



'Cherry eye'

Prolapse of the gland of the third eyelid

What is the third eyelid gland?

The third eyelid gland is a tear gland located behind the third eyelid and contributes between 30-40% of the total tear film. The tear film is necessary for the supply of oxygen and nourishment to the cornea, providing corneal health and clarity. Without proper function of the third eyelid gland there is a high risk for the development of dry eye disease.

What is Cherry eye and why does it occur?

Cherry eye is the common term for a prolapse of the third eyelid gland. It is called cherry eye due to the characteristic appearance of a pink lump in the inner corner of the eye, resembling a cherry. The exact mechanism why cherry eye occurs remains a mystery. Instead, however, poor attachment of the gland to the underlying tissue as well as a potential genetic component are current theories.

Can both eyes be affected?

Yes, but usually not at the same time. Typically the other eye becomes affected within several months after the first eye.

Are any breeds predisposed?

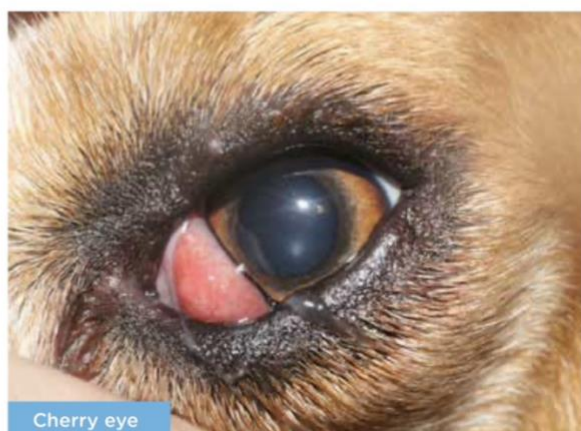
Whereas cherry eye can affect every breed of dog, it is usually seen in breeds such as English and French Bulldogs, Great Danes, Lhasa Apsos and Shih Tzus, to name a few.

What treatment options do I have?

The recommended treatment for cherry eye is surgery. Whereas there are dozens of surgical treatment methods for treatment of cherry eye, we usually perform a modified version of the so called 'pocket technique'. We highly discourage surgical removal of the third eyelid gland as it usually results in dry eye disease, requiring life-long treatment.

What is the success-rate of surgical treatment?

The current literature reports a success-rate of 80% however we expect our success-rate to be higher, based on our experience.



Cherry eye

What happens if I agree to have the surgery performed?

After a pre-operative physical examination and blood test, surgery is usually performed the same day. Your pet will be discharge either the same day, or the following day, if post-operative monitoring is required. Aftercare includes systemic anti-inflammatory and antibiotic medication as well as antibiotic and lubricating eye drops. The exact treatment plan will be discussed upon discharge. A postoperative check-up is usually scheduled 1 week after surgery and a final check-up at 4 weeks after surgery. Suture removal is not necessary, as absorbable suture material is used.

What happens if I do nothing?

If no surgery is performed, the prolapsed gland will remain in this position. Not only is it cosmetically disturbing and irritating to your pet, but the function of the gland will deteriorate over time, predisposing the eye to the development of dry eye disease, which may require life-long therapy and result in secondary complications (i.e. corneal disease).

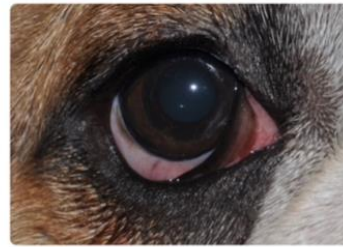


Eye Factsheet

Cherry Eye

What is a 'cherry eye'?

A cherry eye refers to a prolapsed third eyelid gland. Normally, the third eyelid gland is hidden behind the 'third eyelid' – which is a thin conjunctival membrane that functions as a wind-screen wiper for your dog's eye. As the gland prolapses from underneath the third eyelid, it becomes enlarged and with its bright pink colour it resembles a cherry – therefore the name 'cherry eye'!



The same patient as above immediately after surgery to replace the prolapsed gland. There is only mild swelling and redness of the operated eye visible and the patient is comfortable.

