocular prosthetics.

The adequate eye socket includes central socket position, well-covered implant with normal volume, natural socket motility, healthy conjunctiva, normal position of eyelids, enough deep fornix, symmetric position of the contralateral eyelid.

Formation of a qualitative eye socket after an enucleation/evisceration is possible only by using orbital implants. A variety of orbital implant and design, wrapping, volume considerations give more possibilities than ever for surgery to provide the anophthalmic patient naturally socket motility as normal eye.

### The main requirements for implantation materials are:

- Low weight;
- Absence of a resorption;
- Good tissue tolerance;

- Absence of cancerogenic properties;
- Absence of allergic reactions;
- Good ability to sterilization;
- Capacity to biointegration;
- Absence of migration, rejection, exposure;
- The implant has to be economically sound.

The cosmetic effect at ocular prosthetics is a fundamental factor and it depends on collaboration of a surgeon and an ocularist. Well-qualified specialists provide adequate process of ocular prosthesis, which includes conformer stage of a conjunctival cavity (after surgery or within 5 - 7 days); temporary prosthetics (6 weeks after surgical treatment); individual prosthetics 3 - 4 months with the subsequent polishing/replacement of an artificial eye one times in 18 months.

To increase efficiency of medical and social rehabilitation of anophthalmic patients it necessary to combine medical treatment, ocular prosthetics with the methods of psychological consultation. It is necessary to refer patients to psychologist before and after surgery and then define indications for rendering medical and psychological assistance at this stage, scoping of the necessary in psychocorrection. A psychological assistance is necessary to help the person to adapt to new living conditions, to develop skills which will allow him or her to return independence and confidence in actions. Psychological support for patients with anophthalmos is extremely necessary as an increase in quality of life of people with anophthalmos and visually impaired is a social problem, concern-

ing not only ophthalmologists, but other medical staff, education, relatives and the society in general.

Education anophthalmic patients by specialists (general practitioner, ophthalmologist, ocularist) is quite necessary and includes informing patients about all stages of delivery of health care; preparation of an eye cavity for an artificial eye; organization of receiving technical means of social rehabilitation; training in rules of care of an artificial eye and conjunctival cavity; observation, treatment and dispensary; the direction for medical and social examination; the direction on consultation to the psychotherapist if necessary.

The adequate orbital plastic surgery by forming of an eye-socket after an evisceration/enucleation and ocular prosthetics with psychological support allow to increase patient's social activity, to increase additional costs of medical and social rehabilitation and to increase the quality of life of this category of patients [1-7].

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