

THE FINEST IN ARTISTIC EYE.....
THAT ARE TOTALLY REALISTIC.....



Dr Sumitra

Optometrist & Ocularist

An Ocular Prosthesis is an artificial device that is placed in the empty eye socket to maintain its shape and to match with the fellow good eye. An artificial eye is handcrafted by the Ocularist-a highly skilled specialist. The eye is crafted to match precisely the natural eye and is made of plastic. It fits under the eyelids much like a large contact lens and moves to a great extent with the fellow eye, resembling nearer to the natural eye.

The following patients are needed to be referred to an Ocularist-

RECENT ENUCLEATION / EVISCERATION :

Patients who have had an enucleation or evisceration should be referred to the Ocularist for fitting of the ocular prosthesis 4 to 6 weeks post operatively. This period of time allows for sufficient healing and a stable socket. Although the healing rate varies by the surgical procedure, age of the patient, previous treatments and other medical condition, the anophthalmic socket or eviscerated globe is ready for fitting when chemosis and other orbital inflammations have fully resolved. The impression fitting will be invalid if significant change in the orbit occurs after the impression is taken. However, as an interim measure the patient can be referred at around 4 weeks following surgery for evaluation of the fit of the post operative conformer or for temporary prosthetic eye. This also allows the patient to be introduced to the Ocularist and the fitting and the fabrication procedure.

PATIENTS WITH PROBLEMS WITH AN EXISTING PROSTHESIS :

Patients with existing ocular prosthesis will often need to be referred to the Ocularist for either the surface related or with fit related problem .With continuous use of the ocular prosthesis, there is continuous building up of protein film on the surface of the prosthesis .This is usually cleaned off by the patient himself. But once the prosthesis becomes old , the protein build up can be quite encrusted and difficult to clean. The Ocularist often needs to polish off the stubborn surface deposits. Besides there is always a possibility that hairline scratches on the prosthesis can crop up. These scratches if left may cause irritation and they need to be professionally polished by the Ocularist. Over the period of time the fit of the prosthesis also deteriorates. With scleral shell, continued phthisis or other changes in the globe may be contributing factors. Children will often need more frequent replacements or enlargements to compensate for growth and help stimulate bony orbital growth.

BLIND EYE REQUIRING A SCLERAL SHELL :

Scleral cover shells are fitted over the conditions of phthisis bulbi, congenital microphthalmia and normal sized blind and disfigured eye. Scleral shells differ from prosthetic eyes in their thickness and length of wearing time depending on the size and sensitivity of the eye.

CONGENITAL ANOPHTHALMIA / MICROPHTHALMIA :

In cases of congenital microphthalmia and more importantly, congenital anophthalmia, it is important to refer the infant or child to the ocularist as early as possible to start the fitting of the conformers and / or prosthesis to help stimulate bony orbital growth. Fitting of a series of increasingly larger prosthesis will help to have an adequate socket.

ADVANTAGES OF CUSTOMISED OCULAR PROSTHESIS OVER STOCK EYES :

1. Close matching with the natural eye, as it is hand painted to match exactly as the other eye.
2. More movements due to exact matching of the back of the prosthesis with the tissue structure in the socket.
3. Reduces discharge or watering as there is no or less friction with the socket tissue and the artificial eye.
4. Patients can wear the custom - made artificial eye days together continuously even during sleeping hours.
5. Most of the weight of the prosthesis is distributed over the tissues inside and not on the lower lid, preventing lower lid sagging.
6. Some modifications are possible.

Custom made prosthesis play a very important role in the development of orbits of anophthalmic / microphthalmic children