What function has the third eyelid gland?

The third eyelid gland produces approximately a third of your dog's tears. Tears are extremely important to keep the eye healthy.

Is excision of the gland an option?

Removal of the third eyelid gland makes it much more likely that your dog will develop 'dry eye' in later life. This is a condition, where not enough tears are produced. Dry eye is painful and can result in loss of sight and loss of eye. Dry eye also is generally incurable and dogs with dry eye require life-long medical treatment to keep the eyes healthy and comfortable. Removal of prolapsed third eyelid glands is an ill-thought out operation that likely will have later complications and strongly advise against it.

What surgical options to address a cherry eye are available?

The most common procedure to address a cherry eye is a "pocket technique" where the gland is buried in a pocket of conjunctiva under the eye ball. The pocket is sown closed. The success chance of this procedure is very high (over 95%) and maintains the function of the gland. A further option is a 'tie-down' technique where the gland is fixed to tissue in the eye socket with permanent stitches. Sometimes, we may combine both techniques for a 'belt and braces' approach!

What do I expect after my pet has undergone a cherry-eye surgery?

Immediately post-operatively, the affected eye will be a little red and puffy looking but it should be kept open and comfortable. We usually ask you to make your dog wear a protective collar for a few days and there will be some eye drops and a pain killer to be given for about 10 days.



The right eye of a young Bulldog with third eyelid gland prolapse – also known as 'cherry eye'. The right photograph has been taken immediately after the gland has been replaced surgically.

When is the eye 'stable' after surgery – so that I can start to play and exercise normally with my pet?

We usually only ask you to restrict exercise after a 'cherry eye' surgery for about a week.

What can go wrong with surgery to replace a cherry-eye?

Risks of cherry-eye surgery are extremely low with a success rate in the high 90% but include:

- Risks with general anaesthesia
- Rubbing of sutures on the cornea causing pain and corneal ulceration
- Reactions to the sutures holding the gland in place
- Infection
- Failure of the operation with recurrence of gland prolapse

Cherry eye surgery is hugely successful in our hands – but as with any surgical procedure, problems can occur occasionally. Please note that further surgery in case of complications or re-prolapse may incur additional fees.

How would I know if something has gone wrong after the operation?

Signs that your pet has complications include:

- Keeping the eye closed
- Increased weeping from the eye
- Pussy discharge from the eye
- Clouding of the normally clear cornea
- Re-prolapse of the gland

If you notice any of the above, please contact us so we can arrange a re-examination as soon as possible.



Figure 1. (9 month old male intact Rottweiler – not included in case study) **1A:** Prolapsed gland of the third eyelid with mild hyperemia of the conjunctiva OS; **1B:** Gland repositioned using Morgan pocket technique with moderate chemosis of conjunctival tissue immediately post-surgery



Figure 2. (1 year old female intact Cane Corso – not included in case study) **2A:** Prolapsed gland of the third eyelid with mild hyperemia OD; **2B:** 13 day recheck, gland repositioned using intra-nictitans tacking and Morgan pocket techniques with slight elevation of the third eyelid with mild hyperemia

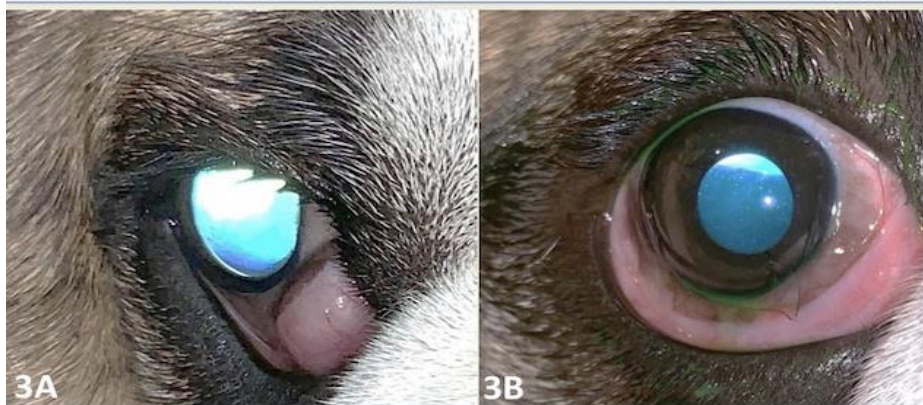


Figure 3. (6 month old male intact English Bulldog – not included in case study) **3A:** Prolapsed gland of third eyelid with mild chemosis OD; **3B:** Post-operative, gland repositioned using Morgan pocket technique with mild hyperemia



Figure I: Patient presented with pinkish protrusions on the medial aspects of the eye. Arrows indicate the protrusions (cherry eye).

