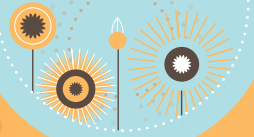


To Order:  
[artificialeyes.net](http://artificialeyes.net)



# A DIFFERENT PERSPECTIVE

## Your Guide to Eye Loss & Recovery

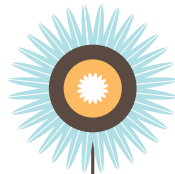
By Paul Geelen & Jenny Geelen

**“Saving eyes is our business and we work hard to get the best outcome. Sometimes an eye just can’t be saved. It is extremely disappointing for everyone involved.**

**For us, having to remove an eye is the last resort. It only ever happens when there is no other option.”**

*Dr Jean-Louis deSouza*  
Ophthalmologist

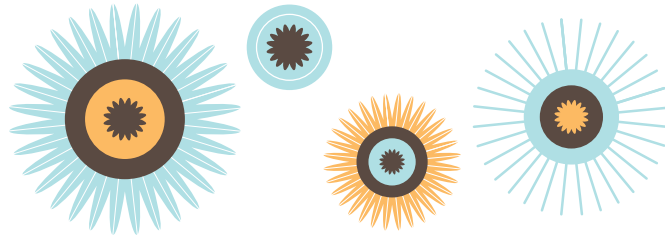




# A DIFFERENT PERSPECTIVE

**Your Guide to Eye Loss and Recovery**

By Paul Geelen & Jenny Geelen



# Losing an eye can happen to anyone –

newborn babies, elderly folk and every age in between.

- It happens to men and women of every race and religion, no matter what occupation or social status.
- It happens as a result of disease or injury or something you may be born with.
- It can happen suddenly or over years.
- It might happen from something you did or didn't do.
- It might happen for no reason that anyone will ever know.
- For many people it is a major life event.
- Each person has their own story and will deal with the loss of an eye in their own way.

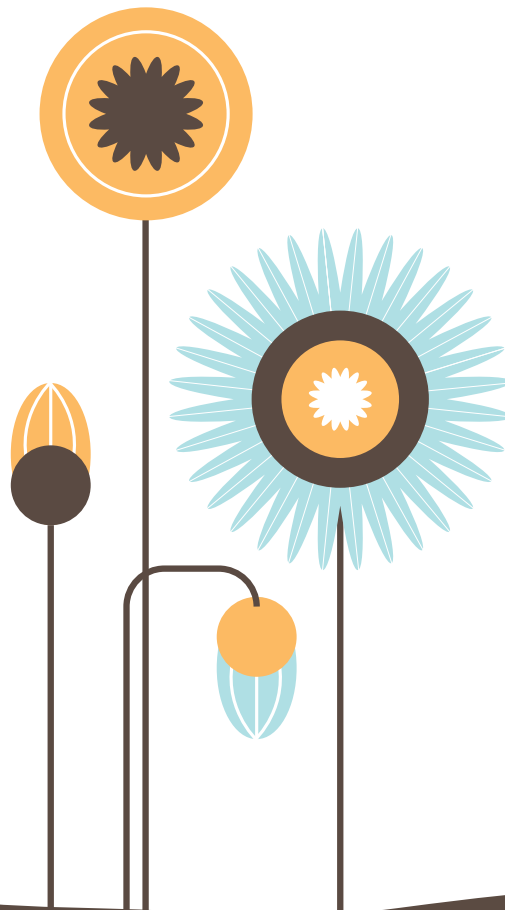
We've made this book to help you understand the various aspects of adjusting and adapting to the loss of an eye. We've tried to keep it simple. We've tried to avoid using too many medical terms which may be confusing and a bit overwhelming. The first section of this book gives a simple overview. The second section contains more detailed information.

Many people have experienced eye loss. Some of their stories are told here. The resources page will lead you to websites with many more. As we gathered those stories we asked people what they would want you to know right now. Over and over they wanted to say to you...

"I'm OK now and you will be OK too."



**Each person will have  
their own response to  
losing an eye.**



Shocked

Worried

Disbelieving

Angry

Confused

Sad

Puzzled - Why me?



**All Normal**

# Each person will have their own worries.

## Can I still...

- ☒ Look normal?
- ☒ Find love?
- ☒ Drive\* ?
- ☒ Do my job\* ?
- ☒ Play sport?
- ☒ Party?

\* Mostly

Adapting to  
Monocular Vision  
*see page 33.*



## Look Normal

“(ocularists)..perform their magic on you, they help you build your confidence, and leave you looking absolutely normal. In fact my family tell me the last eye which I had made this year is better than my normal one!” — *Jean*

“Sometimes (in the early stages) one may feel that having an artificial eye is just so detectable, but in fact it is not! So many of my friends and family find difficulty in deciding which one it is!” — *Mike*

“Most people don’t know I have an artificial eye. They might think I’ve got a lazy eye or something.” — *Tim*

“What I really want to say to you is don’t just dream the dream. Get out there and live the dream. Having an artificial eye won’t stop you having a great life – only you can.” — *Tony*

“These days the artificial eyes are so good. People can’t really notice. You worry about people teasing her but that doesn’t happen. When she got her new eye, her “magic” eye, people would say, “Which is the real one?”  
— *Heath, father of Saskia*

## Find Love

“I thought no one would marry me with a glass eye. Well I’ve been proposed to five times!” — *Francis*

“I met a beautiful girl and got married.” — *Tony*



# The Operation

Every hospital will have a slightly different routine. Usually it is something like this.

- You will be asked to stop eating several hours before the operation.
- Before the operation the surgeon and anaesthetist will check in on you.
- You will go to surgery and then on to a recovery ward.
- Your family can expect you to be back in your room after about three hours.
- Your eye will be bandaged.
- Underneath there may be swelling and bruising.
- Using an ice pack for 5 minute periods can help with swelling and discomfort.
- You may require pain medication for the first few days.

## Fact Sheet

The Operation

*see page 26*

# Back Home Again After Surgery

- ☒ Arrange ocularist appointments
- ☒ Wear sunglasses
- ☒ Take prescribed medications

## Avoid

- ☒ Heavy lifting
- ☒ Bending or leaning
- ☒ Eye Rubbing

## Fact Sheet

Going Home

*see page 27*

You will have a temporary prosthesis/conformer shell in your eye. If it falls out – stay calm – your ocularist can put it back easily.

## Fact Sheet

Conformer Shells / Temporary Eye

*see page 26*

## Fact Sheet

Making Your Artificial Eye

*see page 27*

After 6 to 8 weeks most of the swelling in the eye tissue will have settled and an artificial eye can be fitted.

