



## Procedure Information

### Removal of Ocular Lithiasis

#### Introduction

Ocular lithiasis are seen as tinny, white to yellow calculi superficially buried within and beneath the palpebral conjunctiva. They may appear in either the upper or lower lid. Although most patients are asymptomatic, common symptoms include eye discomfort, eye irritation, and foreign body sensation. Ocular lithiasis do not generally require interventional management as long as the client remains asymptomatic. Whereas, in some cases—those in which palpebral tissues are at risk for damage and corneal erosion has occurred or symptoms have developed, surgical needle excavation is the modality of choice.

#### Outcomes

Removal of Ocular Lithiasis may relieve ocular discomfort, prevent further complication and cosmesis of the affected eye.

#### Procedures

1. The procedure is performed under local anaesthesia.
2. The doctor might apply an anaesthetic soaked cotton tipped applicator over the affected area.
3. Following by the doctor will use a small gauge (e.g.25g - 27g) hypodermic needle to excavate and extract the tinny or small calculi.

#### Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Corneal erosion
4. Damage of Corneal

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

#### Pre-procedure Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of procedure.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses. Do not put creams, lotions, or makeup on the face or around the eyes. (If applicable)

5. Please empty your bladder before the procedure.

### **Post-procedure Instructions**

After removal the calculi, the subsequent use of an antibiotic-steroid drop (e.g., TobraDex ST, Alcon) for 24-48 hours might help to minimize the chance of inflammation and prevent secondary infection of the affected eye.

### **Advice on Discharge**

1. Please use medication as prescribed by the doctor.
2. Please keep the wound clean and dry.
3. Good hygiene, especially eye and hand hygiene can reduce the risk of infection.
4. Do not rub the operated eye.
5. Immediately consult your doctor or return to hospital for professional attention in the event of severe eye pain with redness and swelling, tenderness, secretion of pus, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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