



THE EYE CONCERN, INC

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Thank You for Choosing Eye Concern!

Our goal is to provide you with the highest quality in ocular prosthetic care.

Your new artificial eye is made of the finest quality acrylic –methyl methacrylate resin-- obtainable. We have taken every precaution to ensure no irritating substances are present in the finished prosthesis through our choice of materials and by the method used in the design and creation of your prosthesis.

The shape of your ocular prosthesis works with the anatomy of your socket to provide the best possible comfort, movement, and life-like appearance. It is hand painted using a special method to match, as accurately as possible, the color and character of the companion eye giving the appearance of living tissue.

- ❖ **Please carefully review the Care Instructions, and Warnings and Helpful Hints on the pages that follow...**

CARING FOR YOUR NEW OCULAR PROSTHESIS

LEARNING TO WEAR YOUR OCULAR PROSTHESIS

Most people become accustomed to wearing an ocular prosthesis (artificial eye) within a few hours and eventually are not even aware of its physical presence. There are exceptions, such as those who lack sufficient tear production to adequately lubricate the surface of the artificial eye. Such persons will need to utilize some type of artificial eye lubricant.

Each artificial eye recipient is unique and responds differently to the wearing of an ocular prosthesis. You will do well to follow the instructions provided by your Ocularist. It is also important to follow any special instructions given by your Ophthalmologist, whose advice should take precedence over any other given.

EYE LUBRICANTS ARE NEEDED

Artificial eye recipients produce fewer tears in the enucleated or eviscerated socket due to the loss of/trauma to the natural eye. For some recipients, there is no tear production from the incidental tear glands (found in the conjunctival tissues lining the socket). In such cases, friction begins to build as the eyelids open and close against the acrylic surface of the prosthesis. Due to this friction, lubricating with an artificial tear product is highly recommended to keep the socket tissues from becoming irritated and uncomfortable. A more viscous (more dense) lubricant or 'salve' may also be used.

Those who are experiencing dryness in their sockets, including those **whose eyelids close completely when they blink and when they sleep**, can use a water based lubricating solution easily purchased over the counter. There are several different brands to choose from. It is difficult to make specific recommendations. Personal reactions to eye lubricants can vary significantly. A lubricant which helps one person, may be irritating or otherwise objectionable to another. It is possible to have a reaction to the preservatives in a lubricant. Each individual must discover for himself, which is most beneficial for themselves.

When the eyelids do *not* close completely (especially while blinking or during sleep), an oily lubricant or salve is necessary. Aqueous (water based) solutions can dissipate quickly leaving a hard dry film across the front of the prosthesis, which can become irritating to the eyelid during the blinking process.

If dryness is more prominent when waking in the morning, the use of a lubricating salve at night just before going to bed seems to relieve this dryness best. Medical grade silicone or a natural oil such as Vitamin E, mineral or castor oil, have proven to be helpful as well. These lubricants have certain characteristics, and their use should be discussed with your Ocularist prior to adding them to your care regimen.

POLISHING THE PROSTHESIS

We highly recommend returning to our office to clean, polish and disinfect the prosthetic eye(s) every six (6) months -- twice each year -- to maintain eye socket comfort, maintain, and preserve the eye in optimal condition and to reduce any protein build up. By removing protein build-up, the chances of variables that can cause irritation, discomfort, and possible infection are greatly reduced.

Accidental scratching of the front surface, caused by lid function and occasional handling, can happen. Dropping the eye onto hard, rough surfaces can cause deep scratches. Both of these flaws cause irritation to the underside of the eyelids. To correct the problem, the prosthesis will need to be polished and resurfaced.

During a 'polish' appointment, we have the opportunity to check the health of the eye socket and ensure the prosthesis continues to fit the socket properly and comfortably. The outcome is a healthy socket, comfortable prosthesis, and possibly a longer life span of the prosthesis.

CARE BETWEEN POLISHINGS

Most patients wear their prosthesis without removing it from six months up to one year, or the time between cleaning, polishing and disinfecting the prosthesis.