## Stay Safe

Judging distances might be tricky as you adjust to seeing differently, so take extra care with —

- Boiling water
- Stairs and kerbs
- Table corners

Adapting to monocular vision

*see page 33*

## Pouring

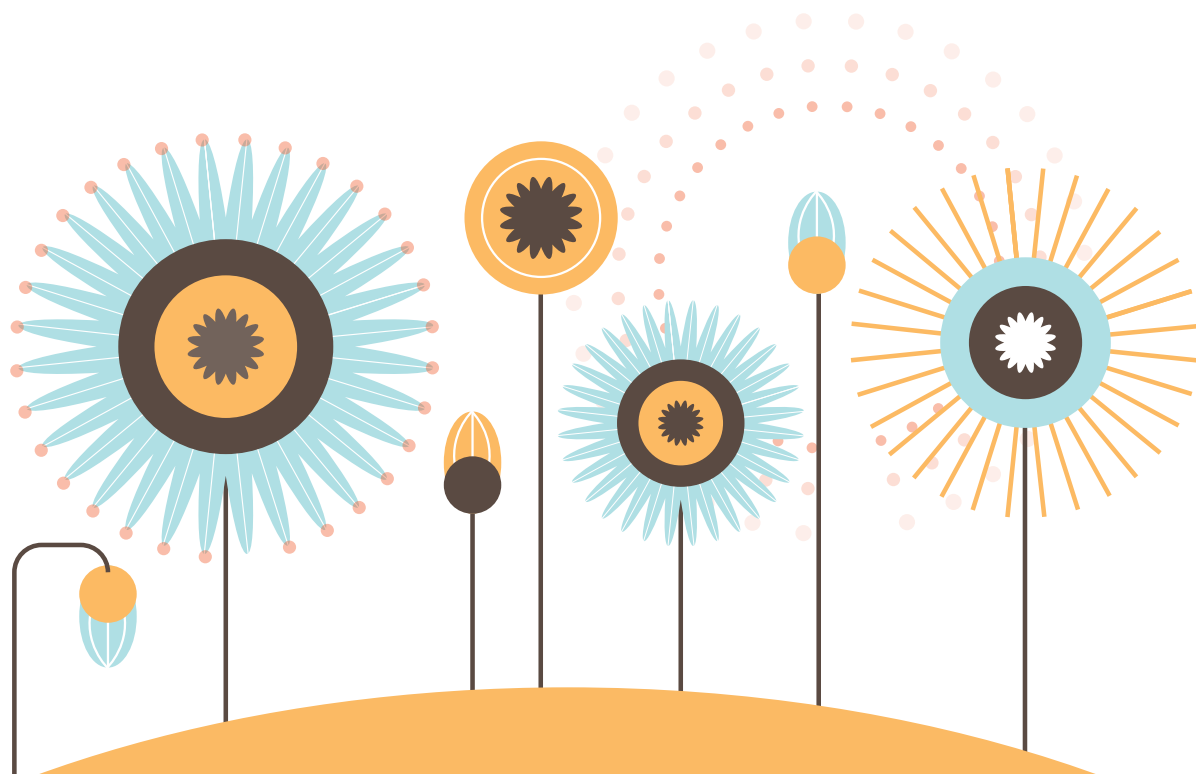
The trick here is to place the lip of the bottle directly on the rim of the cup or glass. Be particularly careful when pouring a cup of tea or coffee.

## Stairs

Use the handrail. Move your head slightly from side to side to give your brain information from more than one point of view. This helps your brain accurately judge where the steps are.

## Picking Things Up

Slide your hand across the table until you can touch the object. Use touch to guide you as you pick it up.



# Stories of Eye Loss and Recovery

### *I Caught A Wave That Changed My Life*

Well I was up at Lancelin, an hour and a half north of Perth, surfing with a couple of mates. Just a normal day really... when I caught a wave that changed my life. I fell off backwards and the surfboard came up over the wave and hit me straight in the mince pie (my eye). The pointy end went right into the eye. At the time I came up and went to one of my mates and said, "I think I've hurt myself". I didn't realise what had happened. He said, "You better paddle in."

It was a fairly long paddle, about 500 metres. Half way in I put my hand up and felt blood. I was trying to feel if my eye was still there by pushing on my eyelid not knowing that in fact the eye had burst. I cried out to my mate, "Find my eye before the fish eat it!!" By the time I got to the beach another friend had waved down a four-wheel drive. That guy gave me a towel and rushed me to the medical centre. From the medical centre I got an ambulance to Sir Charles Gairdner Hospital.

All this time I was thinking will I ever see again, asking everyone that looked at me "is it bad?" I had surgery for three hours trying to save my eye. The doctors had to make my eye back into a ball but they still couldn't tell me if I was going to see out of the eye again. Then all I could do was wait and see (pardon the pun). The whole area was so swollen. During those couple of days I was bracing myself for the worst and that was living the rest of my life with one eye.



Once the swelling went down the doctors shone a torch into the eye but I couldn't see anything. Not even any light. I'd damaged the optic nerve too severely. They advised me that removing the eye was probably the best option due to the extent of the damage. I saw Professor Constable, a leading eye doctor around the world. He was my only hope that maybe I could see again. It took him less than ten minutes to tell me that there was no hope. I was devastated, I remember sitting in a wheelchair in the waiting room waiting to go back to my ward, crying to myself. I just couldn't stop.

Professor Constable was concerned the other eye might go in sympathy. It was a very slim chance but trying to deal with having lost sight out of one eye was bad enough but now the other could die as well. I didn't know what to do. He said surgery should happen within 12 days to avoid this. The next day I had the surgery and the eye was removed and the grieving process began.

My parents flew over from Melbourne, my girlfriend and my mates didn't leave my side but it was like I'd lost a good friend. I didn't really know how I was going to look after the operation. Everyone kept telling me how good artificial eyes look these days. I kept thinking it's easy to say when it's not you. I had to wear an eye patch for four weeks.

Once the bandages did come off and the swelling went down from my fractured cheekbone I looked exactly the same but with a red eye I couldn't see out of. I was relieved that my face looked the same and wasn't all smashed up. The doctors did a wonderful job but the little conformer shell kept falling out.

They had to stitch my eyelid together for four weeks to keep the conformer in while it did its job. This was the most painful time, putting the needle into the eyelid so the doctors could stitch it up. That night the conformer fell out again, so I had to go and get that same needle all over again.

Was it ever going to end?

About eight weeks later and after my conformer did stay in, I met ocularists Paul and Jenny. They started making my prosthesis and helping me come to terms with my loss. Reading and hearing stories about other people's eye loss helped. I started to understand that your life could be exactly the same as what it was, only now you've got one eye.

Getting the new eye was exciting. When Paul put it in for the first time I closed both my eyes and looked in the mirror. When I opened them, it was like the past couple of months were a dream because I looked no different.

I was still coming to terms with not seeing out of it and having to look at myself with an eye instead of a red dot. I was happy again. I felt like the whole accident was over and my luck was changing.

I knew life would go on but I was nervous about driving, using power tools and if I could stay in my trade. It has been almost a year now and I still get angry and ask why it happened to me. What did I do to deserve this? I think this to myself, but I know you can't live like that because there is no answer.

