Aim: The purpose of the study was evaluation of the qualification rules for orbital implants implantation and management in difficult clinical cases in the Department of Ophthalmology Medical University of Warsaw in the period of time from January 2008 to November 2010.

Material and Methods:
Group consisted of 34 patients. 31 patients underwent enucleation procedure and simultaneous orbital implant implantation covered with net with secondary 4 rectal muscles attachment. Remaining patients had evisceration and HA implant implantation. Causes for both types of the procedure were: blind painful eye, secondary glaucoma, blind eye for cosmetic purposes, blind atrophic eye.
In all cases we performed biometry in the eye which was to be removed. First we decided that size of the implant should be 2 mm smaller, than biometry.
Results and Conclusions: In majority of cases, during immediate postoperative period we observed good implant movement and adjustment. However, after 1-2 weeks postoperatively, in some cases we observed conjunctival sutures rupture and implant protrusion which required another procedure.
We decided that the orbital implant should be approximately 4 mm smaller than biometry result in typical cases without eye atrophy.
In case with atrophic eyes we decided with time to select implant size according to the enucleated eye biometry, due to the secondary regressive changes within orbital tissues.
The second key factor for procedure success is time for epiprosthesis introduction on the conjunctival surface.
The earlier we placed the epiprosthesis on the conjunctival surface the shorter time for sutures break and implant protrusion.