Since no two people react the same way to the presence of an artificial eye, you will discover your own timeframe for wearing the prosthesis. A rule of thumb: the less you handle the prosthesis, the better. Continue to wear your prosthesis as long as it is comfortable. After some experience, you will be able to anticipate any discomfort. Coming in on a regular basis to have the prosthesis cleaned, polished, and disinfected, will help resolve any discomfort and will keep the eye socket healthy.

Occasionally, you may need to remove, wash, and clean your eye. If so, follow the instructions in this care booklet to accomplish this.

A) REMOVING the prosthesis from the socket

BEFORE BEGINNING, wash and rinse hands thoroughly using a mild hand soap.

If you are removing your eye over a wash basin, first stop up the drain and place a towel inside the basin, then out and around the basin, covering all immediately surrounding hard surfaces (or remove your eye over something soft, such as a bed). Tilt the head downward while looking at the artificial eye in the mirror. This rotates the prosthesis into a favorable position for removal. Cup one hand, palm upward with the heel of the hand against the cheek just below the eye socket to catch the prosthesis if it comes out suddenly.

Place the forefinger of the other hand against the middle of the lower lid, parallel and close to the eyelashes. Press the lower lid tissues back until the eyelid goes under the lower edge of the artificial eye. At the same time, move the finger sidewise toward the lateral (outside) corner of the eye to stretch the eyelid under the bottom edge of the prosthesis, exposing it to view. The effect will be like the edge of a button coming through a buttonhole.

If the prosthesis does not slide out of the socket by itself, grasp the prosthesis with the forefinger and thumb of the cupped hand (or suction cup) and rock it gently until it comes free from under the upper lid.

After removal, the eye should be washed, using the instructions outlined below, being careful not to drop the eye down an open drain. (Falling onto coarse, sharp, or hard surfaces can chip or scratch the ocular prosthesis.)

B) CLEANING the prosthesis

FIRST, After Stopping Up the Wash Basin, Place a Towel in the Bottom of the Basin

With the prosthesis out of the socket, make a soapy lather in your hands using a mild soap. Pick up the prosthesis carefully - it will be slippery. Rub the surface of the prosthesis vigorously with pressure from the tips of your fingers. The water used can be as hot as the hands can stand. Rinse all soap residues from the prosthesis and hands. Check the surface to be sure there is not a thin residue still covering it. If more film still exists, the surface of the prosthesis will appear dull. If so, repeat the cleaning process.

If a filmy residue remains, place the eye in a solution of denture cleaner, such as Efferdent or Polident (available at most drug stores). Mix as directed for dentures. Soak the prosthesis for 30 minutes in the solution. Next, gently rub the soaked prosthesis with a mild soap.

Another option is to immerse the eye in an 'enzymatic' cleaning solution (for hard contact lenses to remove protein buildup) — follow the directions for the cleaning solution. Once the process is completed, rinse the eye under a good flow of warm water while rubbing the entire surface of the prosthesis with the fingers tips to ensure flushing away any last remnants of soap and cleaner.

Put the thoroughly rinsed prosthesis back in the eye socket while it is still wet.

- ***Never wash or dry the prosthesis with any kind of tissue, cloth, or brush. Any of these items slowly wear away the polished surface, creating a dull, non-lifelike appearance.***

C) REPLACING the prosthesis

Hold the prosthesis with one hand in such a manner so that the upper edge of the prosthesis is upward and the back of the prosthesis is toward the empty socket. Lift the upper lid with a finger or thumb of the free hand. Continue to keep the socket widely exposed for the next step.

Slide the upper edge of the prosthesis up under the upper lid. Gradually work it higher under the lid until most of the pupil and iris are behind the eye lid. ***Do not let it slide downward again until after the next step.***

Continuing to hold the prosthesis in place, with one hand, release the upper lid. With the other hand, use the forefinger of the free hand to pull down the lower lid until the prosthesis moves gently behind it. Once the lower lid is in front of the prosthesis, adjust the prosthesis until it is comfortable and in its proper place. Slowly remove both hands, being ready to catch the prosthesis should it slip out. If the prosthesis slips out, start again from step one. You may want to adjust the manner in which the prosthesis and eyelids are held to accommodate your own unique personal style.