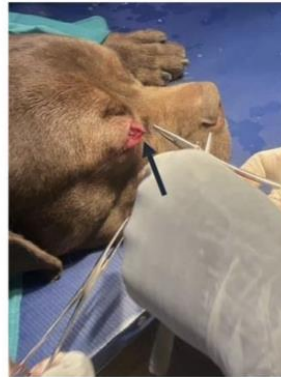


Figure II: Surgical repositioning of the prolapsed nictitating gland using the modified Morgan's technique. Arrow indicates prolapsed gland.



Figure III: Postoperative picture of the right eye, showing absence of nictitating gland.



Figure IV: Surgical correction of the cherry eye using the Morgan's technique. Arrow indicates a prolapsed nictitating gland, exteriorized with a stay suture.



Figure V: Postoperative picture of the left eye showing absence of prolapsed nictitating gland.



Figure VI: Reprolapsed nictitating gland on the left eye.

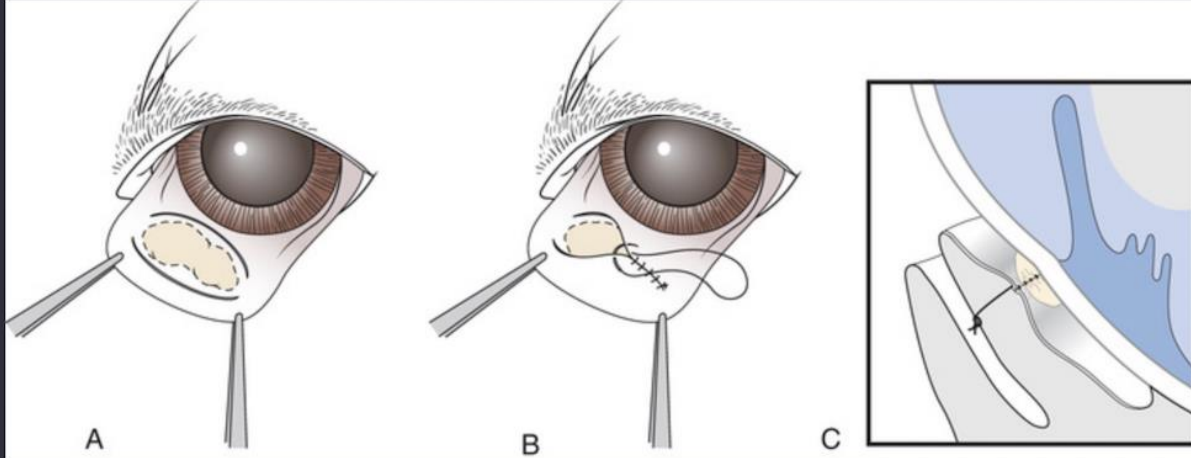


FIG. 16.17 Pocket procedure for cherry eye. (A) Make a linear conjunctival incision on either side of the protruded gland, taking care to retain a least 4 to 5 mm of conjunctival tissue on either side for suturing. (B) Anchor the first knot of 6-0 polyglactin 910 partial thickness on the anterior surface of the third eyelid, and then pass the suture through the third eyelid into the incision. Close the incision in a simple interrupted pattern taking bites on either side of the gland, while pushing the gland into the resulting pocket, keeping the suture snug and unexposed. (C) Pass the suture back through the third eyelid and anchor the knot on the anterior third eyelid surface.

Note

Removal of the gland of the third eyelid increases the risk of dry eye (KCS) and is contraindicated.

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