**POST OPERATIVE COMPLICATIONS**

**• Eyelid Laceration Repair/ V-plasty**

Complications :-

* Some dehiscence of the eyelid margin nearly always occurs postoperatively. This margin breakdown can cause lid misalignment which results in entropion or ectropion.
* Gaping of the conjunctival side of the incision due to poor suture placement can slow healing and allow a suture to rub on the cornea to cause painful corneal ulcers. Such sutures would need to be replaced or removed.
* Skin sutures can also become infected

**• 3rd Eyelid Crop/ 3rd Eyelid Removal**

Postoperative Complications:

* retrobulbar adipose tissue prolapse or accumulation of mucopurulent debris in the medial canthus because of the large dead space present.
* The removal of the third eyelid can lead to dry eye or keratoconjunctivitis sicca (rare in equine)
* **3rd Eyelid Flap**

Complications:-

* Sutures too tight
* Pain and eyelid swelling developing within a few days.
* Damage to eyelids and chronic distortion.
* Sutures will pull out easily if cartilage not included with the sutures.

• **Eyelid Tacking/ Hotz Celcus**

Postoperative Complications:

* Infection
* Eyelid swelling is common postoperatively.
* Ectropion will be a result if the excised piece of tissue is too narrow under correction of the entropion or if too wide of a piece of skin is removed.
* Suture ends can rub on the cornea to cause ulcers and should be removed.
* cutaneous abscesses can form if sutures become infected.
* Overcorrection of the entropion will result in ectropion and exposure keratitis with ulceration.
* The operated lid may exhibit ptosis later in life for no apparent reason.

• **Eyeball Removal Surgery consists of Enucleation, Evisceration and Exenteration**

Postoperative Complications: dehiscence of the suture, incisional infection, progression of neoplasia into bone or regional lymph nodes, orbital infections, significant infections of the periorbital tissue. Cattle often demonstrate pruritis after surgery which can lead to incisional dehiscence due to head rubbing.

 If purulent drainage is noted during the course of healing in an enucleation procedure, the medial interrupted suture may be removed and the cavity flushed with a dilute disinfectant solution daily until resolution of the orbital infection. Antibiotic therapy is recommended if systemic signs of infection are observed.

**Enucleation**

Complications:-

* Blunt trauma through head rubbing or accidental trauma leading to opening up of the wound and haemorrhage.
* Simple incisional infections and surgical wound break down.
* Orbital infection with wound breakdown.
* For neoplastic lesions- reoccurrence and metastatic spread.
* Vision impairment in the opposite eye.
* **Subconjunctival injection**

Potential complications:-

* Accidental intraocular penetration
* Irritation at injection site.
* Granuloma formation.