WHEN TO 'REFIT' AN OCULAR PROSTHESIS

After surgery, the eye socket will continue to heal for up to one full year. Because of this, not all the edema (swelling) will have fully dissipated from the orbit at the time of the original prosthetic fitting. As the edema continues to dissipate, the configuration of the socket tissues can change causing the artificial eye to sink deeper in the eye socket allowing the upper eyelid to droop over the prosthesis. If (or when) this becomes noticeable, it is best to return to our office to have the prosthesis adjusted or 'refit'.

The eye may need to be 'refit' several times during its life span (approx. 5 years) due to these and other anatomical tissue changes in the socket.

After additional surgery, refitting the prosthesis will be necessary. If the surgical procedures are extensive, refitting the prosthesis may be impossible due to socket configuration changes. In these cases, a new ocular prosthesis will be needed.

STORING THE OCULAR PROSTHESIS

If the prosthesis must be out of the socket for more than a few hours, store it in purified water. The acrylic, of which an ocular prosthesis is fabricated, has a microscopic porosity which allows an individual's tears to permeate the material. Therefore, as the artificial eye dries out, the layers may delaminate (separate) at the painted surface. Keeping the eye stored in a liquid prevents this.

Do not store your eye in facial tissue (Kleenex) or anything similar. The possibility of discarding it as trash with the prosthesis inside becomes highly probable.

WHEN TO CONSULT YOUR OPHTHALMOLOGIST, OR YOUR OCULARIST

It is best to consult your Ophthalmologist with any noticeable increase in tearing from the eye socket, reduction of comfort with excessive persistent mucus discharge or an easily recognized bulging out of the artificial eye. If an implant is present, the bulging could indicate extrusion of the implant and needs immediate attention. Your Ophthalmologist can prescribe drops for infections, allergies, etc., whereas an Ocularist can suggest different lubricants for dryness. If your Ophthalmologist/Optomestrist feels the problem is one the Ocularist should address, call to schedule an evaluation to have the issue assessed.

Make appointments to see the Ocularist if the prosthesis starts rotating, falls out, or the color no longer matches the companion eye. When the eyelids are drooping noticeably or the gaze is off the prosthesis needs to be refit. If the prosthesis becomes uncomfortable and your socket is irritated, call to schedule an appointment to see the Ocularist. Some situations require the cooperative efforts of both the Ophthalmologist and the Ocularist. Do not hesitate to call either your Ophthalmologist or your Ocularist if a situation arises that you do not understand. It is better to be "safe than sorry".

We appreciate your confidence in our services.

TROUBLE SHOOTING

For an Ocular Prosthesis

ALLERGIES

A patient's socket tissues may react to mild allergens such as house dust, animal hair, plants, pollens, milk, and other foods without being aware of any discomfort. Any allergies an individual has will show up in the weakest part of the body which many times is the affected eye socket. The eye can become red and irritated. An allergy eye drop such as Naphcon-A should help with this.

In our experience, no one has become 'allergic' to an ocular prosthesis, which has been fabricated in our office. Therefore, if an allergy of some kind occurs, consult your ophthalmologist or an allergist.

BACTERIAL AND VIRAL INFECTIONS

The socket tissues around an artificial eye becomes infected just as easily as the companion or living eye. Irritation and continuous amounts of yellow-greenish stringy discharge might indicate infection. In these cases, your Ophthalmologist should be consulted.

What do I do if...

■ My eyelid is sticking to the surface of the prosthesis...

The most common reason for the eyelid adhering to the prosthesis is due to dryness. Your socket conjunctiva is not producing enough tears to lubricate your eye. Use lubricating eye drops frequently throughout the day or an oily lubricant such as Sil-optho or Ocuglide. Either product can be purchased in our office.

■ My prosthesis has a white line across the front of it...

Insufficient lid closure is usually the cause of this problem. Lubricating with artificial tears, oil drops, or a small ribbon of salve is necessary -- at bedtime, upon arising in the morning, and possibly several times during the day.

■ I'm experiencing excessive amounts of yellow to light green discharge material which is stringy and sticky...

You are most likely experiencing an infection of some kind. Please consult with your Ophthalmologist.

■ I'm experiencing a 'bloody' discharge...

This is typically a short-lived experience, caused by a small blood vessel that has burst within the socket. The vessel will repair itself and the discharge is often gone as quickly as it appeared. Dryness can cause this reaction. If the discharge continues to appear over an extended period of time, you will need to see your Ophthalmologist.

