

# MoaBone® Reconstruction pack

## Surgical guide

The normal appearance and functioning of the eyelids depends on the presence of a normal volume of orbital fat together with a normal sized eyeball (see fig 1).

Enucleation of an eye followed by implantation of an M-Sphere® produces an excellent cosmetic result when a prosthesis is worn since the volume of the M-Sphere® and prosthesis together approximate the volume of the enucleated eye (see fig 2).

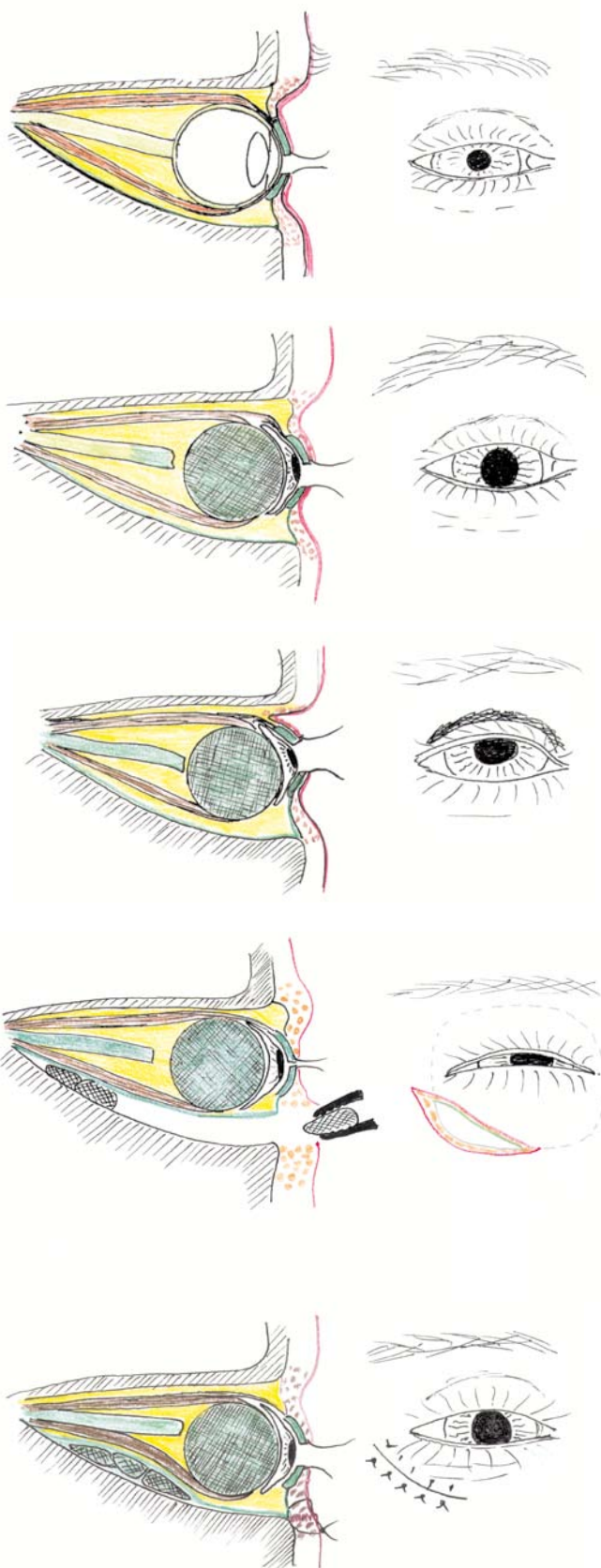
However, in many cases the underlying condition which led to the removal of the eye has also produced atrophy of the orbital fat. Since orbital fat, unlike body fat elsewhere, cannot be replaced, this produces a permanent cosmetic defect with a deep hollow beneath the brow, posterior displacement and upward tilting of the prosthesis and an inability to close the upper eyelid completely (see fig 3).

Surgical correction of the effects of orbital fat atrophy involves the following steps:

1. Incise the skin and orbicularis oculi muscle to expose the attachment of the orbital septum and periosteum to the inferio-lateral orbital rim (see fig 4).
2. Separate the loosely attached orbital periosteum from the bone to form a cavity extending up towards the apex of the orbit (see fig 4).
3. Pack MoaBone® segments, or pieces of segment, into this extraperiosteal space to displace the orbital fat forward. This in turn displaces the M-Sphere® forward filling the hollow beneath the brow.
4. Line up the fibres of the orbicularis oculi and close the skin with interrupted sutures (see fig 5).

### Points to note.

- If the patient wears their artificial eye during the procedure it usually helps to judge the amount of correction that is required.
- MoaBone® segments can be cut into pieces to get the correct volume.
- It is important to be sure that the MoaBone® segments are placed so that they do not interfere with the movement of the M-Sphere®, that is, they must all lie behind the 'equator' of the M-Sphere®.



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