Every night I turn on the news and hear about someone else's horrible day and think that life with one eye isn't so bad. One thing that I'm still dealing with is the fact that my eye will never be the same. Having had my eye removed I know I'll never be able to look through that eye again.

Sometimes when you are walking around people might notice. You do wonder what they think of you or what you really do look like and I feel like I have to explain what happened. Sometimes though when I am telling my story to strangers I feel I'm just sooking, but I think it does help. It helps by just the reaction of everyone. The more people you meet the more comfortable you become with yourself.

I've been surfing again, not on the same board. I tried to once but there were just too many bad memories. I've been snorkelling and swimming nearly every day and have no problems with my eye. I was with my girlfriend at the time and we are still together. I still go to the pub and out to meet other people. To other blokes going through this I want them to know that girls still come up to you and want to talk to you. It doesn't make you unattractive.

It is coming up to about a year since my accident. Looking back on the last ten months I can see how much I have moved on and got back into my normal life. I know that life will keep getting better with each day. Even when I do get angry and upset about the accident I know over time things will get better.

● 2007. Reprinted with permission.



# Jillian McIntyre

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## *A Story About Loretta*

The only thing that we noticed was that Loretta's eye was annoying her. It was like there was sand in her eye or a little stone. Then one day she went riding on a bike and ran into a pole. Then her balance started to go. She was tripping over and bumping into people. She was five at the time. We didn't realise she was blind in the left eye.

We are in a very isolated Aboriginal community. We were lucky that there was a visiting doctor when the eye was bothering her. It was a pure coincidence that this man was an eye specialist from Princess Margaret Hospital. When they opened up the eye she screamed. The light really hurt her. The nurse thought it was bad conjunctivitis. That is when Rex Anderson told me we had to evacuate Loretta straight away. He said he didn't want to tell me why until we were in Perth.

I noticed then that one pupil was bigger than the other. The specialist cancelled all his other visits and flew with us back to Perth. He told us that it was really urgent. Cancer was the very last thing on my mind. She was a really normal child. She started crawling and walking on time and all that.

We got down here to the children's hospital and saw a doctor. He suggested we go to the Lions Eye Institute. That's when I got hit with the hard word. It was a tumor that had grown over the eye itself. I kept saying save the eye, save the eye! They said it would be best to remove the whole



eye so it wouldn't leak to the brain. They didn't want to take the chance with a sample. It was too risky.

I was devastated. I was in shock. I kept saying, can't you do something else? They kept saying it was the best thing. They had to remove the eye. It was just the two of us in a room. I hugged her. I told her "baby they have to take your eye." Because she is young she just went "ok Mum well let's go."

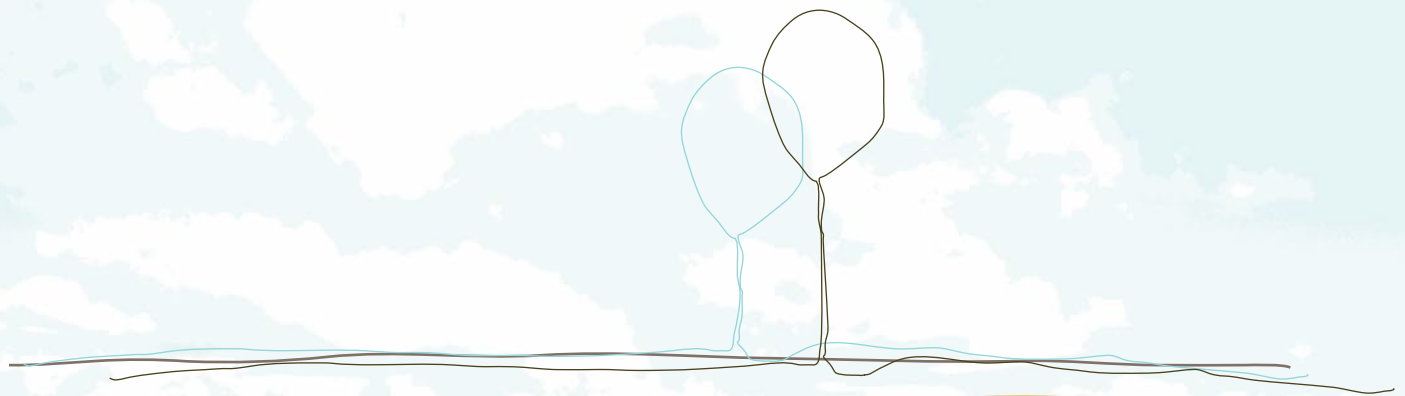
She had the surgery the very next morning. The worst part was that waiting during theatre. It was hard having to wait that long. At one o'clock in the afternoon she came out with a big bandage around her head. When they took the bandage off she saw she had one eye and cried. Then she saw the TV and said, "Mum I can still see!" After that it's like it never really affected her in any way.

I wish I had a camera the day Jenny put in her new eye. She was overjoyed. The look on her face – a smile that touched her ears. It was marvelous. She said, "I've got a new eye! I've got a new eye!"

Since she lost her eye she's won a trophy for open running and won a medallion for swimming. For a girl with one eye she's achieved a lot. I watch her out in the playground doing everything the other kids do.

It is only when I talk about it that I cry. People tell me it's good to talk. I still feel that I am not over her losing the eye. It's the strangest thing that out of my seven children she is the only one with coloured eyes. All the rest are brown. She got blue eyes from my granddad because he had some Irish blood. I don't think I will ever really get over it.

● 2006. As told to Julia Sutton. Reprinted with permission.



# Tony Armenti

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## *Live the Dream*

It was a Saturday and I was playing on the sand hills with my brother and the boy from next door. We lived at the back of the railway tracks in Subiaco, an inner suburb of Perth in Western Australia.

We were using some sticks of bamboo as spears. One was thrown at my brother, and when he deflected it the stick hit my face.

The fur on the bamboo leaves cut across the pupil of my eye. I was seven years, two months and five days old.

There was concern I could lose sight in both eyes.

I lay in the the children's hospital for 28 days with both eyes bandaged.

I remember someone tried to teach me to read Braille.

Eventually doctors removed the eye and arranged for a lady and her young daughter to come to the hospital and talk with me. The girl had lost her eye a year earlier.



I remember her telling me, “Don’t worry. It’s not so bad. You get used to it.” Her mother was a great help to my mother at the time.

I would like to take this time to thank that girl now. Thanks so very much Frances Isaia for what you did all those years ago.

My first ocularist also offered a lot of support. He wasn’t just a gentleman – he was a lot more. Mr Powell helped me so much.

It was when I returned to school that the hell really started. The kids called me names like Cyclops and One Eyed Monster and I remember a lot of teasing went on.

It wasn’t just the kids at school that got me down. It was even my own family. They said things like, “You poor thing, you won’t be able to do this or that.”