- **My upper lid is drooping and my prosthesis appears to be looking up and out...**

After surgery, your socket tissues continue to heal for upwards of a year. This process includes the atrophy (shrinking) of orbital fat tissue. As the tissue changes, more space is created within the socket. Your prosthesis will then 'shift' into this space, allowing your upper lid to droop. Call your Ocularist to schedule an appointment to have your prosthesis adjusted or 'refit'.

- **My prosthesis is rotating...**

Contact your Ocularist. In most cases, making an adjustment or 'refit' to the prosthesis will take care of this. -- NOTE: Be careful when rubbing your eye, the pressure may cause your prosthesis to rotate.

- **My prosthesis falls out when I wipe or rub it...**

The wiping motion is very similar to the motion used when removing the prosthesis. Try gently blotting the eye first. If you need to wipe the eye, *close your eye first*, then, start from the outside corner of the eye gently moving towards the nose. Wiping away from the nose may cause the prosthesis to dislodge.

- **My eye itches...**

Itching could be due to dryness, being tired, or allergens in the air. Many people have mild allergies in the surface tissues of their living eyes without being aware of any discomfort. Allergens in the air can be caused by house dust, animal hair, plants, pollens, milk and other foods. Allergies will show up in the weakest part of the body. Typically, it is the affected eye socket. The eye can become red and irritated. An allergy eye drop such as Naphcon-A should help with this. If the itching is due to an infection, it will be necessary to obtain a prescription from your Ophthalmologist.

- **My prosthesis is bulging forward...**

This is not to be ignored. There are a variety of reasons this may happen. See your Ophthalmologist *as soon as possible*. Once the issue has been resolved, see your Ocularist.

- **My prosthesis will no longer stay in...**

This condition is caused by changes in the socket tissue or a loss of elasticity in the tissues of the lower lid. The lower lid then gives way under the weight of the prosthesis and falls out. It may be that the shape of the prosthesis needs to be changed, or a surgical procedure can be performed to tighten or strengthen the lower lid. It is also possible that the socket is contracting and the socket space will no longer accommodate the artificial eye. Either way, call your Ocularist as soon as possible.

- **I hear a popping sound in my socket when I look right or left...**

The 'popping' sound is due to hollow space developing in either corner of the eye. The sound is air escaping -- like a bubble popping. Call your Ocularist to have the prosthesis adjusted.

■ **The coloring of my prosthesis no longer matches my companion eye...**

It's possible that the colors of your eye can subtly, or even dramatically, change causing your eyes to no longer match. As your prosthesis ages, deterioration of the plastic can cause a change of color in the acrylic eye. Soaking the prosthesis in hydrogen peroxide, alcohol, or such will change the color of the prosthesis as well.

Ideally, a new ocular prosthesis should be made every 5 years. Schedule a consultation with your Ocularist to consider your options.

■ **My lower lid is sagging...**

When the lower lid begins to sag, it is losing its elasticity. Changing the shape of the prosthesis may help or you may need surgery to tighten the lid. Call your Ocularist to see which option is best for you.

■ **My prosthesis appears dull, lifeless, and feels scratched...**

This usually happens after long periods of wearing an ocular prosthesis. It is recommended to have your prosthesis cleaned, polished and disinfected every 6 (six) months. This will eliminate minute scratches and help it to appear moist and life like again – similar to 'living tissue'.

■ **My prosthesis is over five years old and is becoming uncomfortable...**

The average life span of a prosthetic eye is five (5) years. The contour of your socket tissue will have changed during this time causing your prosthesis to fit differently. This can lead to irritation and discomfort. The acrylic material, of which the prosthesis is made, has a microscopic porosity. Over time, tears (and the acids in them) tend to permeate the prosthesis. This process leads to the deterioration of the prosthesis and discomfort in the socket. It is best to have a new prosthetic eye made every five years.

■ **When I have a cold or an infection in my body, my eye socket seems to be more symptomatic and my prosthesis is uncomfortable...**

With any common cold, symptoms will show up in the weakest part of the body. There may be some discomfort and discharge from the socket of the artificial eye, while the companion eye does not seem affected.

