

the affected eye is probably already blind is particularly helpful in promoting acceptance of the imposed impairment.

After surgery the parents need to be prepared for the child's facial appearance. An eye patch is in place, and the child's face may be edematous and ecchymotic. Parents often fear seeing the surgical site because they imagine a cavity in the skull. On the contrary, the lids are usually closed, and the area does not appear sunken because a surgically implanted sphere maintains the shape of the eyeball. The implant is covered with conjunctiva, and when the lids are open, the exposed area resembles the mucosal lining of the mouth. Once the child is fitted for a prosthesis, usually within 3 weeks, the facial appearance returns to normal.

After an uneventful recovery from enucleation, plans can be made for discharge from the hospital, usually within 3 to 4 days postoperatively. Parents need instruction regarding care of the surgical site and preparation for any additional therapy. They should be given the opportunity to see the socket as soon after surgery as possible. A good time to do this without unduly pressuring them is during dressing changes. They should then be encouraged to participate in the dressing changes.

Care of the socket is minimal and easily accomplished. The wound itself is clean and has little or no drainage. If an antibiotic ointment is prescribed, it is applied in a thin line on the surface of the tissues of the socket. The dressing consists of an eye pad changed daily. Once the socket has healed completely, a dressing is no longer necessary, although there are several reasons for having the child continue to wear an eye patch. Infants and toddlers explore their environment with their hands, and without an eye patch in place, the socket is available to exploring fingers. Although there is little danger of the child injuring the socket, parents may feel more secure with the socket covered. This also helps prevent infection.

The ocularist, who fits and manufactures the prosthesis, gives initial instructions for care of the device. Once in place, the prosthesis need not be removed unless cleaning is necessary, in which case it is taken out by gently pulling down on the lower lid, which frees the lower edge of the prosthesis, and applying pressure to the upper lid. The prosthesis is cleaned by placing it in hot water and soaking it for several minutes. Reinsertion is easier if the