I believed them and I didn’t do swimming and all sorts of other school activities. I became an outcast. I’d be left behind at school when the others went off.

In sport I’d be the last kid picked because people didn’t want me on their team. They thought a kid with one eye wouldn’t be good at sport.

My family had to move and I had to start at a new high school with a whole new set of kids who didn’t know me.

Again all the teasing started. One kid in particular gave me a very tough time.

Eventually I got fed up and challenged him to a fight. He turned up at the agreed place. I asked if he would do something before we fought. I asked him to hold my eye.

He completely freaked out and I won the fight without having to fight at all.

Then I started to rebel. If someone said I couldn’t do something I set about proving them wrong.

I did indoor cricket (normal and super league), soccer, baseball, softball and football and even played golf.

I got my driver’s licence and then truck licence. I learnt to swim and then I learnt to dive.

I’ve done everything people told me I couldn’t. I met a beautiful girl and got married.

I completely stopped thinking of myself as having a handicap. I figure that

I can still see and move around freely. This is so much more than many other people are able to do.

When I lost my eye there was so little understanding and information available for people who are going through such an experience. There were also some dodgy eye makers around.

These days the artificial eyes are just so good and there is a lot more information available.

I've learnt that you have to have confidence in yourself. If you believe what people are saying about what you can't do you end up being your own worst enemy.

Don't let people put you down. Don't let people make you doubt yourself.

Yes it can be hard but you have to make yourself get out there and do things. It is not a handicap unless you think it is.

My advice to parents of kids who lose an eye is treat your kids normally. It is not the end — it is a new beginning.

You do have to learn new things. You do have to pay more attention. You just learn to adjust.

You also get a lot of extra help from your other senses. They get even stronger and they help you out.

I think it is really valuable to talk to someone who has been through it.

If they tell you it will be fine, you tend to believe them. They have been through it and they know what they are talking about.

What I really want to say to you is don't just dream the dream. Get out there and LIVE the dream. Having an artificial eye won't stop you having a great life – only you can.



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# Microphthalmia & Ava - Tracey, Tim & Jai's Story

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## *Miss Beautiful Ava Hainsworth & her Artificial Eye*

### Tracey

“Is it still a princess?”

These were my first words after Ava was delivered in late 2006. My partner, looking every part the proud father, looked over and said, she is still a girl!

While in recovery I was laying there thinking life couldn't get any better, I had a gorgeous three-year boy, a loving supporting husband, a house being built and now my very much-wanted daughter.

Recovery was quick and then my nurse came back to collect me. She didn't say much to me, but beforehand she was really chatty. I didn't think much of it, I just wanted to know the size of her, after my son was born 10 pounds!

I got wheeled back into my room, smile from ear to ear, to look over at my partner and he just had a 'look' on his face sort of like a half smile but with lots of sadness to it.

It wasn't a look I was expecting, again didn't think much of it, just thought he had been bonding with his daughter.

I looked over again to see he had been crying and the nurse had a concerned, nervous face on! Tim came over and said “Trace, there's something wrong with one of Ava's eyes”

I immediately responded, “Is she going to be blind in it?” He said, “It looks as though she will be.”

Without seeing it, I thought they were overreacting. The nurse then showed me her eyes.

Her left one was perfectly normal, her right one not so normal. It was tiny,



way under-developed with what I could see was a tiny iris!

A feeling of sickness came through me, thoughts raced through my head, what did I do wrong? Ava was perfect in every other way, so angelic.

My response after a short minute was (which I can't believe how positive I was) "Oh no, don't worry about that, they will just put a prosthetic in, at least it wasn't an arm or leg missing and she isn't dying. Give me a cuddle."

My heart just melted away, this beautiful little girl just lay in my arms so peaceful not knowing what a fright she had given us. I don't know how or why but I just knew everything would be ok with her. She just had this aura around her and to this day she still does. She is wonderful company.

The next morning an ophthalmologist came to see her. He didn't deal with children but was asked to have a look as the children's ophthalmologist was away.

He started looking into her good eye, I started to cry and said that's not the eye you're meant to be looking at, it's her right eye.

He said, "I still will need to check this eye to make sure there was no damage in there." My heart sank, as I started to think what happens if she is blind in both eyes? How will I cope?

After the examination he said "I think her good eye will be fine, and her other eye, well I have only seen one case of this and I don't know what happened with him."

That's all the answers I got. Tim and I had prepared ourselves that she would be blind in her eye, which I think was the best thing. That way we wouldn't get disappointed once she was finally diagnosed, and also if we were told she could have sight that would have been



## Tracey, Tim, Jai & Miss Ava

a bonus! (We knew that would never have been the case).

We got discharged from the hospital after five days. All the nurses acted as if Ava was any other normal baby, so that's the approach Tim and I took along with our family!

I still didn't have a name for what Ava had, I didn't know what she had, I was hoping it wasn't cancer!

So then I began to search madly, we couldn't get an appointment with PMH for five weeks. That is like an eternity to wait for a parent who doesn't know what is wrong with their daughter's eye.

Onto Google I typed "Baby born with small eye" and up came all these really long names such as Microphthalmia. After reading about it, Microphthalmia was what fitted Ava's eye condition, I thought to myself, how am I going to remember all this medical jargon and learn to say "Microphthalmia."

I also stumbled across a site that a mother had dedicated to her son. He had Microphthalmia in his left eye.

I was ecstatic to come across this page, as there were so many pictures of this beautiful little boy with a prosthetic in and his eyes were the same size.

To tell you the truth I didn't know how Ava's eye was going to end up the same size as her other eye. I, at the time thought the eyes were like a marble shape and thought she would have to have the eye out.

I then began searching more about this condition and got in contact with mothers from all over the world. They were so helpful and reassuring and sent me many pictures of these kids with eyes in and best of all they still had their little eyes in.

Anyway after meeting with the doctor at the children's hospital I asked how soon we could get the eye in. He said "well, before she starts worrying about her looks."

My heart sank again, why were they saying this when these other children had conformers in at 16 weeks of age?!?!

They then said we will see Ava again when she is sixteen weeks. I thought, great we can start putting an eye in and start the stretching process.



But nope, that wasn't the case, even though they are fantastic doctors they didn't think Ava needed a prosthesis till she was much older because she would not be worried about how she looked.

That's when I got onto the phone to ocularists Paul and Jenny, and I must have sounded like this confused crazy mother trying to explain everything over the phone that day.

But Jenny was calm and said how about you come in and we can have a chat then, how does Monday sound? It was a Friday afternoon and I was ecstatic.

Finally we can get the ball rolling and didn't have to wait forever for an appointment.

I felt so nervous as I walked up the corridor to meet them. What would they be like? What are they going to do?

Warm friendly faces greeted us and we sat in their office chatting over a coffee in a very calm and relaxed atmosphere. It was wonderful — finally someone who knows what we are going through. It was just good to spill out everything. Paul and Jenny just nodded and took everything in that I was saying.



