## **OCULAR PROSTHESES AND FACIAL RESTORATIONS**

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook updates Department of Veterans Affairs (VA) procedures for providing ocular prostheses, facial restorations, craniofacial implants, and somato prostheses to veteran beneficiaries.

2. SUMMARY OF CHANGES. This Handbook is an update of current procedures.

**3. RELATED ISSUES.** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.10, and VHA Handbooks 11732.12 through 1173.16.

**4. RESPONSIBLE OFFICE.** The Chief Prosthetics and Clinical Logistics Officer (10FP), is responsible for the contents of this VHA Handbook. Questions may be referred to (202) 254-0440.

5. **RESCISSIONS.** VHA Handbook 1173.11, dated November 2, 2000, is rescinded.

**6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of January 2013.

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# APPENDIX

## **OCULAR PROSTHESES AND FACIAL RESTORATIONS**

#### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent system-wide procedures in providing ocular prostheses, facial restorations, craniofacial implants, and somato prostheses to veteran beneficiaries.

#### 2. SCOPE

a. Loss of an eye, ear, nose, cheek, hand, foot, are examples of items replaced with removable custom-fabricated prostheses at Restoration Clinics. Facial and somato restorations are custom-fabricated, are usually composed of plastic and/or silicone, and are maintained by the beneficiary or guardian. The life span of the prosthesis is from 1 to 2 years, excluding anatomical changes. The life span of the plastic eye prostheses is 2 to 5 years; however, some individuals are able to wear them for a longer period of time without anatomical changes. As a general rule, patients need to have their ocular prosthesis replaced at least every 5 years. At least once a year, prosthetic eye polishing is required to reduce the risk of papillary conjunctivitis, which is very difficult to treat.

b. In cases where an item is unsatisfactory due to wear, the individual beneficiary's prosthesis needs to be examined, by appropriate Prosthetic staff or another medical professional designated as the examining expert, to determine if a replacement is required.

c. Ocular prostheses, facial restorations, craniofacial implants, and somato prostheses (to include all repairs) must be custom-fabricated for eligible beneficiaries, when prescribed by a Department of Veterans Affairs (VA) physician, and obtained using an Orthotic Laboratory Work Order (OWL) for the Restorations Laboratory. *NOTE: Repairs may be initiated when determined necessary by a qualified anaplastologis or VA physician*.

d. All restoration prostheses are custom-fabricated and must be delivered in person to the beneficiary after a final fitting by a qualified practitioner. The mailing of items is to be limited to prosthetic eyes that have been polished for persons who are unable to travel because of medical reasons, provided there is little chance of any complications.

e. When a VA Restorations Clinic is not available, all restoration services that are contracted out to a local vendor must be evaluated for compliance to VA standards of patient care and VHA Handbook 1173.11, Ocular Prostheses and Facial Restorations. *NOTE:* It is desirable for both VA Restoration clinicians and private contractors to have a professional certification.

#### **3. DEFINITIONS**

a. <u>Anaplastologist.</u> An anaplastologist is one who restores injured, deformed, or missing anatomical human parts.

b. Anophthalmic. Anophthalmic is the absence of the eyeball.

c. <u>Auricular Prosthesis.</u> Auricular prosthesis relates to the artificial replacement of the hearing organs.

d. **<u>Bulbar</u>**. Refers to or related to the eyeball.

e. <u>Ocular Conformer.</u> An ocular conformer is an intricate and complex, acrylic thin prosthesis designed to fit over a physical eye, evisceration or enunciation with or without a cornea to facilitate post operative healing of the eye socket to the specific shape of the conformer.

f. <u>Cosmetic Scleral Shell.</u> A cosmetic scleral shell is the intricate and complex acrylic thin eye prosthesis designed to fit over a physical eye or evisceration with or without a cornea. It replaces volume and reduces possible infections of the eye socket.

g. <u>Enucleation</u>. Enucleation is the complete surgical removal of the eyeball.

h. **Evisceration.** Evisceration is the surgical removal of the contents of the eyeball with retention of the sclera or cornea and sclera.

i. <u>Exenteration</u>. Exenteration is the surgical removal of all the orbital contents which may include the removal of the eyelids.

j. <u>Eve (orbital) Implant.</u> An eye implant is a device used as volume replacement of the eye.

k. <u>Facial Prosthesis</u>. A facial prosthesis is a custom-fabricated and fitted prosthesis made of medical grade silicone or acrylic that replaces the anatomical structures of the face and which integrates function and replaces the patient's natural appearance.

