



Funeral Director's Service

Serving Indianapolis and Central Indiana

Embalmer's Education Exchange

EYE CLOSURE Helps Create Expression

Feature setting, the closing of the mouth and eyes of the body, is one of the most important aspects to the funeral practitioner. The face and hands are the most looked upon areas by the viewing family and public, and for us, the only area that we can manipulate to create some form of expression.

The basis for all embalming techniques is to give the body a natural appearance in a sleeplike state. The entire reposing body should have a relaxed and peaceful view. No one wants to view a face that expresses a strained, angry or unhappy appearance. A few extra minutes spent positioning the mouth and eyes can create a totally different look.

The head and shoulders properly positioned on the pillow, together with a relaxed facial appearance does more to portray that feeling than any other area. It is important for the embalmer to remember that the goal is to give the family and friends, a feeling of relief that the deceased is at rest. Proper closure of the eyes is more than just shoving in an eye cap or cotton and making sure the eyes are not open. Position of the closed eyelid will add expression, and when coupled with proper mouth closure, can create a totally different facial expression.

What is the proper position of the closed eye?

Following the embalmer's guideline of a lifelike appearance, the proper position of the closed eye should be the upper and lower lids coming together in a gentle downward arc at a point just below the midline of the eye.

At death, when muscle tone is lost, the eyes will relax to a slightly open position. Other factors, such as dehydration, edema or trauma will create problems, which will be addressed in separate articles, but we still are trying to return the eye to a normal look.

Proper eye closure begins when we start the sanitation process of the face before embalming. During the cleansing and disinfection of the eye, only a mild agent should be used. Brown dehydrated areas, wrinkling, and sunken eyelids can be traced back to the use of an astringent to cleanse the eyes. A cotton wrapped forceps to wipe the eye works well and provides an excellent time to massage out rigor mortis from the upper and lower eyelids. A gentle elevating and stretching of both lids will aid in placement and help prevent the eyes from creeping open after injection, due to dehydration. The introduction of a properly sized eye cap, or a cotton substitute, will give the eye the proper contour and elevation, and aid in keeping the closure. If cotton, which has a dehydrating effect, is used it should be coated with an emulunate cream.

Today, the use of eye caps has replaced the use of cotton in most preparation rooms. The design of eye caps varies by manufacturer. Some are deeply concave, others are flat with very little curve. Eye caps come in various diameters. The selection of an improperly large diameter or unnatural contour can cause the eyelid to be arched up at the corners or even pushed open. An eye cap that is malformed, either from the manufacturer or due to improper storage will change the outward appearance of the eyelid. An eye cap that is too large can be cut down, but a misshaped cap needs to be discarded. An extremely concave cap can cause the eye to be raised due to not fitting down on the eyeball properly. A medium size cap positioned on the center of the eyeball works well.

The positioning of the eyelids on the closure device can be in several locations, but the natural position should be just below the midline of the eye. A closure above the midline can make the eye appear that it is about to spring open. A closure below the normal closure, such as all the way down, causes the entire eye to look large and causes the lower lid to appear squeezed. If the upper lid is made to overlap the lower, an unnatural appearance can result, because it removes natural wrinkle lines. Overlapping can be used if you are trying to make the eye look less wrinkled.

After proper closure position is reached, a light application of Vaseline on the rim edges at the line of closure and into the medial canthus areas will aid in maintaining closure and prevent dehydration. At time of dressing, the Vaseline can be removed and the area glued, if desired. An eyelid rim that presents as red and dehydrated and even turned outward can be treated with a liberal coating of Vaseline and manipulated back into proper position before injection. In most cases the Vaseline coating will cause the area to be rehydrated to a normal appearance.

The eyelashes also need to be positioned. Each one should be positioned in the proper direction, perpendicular to the eyelid, not mashed down, and spaced into a natural look. After embalming, these hair follicles become fixed and their direction set, making it extremely difficult to reposition. Eyelashes directed the wrong way or clumped together can change the look of the eye.

The oldest adage I remember from my first embalming lesson was, "put things where you want them before injecting, because afterwards, you won't be able to change much." In feature setting, this most often is the case. The attention we pay to the eyes will always pay off with a more natural result.