## Tracey, Tim, Jai & Miss Ava

I felt very happy when Paul was certain about how good Ava was going to look with a prosthesis. Jenny kindly wrote a letter to the doctors to get Ava in sooner, and after much stress and crying from me towards the doctor we got her in July 2007 for her moulding.

That was such a sad thing to see my beautiful girl go under anaesthetic. Why was this happening to her, why her? That was all I thought but I only knew the outcome was just going to be amazing!

And it was! She looks like a normal baby now, no more little winks. She is very lucky to be able to keep her own little eye underneath the haptic lens, as the movement is fantastic!

I still remove the lens at night as we like to see Ava with her little eye in as this was the girl we saw for the first eight months of her life, and she is just as beautiful without her eye in.

Ava getting around is no different to what my son was, she crawled at six months, took her first steps at 11 and a half months. Now there is no stopping her at 13 and a half months climbing, running, laughing, talking — she is just every part the normal child that I knew she would be when I was in hospital that night with her.

She is everything I imagined her to be – inspiring – to show us that having vision in one eye is not going to limit her in any way (apart from depth perception which hasn't affected her yet) and you can do anything that anyone else can do with two eyes.

In 15 years I hope Ava will be able to tell her story.

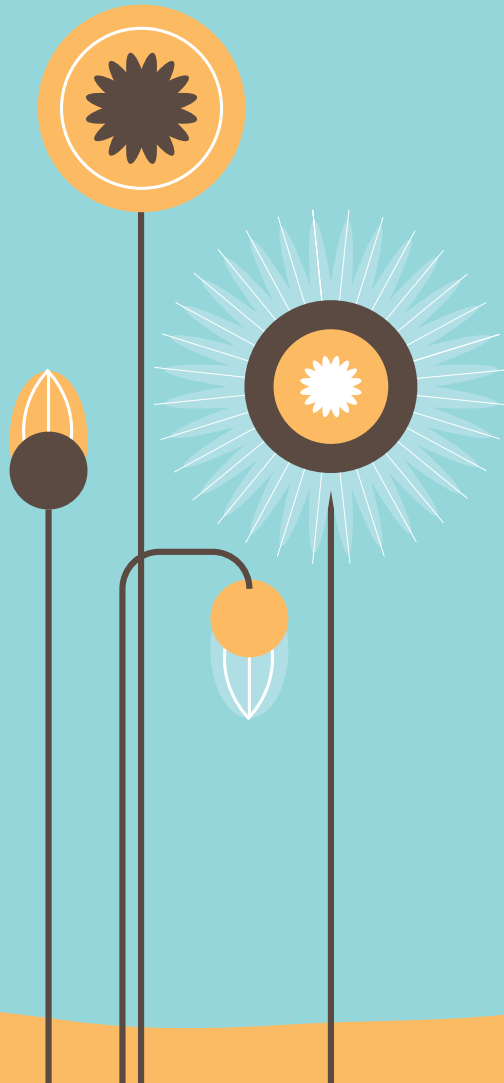
This year was very hard to begin with but things just got better and better. Thank you to Paul and Jenny for all your hard work, your coffees and just for everything you have done for our darling girl!

Warm Regards,

*Tracey, Tim, Jai and Miss Ava!*

● 2007. Reprinted with permission.

# FACT SHEETS



## The Operation

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The damaged eye is removed and a ball implant is put in place. Your eye muscles are surgically attached to the ball implant. This will help give your artificial eye some movement. A conformer shell is placed at the front of the implant. This helps keep a space where the artificial eye will sit. People are usually back in their hospital ward after three hours. You can read more about the conformer shell below.

## Conformer Shell / Temporary Eye

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During eye surgery a ball implant is put in where the eye used to be. A conformer shell sits at the front of this implant. The conformer shell will be worn for six to eight weeks after surgery. It's a bit like a thick contact lens. This conformer shell sits there as a place keeper while the swelling goes down. It helps to keep the shape of the eye socket. The conformer shell also allows you to blink, without your eyelid rubbing on the suture line. They are usually clear plastic with holes in them. The conformer shell is put in place during the surgery. It is not uncommon for them to fall out. Your ocularist can put it back in for you. Once made, your artificial eye will replace the conformer shell.

### Note About Temporary Eyes

Some ocularists might be able to paint a conformer shell to match your own eye so it can act like a temporary eye. The painted conformer shell can be given to the surgeon to put in place during the operation. Temporary eyes can reduce the distress people experience because as the swelling goes down an eye with a normal appearance is revealed.

## Going Home After Eye Surgery

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For two weeks after the operation it is recommended that you avoid:

- heavy lifting
- rubbing the eye
- bending forward to do things
- washing your hair with your head bent forward
- any knock to the eye.

Wear glasses when going out, or an eye shield, for protection. Keep your follow-up appointment. Bring all eye drops with you when attending the outpatient eye clinic. Always use separate tissues for each eye.

## Making a New Eye Prosthesis

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Ocularists have different techniques for making artificial eyes. Some require several weeks and others may require a week or even less. Find out from your ocularist how long is needed, especially if you are from out of town and need to book accommodation and travel.

Most ocularists start by taking an impression of the eye socket. This gives the exact shape of the space. When an eye prosthesis fits well, it reduces the space for tears to well in to. You will have less trouble with secretions. The impression paste is cold and maybe a bit uncomfortable but it doesn't hurt.

The eye is generally painted while you are sitting with the ocularist. This time allows the ocularist to identify and paint the fine highlights to make your eye look more natural.

## For Children

With young children an impression may be taken with the child under sedation or general anaesthetic. This is not so much because of the sensation of having the impression done but the natural fear children may have if they see someone approach them with a syringe.

After the prosthesis has been fitted the ocularist will review it. The eye tissues will settle after a few weeks and the prosthesis may require further adjustments to make it look more natural.

It is important that if you have any problems with your artificial eye you should contact your ocularist. Problems can generally be resolved with minor adjustments.

## Caring for your artificial eye

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Cleaning your eye prosthesis will keep you comfortable, reduce the level of secretion, help prevent conjunctivitis and extend the life of your prosthesis.

### Preparation

Wash your hands before you handle your prosthesis to protect yourself from infection.

Rest a towel over the basin, bench or table so the eye has a soft landing if you drop it.

### Inserting an Artificial Eye

Lift up the top lid to create a gap and insert the artificial eye under the lid.

Gently pull the bottom lid down to allow the artificial eye to fall into place.

Gently rub the artificial eye after you put it in to remove any air trapped behind it.

## Removing an Artificial Eye

Taking your artificial eye out will feel awkward at first, but will soon become easier. The easiest way to remove an artificial eye is with a suction cup. Once you get more experienced you can learn to do this without a suction cup.

### 1. Removing an artificial eye using a suction cup:

- wet the suction cup for maximum grip
- place the suction cup on the artificial eye and gently lift up and out
- push the bottom lid under the artificial eye if needed.

