Orbital Decompression Surgery

This information is provided to help you understand orbital decompression surgery and to answer some of your questions. It is not meant to replace a discussion with your doctor and our clinical team.

Orbitopathy, or eye swelling, is evident in as many as 25-50% of patients with Grave's disease. Orbital decompression is often necessary to correct or slow the vision problems caused by the orbital swelling. Surgery is ideally done after the initial, inflammatory phase of Grave's disease has run its course.

Orbital decompression surgery has been enhanced by advancements in endoscopic surgery; and in cases of severe eye bulging and decreased vision, orbital decompression can be very helpful in decreasing symptoms. At UMMC, we perform a “balanced decompression” consisting of a through the nose endoscopic decompression combined with an outside decompression on the outer side of your eye socket to give your eye more room to expand. This collaboration between our orbital surgeon, Dr. Kyle Lewis, and rhinologist, Dr. Scott Stringer, provides effective orbital decompression with a reduction of eye bulging and a low incidence of complications or new postoperative double vision.

Common Reasons for Decompression Surgery:
1. Improve the cosmetic appearance of your eyes
2. Improve or stabilize visual loss
3. Improve vision and discomfort from poor eyelid closure

Expectations after Decompression Surgery:
Orbital decompression surgery results in a reduction in the bulging of the eyes as well as reduced pressure in the eye socket. For patients that have experienced worsening of vision as a result of orbitopathy related to thyroid disease, a stabilization of vision is expected. In some cases improvement in vision can be seen after surgery. Improved eyelid closure and a reduction in dry eye is commonly seen. While improvement in the appearance of the eyes can be seen related to a reduction bulging, it is not realistic to expect complete reversal of all signs of orbitopathy.

Alternatives to Decompression Surgery:
You should have received treatment with all reasonable medical options before considering orbital decompression surgery. If your condition is not dangerous or significantly affecting your quality of life, there is the option to just live with the problem.

Risks from Decompression Surgery:
Any surgery has some amount of risk associated with it. Your health care provider will discuss these risks in detail with you. This list does not include every single side effect that could possibly occur.

1. Uncommon:
   a. Nosebleeds in the first few days after surgery
   b. Excessive bleeding from the eye socket or eyelid incisions
   c. Infection
2. Rare:
   a. Injury to the eye causing double vision or blindness
   b. Spinal fluid leak
   c. Loss of sense of smell
   d. Brain injury or death

What will happen before surgery?
X-rays:
You will usually have a CT scan of your sinuses prior to the surgery. This will give us a roadmap for knowing how much and where to decompress your eye socket. It also allows us to perform the surgery under computer guided surgery, which helps us complete the surgery more rapidly and with greater precision. It is a lot like having a GPS map in a car to guide you. It helps us tell how to get around in your sinuses better.

Surgery Date:
Our surgery schedulers will work with you to find a convenient date for your surgery. When you call our clinic the day before surgery, you will be told where and when to arrive for surgery and will be given any instructions such as to when to stop eating or drinking.

Pre-operative Evaluation:
You will be sent to the anesthesiology preop clinic or contacted by phone to be evaluated by the anesthesiology team prior to your surgery date.

Medications:
Your medications will be e-prescribed to the pharmacy we have on file for you on the day of the surgery. If there is a medication that we need you to take in advance of the surgery, we will prescribe it for you at the time that we schedule your surgery date.

Anesthetic:
The surgery is done in most cases with the patient completely asleep (general anesthesia).

Surgery Location and Setting:
1. The surgery is usually done in the University Hospital Day Surgery Unit.
2. You will typically be observed over night to make sure there are no issues with your vision.

After Surgery:
1. You will be given a postoperative instruction sheet. It is important that you follow these instructions closely.
2. You will be given your appointments for your first postoperative visits with each doctor either at the time we schedule your surgery or before you leave the hospital. It will usually be 1-2 weeks after surgery. It is important that you keep this appointment.
3. Packing is not used in the nose unless there is more bleeding than usual. Instead, a powder or absorbable material is used in the nose that does not have to be removed. In the rare event that packing is placed, it is removed 1 to 2 days after surgery.
4. A prescription for pain medicine will be provided as some temporary pain and soreness is typical postoperatively. Notify your surgeon immediately if you have severe pain.
5. You may feel nauseated or groggy the first day after surgery. You should be able to get around the house alone the first day after surgery.
6. If you must travel a long way to go home, you may want to consider staying in the area.
7. Most patients can go back to work with light activity in 1 to 2 weeks. Patients with more strenuous jobs that may require heavy lifting or straining should wait about 2 weeks before returning to work.

Things to Call Us About After Surgery:
1. High fever
2. Excessive or persistent pain
3. Constant drip of clear fluid from your nose
4. Persistent nosebleeds
5. Loss or worsening of vision
6. Bulging of the eyes that is worsening after surgery
For Questions or Emergency Care:
Call the ENT office at 601-984-5160 or the Eye Clinic at 601-984-5020. You may need to speak with the doctor on-call.