We suggest removing the prosthesis, wash it and flush the socket once a day during the period of the cold and for a few days following. This will help reduce the discomfort and/or discharge. Extra lubrication during these times is also helpful. You may even find relief by removing your prosthesis and allowing your socket to 'rest' for a few nights. If your symptoms are not relieved, consult your Ophthalmologist.

■ **From time to time, tears spill over the lower lid ...**

The contour of the socket tissues change slowly over time. Fat tissue atrophies (shrinks) increasing the depth of the eye socket. The back surface tissues evolve into new shapes, which no longer fit the contours of the prosthesis. This may cause pockets of space between the prosthesis and the tissues. These 'pockets' fill with tears, which lie there and become 'stale'. Salts precipitate out of the tears and irritate the tissues.

In extreme cases, where the spaces are large, tears and mucous can spill out over the eyelid onto the face suddenly. In these instances, call your Ocularist for an appointment to have the prosthesis adjusted.

■ **An eyelash has gotten behind my prosthesis**

This is a common occurrence. Remove your prosthesis and irrigate (flush) the socket with sterile saline solution. Check your socket to be sure the eyelash, or other material is removed. Replace your prosthesis, then, use a good lubricant to soothe the socket.

■ **The space above my upper eyelid is becoming larger and deeper (more hollow)...**

Increasing space is often caused by the atrophy of orbital fat and the movement of orbital tissues towards the apex (back) of the bony orbit. The Ocularist may be able to add volume to the prosthesis that will up this superior sulcus area of your orbit. If not, your Ophthalmologist may suggest some options for you.

Warnings & Helpful Hints

1. **Always practice cleanliness when handling the prosthesis.** Wash hands before handling the prosthesis. If your prosthesis accidentally falls out, be sure to wash and then rinse it thoroughly before reinserting it in the socket. This will decrease the chance for infection to occur.
2. **If you swim, dive or water ski, wear swimming goggles or remove the prosthesis and store it safely.** More prosthetic eyes have been lost during these sports than in any other way.
3. **If you need to store the prosthesis longer than overnight,** put it in a purified water solution. If an artificial eye is allowed to dry out, the layers might separate at the painted surface. Keeping the prosthesis wet prevents this.
4. **Cold weather, dry weather, or wind,** tend to make the artificial eyes uncomfortable. Using lubricating eye drops may reduce or relieve the discomfort. A salve, which is thicker, can also be used in more severe situations.
5. **Never place the prosthesis in the mouth for any reason.** This can be fatal for both humans and animals as it could lead to possible choking. It can also lead to infections in the eye socket if the eye is placed directly back into the socket. If choking ensues, remove the prosthesis from the mouth by using your finger or Heimlich maneuver. If swallowed call your physician.
6. **Do not leave the prosthesis in a facial tissue or anything similar.** It can become lost and/or mistaken for trash and tossed out.
7. **Do not expose the artificial eye to alcohol, ether, chloroform, hair spray, or any other solvents.** These can damage the prosthesis beyond repair. It can also dull the color so it no longer matches the companion eye.
8. **Remove the prosthesis before having any general anesthetic.** Some anesthetics can damage the surface of the acrylic, requiring reprocessing or even replacement of the prosthesis.
9. **An ocular prosthesis can be worn while having an MRI, even when the patient has a titanium peg.** An ocular prosthesis is made of acrylic and will not be dislodged or affect the results of an MRI. A titanium peg is not magnetic, therefore, should not interfere with the MRI.

10. **If the eye needs to be wiped or rubbed**, always close the eyelids and wipe toward the nose. Wiping away from the nose may cause the eye to fall out.
11. **We recommend wearing a pair of attractive protective glasses**. These will distract from any asymmetries, which we could not correct. This will also protect both 'eyes'.
12. **Hold your head naturally**. Certain head positions will indicate to an observer that you are trying to hide something. Avoid tilting your head downward, looking up from under the eyebrows at the same time. The artificial eye will not move fully upward with its companion or 'good eye'. With you head tilted downward, your prosthesis could be looking at the floor while the companion eye is looking upward. It may not rotate side to side as the companion eye. Develop a habit of turning your head in the desired direction rather than simply rotating your eyes. Most important... just be YOURSELF!

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