The DMV suction cup is solid rubber and easier to use. Being solid is also more hygienic as bacteria cannot breed inside. If your suction cup is hollow, clean and squeeze it before use.

Don't use the suction cup for reinserting the artificial eye. It is difficult to remove the suction cup and it tends to pull the artificial eye back out again.

### 2. Removing an artificial eye without a suction cup:

- place one finger on your lower eyelid
- look up
- cup the other hand under your eye
- press your finger in and pull the lower lid of the eye toward the ear on that side — this should push the lid under the lower part of the artificial eye allowing the artificial eye to slide out over the lower lid.

## Take Care

If you wrap your prosthesis in a tissue it may be accidentally thrown out.

## Cleaning an Artificial Eye

### Do

- Wash your artificial eye with a mild soap and clean water, then rinse all of the soap off it. Contact lens cleaning solution is also suitable for cleaning an artificial eye.
- Rub the artificial eye firmly with a wet tissue and dry it with a clean lint-free cloth or tissue.

### Don't

- Don't use alcohol or any chemical cleaner. Even a small amount of residue can cause irritation and damage to the eye. Water or a contact lens cleaner are best.
- Don't use hairspray, aftershave, perfume or peroxide near your eye, as these also cause irritation.
- Never use an autoclave. (High temperature sterilising device.)

## Protein Build Up.

There is protein in your tears. As tears evaporate, they leave a coating of protein on an artificial eye. This build-up can cause a reaction on the underside of the lids, leading to irritation. To help reduce protein build-up, periodically soak your artificial eye for a few minutes in contact lens solution, then give it a good hard rub with a wet tissue.

## How Often Should You Clean Your Artificial Eye?

This depends on your own level of comfort. Generally the less you handle your eye, the better. Many people wear their eye for several months before cleaning becomes necessary. Your eye socket will let you know when the time is right, because it will become irritated or dry.

Note how long you wear your eye before it needs cleaning. Then make a note in your diary to clean your eye a good few days before it is likely to become



necessary. This will help you to avoid discomfort and care for your eye without undue handling.

### **Irritation**

If you experience mild irritation, you might be able to alleviate it with artificial teardrops from your pharmacist.

### **Visits to Your Ocularist**

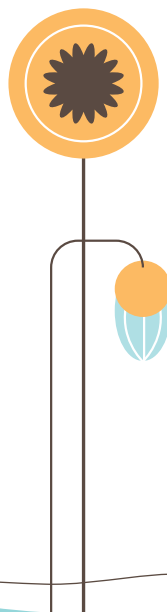
Call your ocularist about any new irritation, excessive swelling, irritation or discharge. A professional polish is recommended once a year.

### **Visit your Ocularist Regularly So That They Can:**

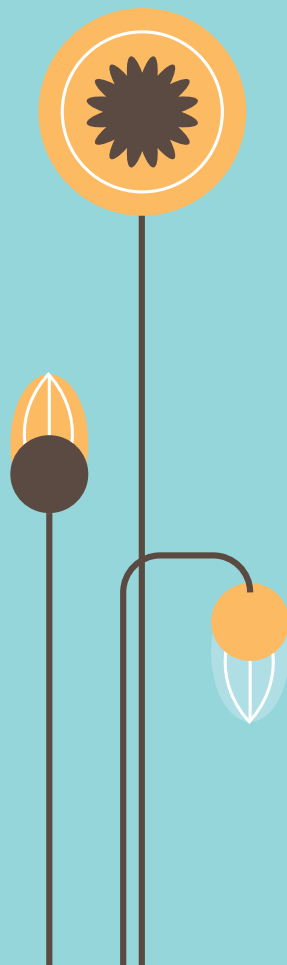
- restore the high polish to your eye
- check to ensure the health of the surrounding tissue
- make sure the prosthesis is still fitting snugly and correctly aligned
- decide whether more frequent polish reviews are necessary for you.

### **When Will My Eye Need Replacing?**

The tissue around the eye socket changes over time, and the eye can become scratched, even with careful maintenance. For these reasons you should replace your eye every three to five years, and more frequently for children.



# ADAPTING TO MONOCULAR VISION



There are two visual aspects to consider with monocular vision. You have a reduced field of vision and your ability to judge distance is impaired.

### Peripheral Vision

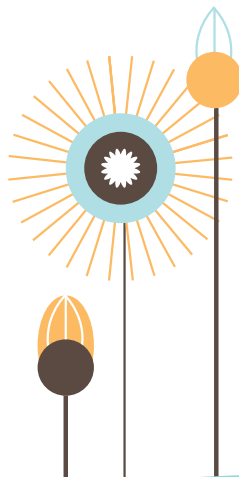
With only the one eye you lose approximately 20% of your peripheral vision.

While this is not a significant part of your field of vision there are adjustments you will have to make. It will create many minor embarrassing and frustrating situations. It is most noticeable in crowded areas where you will bump into people on your blind side. Many people have told us that they will try to walk with a partner or a wall on the blind side to prevent this problem.

You will also have people approaching you on the blind side and accuse you of being rude because you will not acknowledge them. This is particularly apparent when you are sitting at a table and are required to turn your back on a person on one side when addressing another person on the other side.

### Depth Perception

You will not be able to judge distances as well as you used to. This poses challenges to everyday things such as pouring a drink or shaking hands. You will need to be more careful with driving, and ball sports will be challenging, as it is more difficult to track a moving object.



## Driving

“Over the years I have driven an ambulance for the almoners of Royal Perth Hospital, cars and buses for Red Cross, driven buses for Rocky Bay Crippled Children, and driven for Meals on Wheels.” — *Jean*

## Start Driving Again

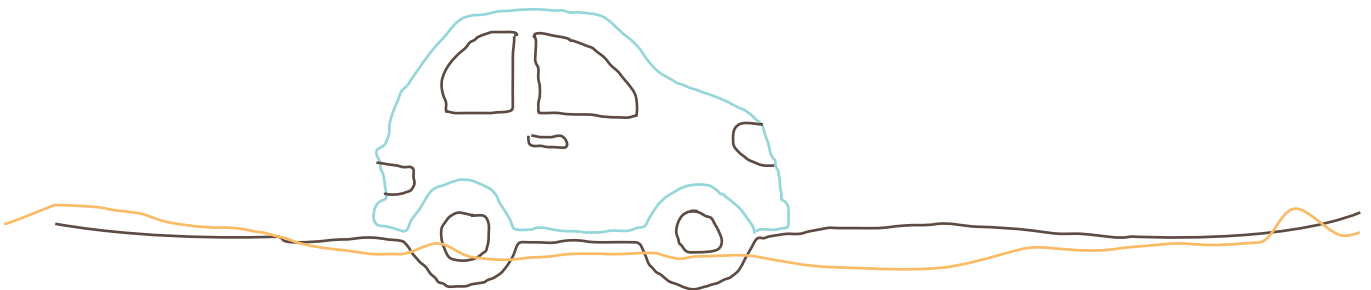
### Check Your Insurance

There are insurance considerations that should be explored before you start driving. It is wise to phone your insurer and clarify how long you need to wait after surgery before you can drive again. This will vary from country to country and from one insurance company to another.