1. <u>Implant.</u> An implant is a custom fitted prosthesis made of medical grade silicone, acrylic, or metal used as volume replacement and insert for areas of the body.

m. **Impressions.** An impression is the duplication of a defected area of the body by use of alginate (seaweed) or silicone base materials. It gives the provider a negative mold, which is used to create a positive cast. The positive cast is modified to form the final prosthesis.

n. <u>Maxillofacial Prosthesis</u>. A maxilloficial prosthesis is the replacement of anatomical structures of the face and oral cavity, which integrates function and replaces the natural appearance. It is custom-fitted and normally fabricated with silicone.

o. **Ocularist.** An ocularist is one who fits and fabricates custom ocular prostheses.

p. <u>Ocular Prosthesis</u>. An ocular prosthesis is a plastic or glass fabricated eye that replaces the volume of the enucleated eye socket and gives the appearance of the natural eye.

(1) Left Eye Prosthesis. Ocular Sinister (left eye).

(2) **Right Prosthesis.** Ocular Dexter (right eye).

q. **Orbital Prosthesis.** An orbital prosthesis is an artificial silicone replacement of the facial bony cavity that contains the eye and its associated parts, e.g., eyelid, eyebrow, etc.

r. <u>Orthotic Laboratory Work Order (OWL)</u>. OWL is a document to be created to obtain the fabrication or repair of facial, ophthalmic or other restoration clinic prosthesis when the labor time is greater than eight minutes.

s. **Phthisical.** Phthisical means wasted away, as a shrunken eyeball.

t. **<u>Polymethylmethacrylate (PMMA)</u>**. PMMA is the plastic used in the manufacture of artificial eyes, contact lenses, implants, inserts, etc.

u. <u>Silicone.</u> Silicone or Polydimethylsiloxane is a rubber material used for the fabrication of facial prostheses, hands, and feet.

v. <u>Somato Prosthesis.</u> Somato prosthesis is a body restoration, as a breast, cosmetic gloves for partial hand, finger or foot amputations, prostheses, etc,

## 4. PROCEDURES FOR FURNISHING APPLIANCES

## a. VA Restoration Clinics

(1) VA Restoration Clinics must be used as the primary source for restorative items whenever the patient is able to travel and the distance to be traveled is not excessive. The referring physician must make these determinations after communicating with the patient, and the patient family members for input. Travel exceptions need to be based on medical and/or clinical limitations, supported by the referring physician, and documented in the patient treatment file and/or electronic consult.

(2) Patients requiring ocular prostheses, orbital prosthesis, implants, facial and body restorations, cosmetic gloves for partial hand amputations, prostheses, etc., may be referred by any VA facility to the nearest VA Restoration Clinic.

(a) Cosmetic gloves for partial or complete hand amputees may be fabricated by a Restoration Clinic if commercially available sources are not adequate. Such prostheses are made available to any veteran upon receipt of an OWL.

(b) Functional prosthetic devices, for use by partial or complete hand amputees requiring an opposition post or other modification, must be fabricated by an Orthotic Laboratory prior to requesting a cosmetic glove. The cast of the patient's hand and the device fabricated are to be forwarded to the selected procurement source for the glove whenever an initial cosmetic glove is requested.

(3) When a custom prosthesis or repair is authorized, use the following instructions:

#### VHA HANDBOOK 1173.11

(a) An OWL must be prepared electronically and forwarded, by the most expeditious means, to the clinic selected with documentation of eligibility for VA medical care and a Health Information Network Query (Eligibility Verification Form).

(b) A separate OWL must be prepared for each beneficiary for whom the prosthesis is to be fabricated or repaired. *NOTE:* Two or more items for a beneficiary may be included on a single request form.

(c) The referring facility must retain an OWL in suspense, identifying the preparing office pending delivery of the prosthesis, and notification that the patient is satisfied with the completed product or repair.

(d) Field facilities requiring the services of a Restoration Clinic located at another facility need to coordinate the scheduling and obtain confirmation of an appointment <u>prior</u> to referring beneficiaries or sending an OWL to the clinic.

(e) The Restoration Clinic must document the patient's record by creating a progress note into the Computerized Patient Record System (CPRS) describing each visit and what was done during the visit. All electronic consults and suspense items must be completed and closed upon issuance of the cosmetic device or repair.

(f) All patient appointments for services provided by the Restoration Clinic must be scheduled through the Appointment Management menu in the Veterans Health Information System and Technology Architecture (VistA).

(4) The receiving facility initiates an OWL, identifying the referring facility in the appropriate section of the OWL; then the completed OWL is transmitted to the referring site.

## **RESTORATION CLINICS AUTHORIZED IN DEPARTMENT OF VETERANS AFFAIRS (VA) FIELD FACILITIES**

- 1. Veterans Integrated Service Network (VISN) 7 Atlanta, GA
- 2. VISN 15 St. Louis N

St. Louis, MO

**3. VISN 20** Portland, OR

4. VISN 21

San Francisco, CA

## 5. VISN 22

West Los Angeles, CA