

CORRESPONDENCE




Improving the quality of life of patients undergoing enucleation

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Much can be done to improve the wellbeing of patients anticipating enucleation and resuming life after this operation.

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TO THE EDITOR:

I congratulate Shapira et al. on their two papers reporting predictors of artificial eye wearers' experience, in terms of comfort, satisfaction, visual function, and quality of life [1, 2]. Such data should enhance patients' wellbeing by improving care of the socket and prosthesis.

The authors wrote that little has been published regarding function and quality of life in enucleated patients so that there is an unmet need for data with which to educate patients and manage expectations. Unfortunately, they overlooked the studies by Damato et al., who reported function and quality of life after enucleation or radiotherapy for uveal melanoma, whose results are relevant also to patients who had the eye removed for other reasons [3, 4]. These studies included 442 patients treated by enucleation, who completed 1615 questionnaires over several years. Less than 10% of enucleated patients were concerned about their appearance and most adjusted to the loss of visual field and stereopsis over time. Poor quality of life was reported by only about 20% of patients, mostly because of factors unrelated to their ocular condition (i.e., poor general health, financial difficulties, and poor social support). These results should be encouraging for patients facing the prospect of enucleation. With regards to patients with uveal melanoma, our quality-of-life studies suggest that wellbeing with an artificial eye is not as bad as patients might imagine so that many would be better off after enucleation than after radiotherapy, especially if they have a large tumour and, therefore, a high risk of painful neovascular glaucoma.

To improve patient satisfaction, some ophthalmologists perform enucleation with a porous implant, despite the relatively high cost of this implant and the surgical difficulties that arise should extrusion occur. Ho et al. performed a randomised study comparing hydroxyapatite with acrylic implants in 281 patients [5]. Questionnaires completed by patients and their ocularists indicated no significant differences between the groups in eyelid position, prosthetic motility, socket complications, and patient satisfaction although ptosis was more common with acrylic implants and there was greater need for ocularists' treatment with hydroxyapatite implants.

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COMPETING INTERESTS

The author declares no competing interests.

ADDITIONAL INFORMATION

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