It may be that the Road Traffic Authority has a requirement about driving after surgery as well. It's good to know the facts.

### Go Gently

Give yourself time to build confidence by driving in quiet streets that are familiar to you. Over time start adding busier roads.



## **Driving Aid Options**

Some people drive perfectly well with monocular vision and no modification to their cars. Others benefit from the assistance these aids can give:

- larger wing mirrors on both sides
- convex mirrors on both wing mirrors
- reversing sensors
- rear wipers and de-misters
- a wide rear vision mirror
- halogen headlights.

## **Driving On Major Roads**

Staying properly in the lane might be a challenge initially. Many major roads have sound bumps that will give you an extra guide.

You will need to remember that your judgement of distance has changed. It is probably a good idea to keep your distance from the car in front as much as you can. Driving within the speed limit is more important than ever.

Changing lanes will be easier with driving aids on your car.

## **Parking**

Parking can offer challenges to many drivers with full vision. It requires extra care and concentration for drivers with monocular vision.

Give yourself lots of time and be patient with yourself. Use your driving aids and if necessary ask others to assist.

## **Night Driving**

Many people with monocular vision find driving at night stressful because of the increased sensitivity to the strong light of oncoming vehicles. An optometrist can apply a coating to spectacles that reduces light glare and makes night driving easier.

Halogen headlights will give you maximum light and visibility from your own vehicle.

## **Avoid Driving Tired**

It isn't a good idea for anyone to drive when they are tired. A driver with monocular vision is particularly at risk. You only have to rub one tired eye and for those seconds you are driving blind.

## **Ability To Work**

"I went back to the same job with the same company." — *Alfredo*

"I taught swimming for many years." — *Anita*

"Having one eye hasn't affected my work at all." — *Brian*

"I commenced parachuting again within a month of leaving hospital, still with the hospital dressing on my eye...I gained a private pilot's licence in 1970 and a commercial pilot's licence in 1992, followed by an instrument rating in 1993, I then flew aircraft on charter until 2006 when I retired from commercial flying." — *Leo*

## **Playing sport**

"It has been important to me that I will still be able to wrestle with my mates and that it's still ok to do paintball and stuff like that." — *Alex*

"Once I'd been given the all clear, I was just a normal kid, running around and playing all sorts of sport, like cricket, football and rugby." — *Brian*

"I just won Most Valuable Player award in the football." — *David*

"I have always played sports. I wasn't good at sports with a small ball. I'm much better at netball and basketball. I've played mixed and indoor cricket. I also do resistance training." — *Frances*

“As a younger person I played tennis and golf – not to any high standard – nevertheless only having one eye was no deterrent.” — *Jean*

“Since she lost her eye she’s won a trophy for open running and won a medallion for swimming.” — *Jillian about Loretta*

“I’ve been snorkelling and swimming nearly everyday and have no problems with my eye.” — *Joel*

“I am back playing indoor cricket. It is a challenge but I am up for that challenge. It hasn’t affected my bowling at all.” — *Lloyd*

“I was a keen sports person. I ran and did high jump. I was good at both of them. Later I took up croquet.” — *Marjorie*

“I’ve now got a Triumph Thunderbird which has been doing the biz magnificently since I’ve had it, and long may it continue to do so. I’ve ridden for well over 100,000 miles since losing my eye so I don’t think it’s made me a significantly less safe rider.” — *Steve*

## Eye Loss & Sports

There are advantages and disadvantages relating to monocular vision and sports. It is more difficult to judge the position of a moving ball. Games such as tennis and squash pose a challenge to people with one eye as the ball is moving relatively fast. This is not to say it can’t be done. There are people who play A Grade squash and are able to remain competitive.

Many people with an artificial eye play ball sports. You will need to practice and adjust to the new distance perception. There is more concentration required to correctly identify where the ball is. If you were passionate about sport and you are prepared to put in the work you will reclaim your place on the field.

### **Sports Where An Artificial Eye May Be An Advantage**

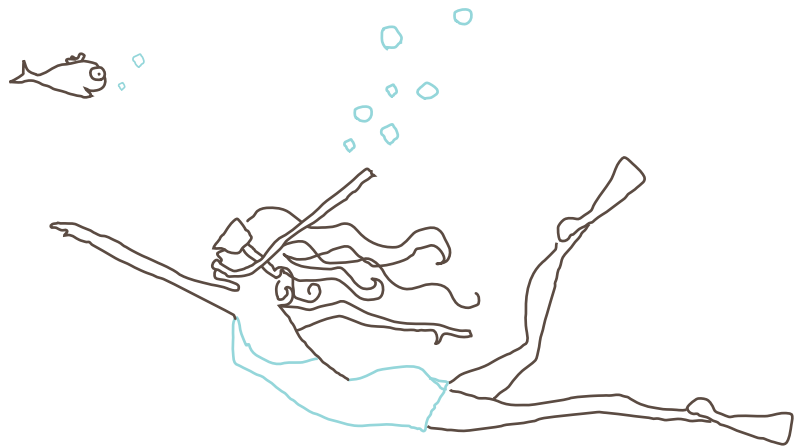
There are sports, such as the target sports like snooker, archery and shooting, where an artificial eye gives you an advantage. You don't have to close one eye to line up a target.

The Australian championships for snooker were once played out between two people who both had an artificial eye.

Some sports are not so dependent on distance perception and are therefore an easier choice for people with monocular vision. There may be certain adjustments you might need to make in each area. For example wearing a set of quality goggles while swimming helps protect you from accidentally losing your prosthetic eye in the water.

Here is a list of sports that are generally a more comfortable choice for people with monocular vision.

- Abseiling
- Archery
- Bowling
- Canoeing
- Croquet
- Darts
- Golf
- Gymnastics
- Mountain climbing
- Rowing
- Scuba diving (use goggles or mask)
- Shooting
- Skiing
- Snooker
- Surfing (use goggles)
- Swimming (use goggles)





## Sports With Extra Challenges

While having an artificial eye can be an advantage for some sports, it can present extra challenges for others. But if you were good at a sport before you lost an eye, chances are you can be good at it again. Wearing safety glasses will protect your remaining vision.

- Badminton
- Baseball
- Cricket
- Hockey
- Softball
- Squash
- Tennis

## Party

“Girls still come up to you and want to talk to you. It doesn’t make you unattractive.” — *Joel*

“Turning 18, I discovered a useful advantage in having an artificial eye. My parents didn’t want me to drive at night. This meant that when my friends and I headed off to the pub I didn’t have to take a turn at skipper.” — *Kendall*

## Some Hints

### Arrive Early

If you are the first to the table you can choose a seat at the end of the table where it is easy to see everyone without having to turn your back on anyone.

### Eating Gets Easier

Eating at first will feel a bit tricky as your fork and your glass will be in slightly different places from where you think they are. Take things slowly and remind yourself that you will very soon get used to where everything is.

### **Picking Things Up**

You will experience a little difficulty judging distance properly. This can lead to knocking things over when you reach for them. Develop a habit of reaching out for things and stop before you can touch it. Move your hand the last little distance very slowly.

### **Rest Easy With Pouring**

With monocular vision pouring liquids can be a bit hazardous at first. The trick here is to place the lip of the bottle directly on the rim of the cup or glass. Be particularly careful when pouring a cup of tea or coffee.

### **Careful Near The Stove**

Wearing gloves near the stove or barbeque will help protect you from burns as you get used to where things are.

### **Get Some Perspective**

If you are standing directly over a container when pouring, it may be difficult to accurately judge when it is full. By standing slightly back you'll be able to see more of the container and gain an accurate assessment of how full it is.

### **Shadows**

Because shadows need perspective, shadows cast by objects illuminated by artificial light at night will appear to be part of an overall object. Again, standing at a different angle will help here as well.

### **Beware the Mirror Menace**

Dim lighting is a challenge. Large mirrors in dim lighting can appear to be an extension of the room. In these situations there is a risk of walking straight into mirrors.



## **Avoid Falls on Stairs and Kerbs**

Looking down on stairs and kerbs can give a false sense of depth. Make a mental note to take care when walking down stairs. Use the handrail to give yourself extra support. Make sure you take particular notice of the last step.

Negotiate kerbs carefully. To avoid a fall, slow down, look at the kerb as you approach so your brain can work out the drop from several angles as you approach. After a while your brain will perform a lot of these tasks automatically.

## **Conclusion**

### **Any big challenge in life can be frightening.**

People tell us that, while it may be difficult at the time, it does get easier.

At first, the loss of an eye is the single biggest thing on your mind. Over time other things become more important.

People also tell us that, while they would never have chosen to have this experience, they are stronger as a result of it. Some would go so far as to say it's been a crossroads from which they have taken positive new directions in their life.

This doesn't happen for everyone. People deal with it in their own way. Many people return to work after a couple of weeks' recuperation and just get back into their lives.

Eye loss has an impact on families and friends. It often brings people together. However, it can also be difficult sometimes because people don't know how to respond. Many of us use humour to deal with stressful situations and this can come across as being insensitive or rude. People who love you are going through this trauma with you – try to forgive them if they don't always get it right.

We hope this book helps you better understand the journey ahead. In the past it's been difficult to find information and support. This has all changed with the internet. We recommend that you visit some of the websites referred to on the resources page. There are some wonderful supportive groups out there.

Finally we'd encourage you to write down your story. This will help you process the experience and help you embrace a new perspective. If you'd ever like to share your story we'd be happy to publish it on [artificialeyes.net](http://artificialeyes.net).

## Resources

### **Mind Map: Adjusting and Adapting To Eye Loss**

[www.artificialeyes.net/mindmap/](http://www.artificialeyes.net/mindmap/)

This mind map gives an overview of the eye loss recovery process.

### ***A One Eyed View of Life* by Terry Spring**

Monocular vision was brainstormed by the Sydney support group “Cyclops Circle”. Terry Spring compiled the information in his book *A One Eyed View of Life*. This book highlights the challenges of work, sports, driving and just about every other aspect of living with monocular vision. You can get a copy of *The One Eyed View Of Life* by emailing Terry Spring at [tkspring@optusnet.com.au](mailto:tkspring@optusnet.com.au)

### **Support Groups**

ArtEyes

[www.arteyes.org.au](http://www.arteyes.org.au)

Lost Eye

[www.losteye.com](http://www.losteye.com)

### **For a full list of brochures, books and support groups please visit**

[www.artificialeyes.net/resources/](http://www.artificialeyes.net/resources/)

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# Useful Words

## Conformer shell

The Conformer Shell keeps the space at the front of the implant where the artificial eye will eventually be. It can be clear or painted as a temporary eye.

## Enucleation *Pronounced ee-nu-clee-ay-shun*

Operation performed to remove an eye.

## Evisceration *Pronounced ee-vis-er-ay-shun*

In this operation the sclera of the eyeball (the leathery outer casing) is retained.

## Haptic lens *Pronounced hap-tick*

This is an eye prosthesis worn over a damaged or diseased eye – eye removal is not required prior to fitting of the haptic lens.

## Monocular Vision *Pronounced mon-oc-u-lar*

Seeing with one eye.

## Ocularist *Pronounced oc-u-lar-ist*

This is the person who will make your artificial eye.

## Ophthalmologist

A doctor specializing in the diagnosis and treatment of disorders of the eye.

## Orbital implant

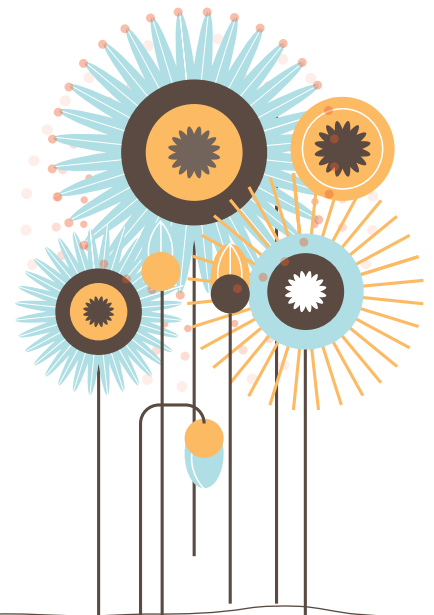
This is the ball implant that replaces the eye.

## Peripheral Vision *Pronounced per-if-er-al*

Full field of vision.

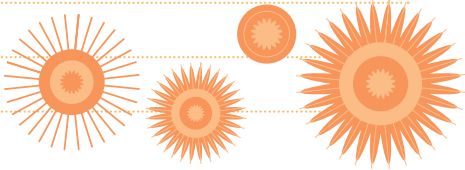
## Prosthesis *Pronounced pros-thee-sis*

An artificial eye is sometimes called an eye prosthesis.



# Your Story

Handwriting practice lines consisting of multiple horizontal dotted lines for text entry.



## Authors

Paul and Jenny Geelen are an Australian brother and sister team who have been custom fitting and manufacturing artificial eyes since 1988.

Their practice was originally established by Margaret Geelen, making them the second generation of ocularists. Paul's daughter Emily is also learning the trade.

Paul and Jenny operate from consulting rooms in Perth, Western Australia. They also consult in Darwin, Timor Leste, the Philippines and Dubai.

Together Paul and Jenny were founding members of the Ocularists Association of Australia Ltd. They are involved in the ongoing training and professional development of ocularists in Australia and internationally.



