

Ophthalmic Hospitalist Interest Group Newsletter

February 2020, Volume 1

Thank you for joining OHIG! We have appreciated the introductions and knowledge being shared already. Each month we will send out a newsletter with interesting articles, challenging cases encountered in the hospital, and Ophthalmic Hospitalist pearls. We hope you enjoy, learn, and share your own expertise!

ANNOUNCEMENTS

1. We currently have over 20 members and continue to grow! Please use the most recent email list as this includes the latest updated member roster.

2. A message from The American Society of Ocular Trauma:

The American Society of Ocular Trauma is being re-established. Their mission will be to create and sponsor ocular trauma educational activities, prepare national policies and protocols for ocular trauma management, and create an eye component for national disaster preparedness plans. The ASOT will have a seat on the American Academy of Ophthalmology Board of Directors. If you are interested in becoming a founding member, please contact the leadership head Dr. Fasika Woreta (fworeta1@jhmi.edu) from Wilmer Eye Institute or Dr. Grant Justin (grant.a.justin@gmail.com) who will be taking on an ophthalmic hospitalist position at Walter Reed National Military Medical Center in July.

ARTICLES

1. Who's On Call? Emergency Care Crisis Looms – EyeNet, December 2019

This is an interesting article about ER and inpatient hospital coverage for patients with ophthalmic complaints. We feel it highlights the utility of having a dedicated ophthalmic hospitalist who can address some of the concerns and challenges raised by the article.

<https://www.aao.org/eyenet/article/whos-on-call-emergency-care-crisis-looms?december-2019>

2. Ophthalmology Inpatient Consultation – Ophthalmology, August 2001

This article provides a nice overview of ocular complaints and conditions that were evaluated by an ophthalmology consult service at a large institution. How does it compare with what you see at your institution?

[https://www.aaojournal.org/article/S0161-6420\(01\)00630-3/pdf](https://www.aaojournal.org/article/S0161-6420(01)00630-3/pdf)

MORNING ROUNDS

A 57-year-old woman with Schizophrenia sustained blunt trauma with a fist to both eyes by another patient at an inpatient psychiatric facility. She has been unable to open her eyes since they felt “tight”. CT imaging showed periorbital soft tissue swelling OS>OD, however there were no orbital fractures, no retrobulbar hemorrhage, and the globe appeared to be formed.



An attempt was made to open the lids without success by the ophthalmologist. Ice was diligently applied and a dose of 8mg IV Decadron was given after ensuring there was no contraindication for giving steroids (including brain injury). After a few hours, the ophthalmologist was still unable to open the lids despite the use of a speculum, Desmarres retractor, and multiple assistants. After 3 days, the eyelid edema finally improved to a point where the anterior aspect of the globe could be visualized with a Desmarres retractor. The globe was intact, however a complete exam could not be performed until 1.5 weeks after initial presentation. The exam was only significant for subconjunctival hemorrhage.

Questions:

1. Is there anything different you would have done for this patient?
2. Would you have performed a lateral canthotomy/cantholysis for globe exposure in absence of orbital hemorrhage?

Lessons Learned:

Ice is important. Steroids can be helpful but important to obtain medical clearance as they are contraindicated for certain kinds of brain injury. Desmarres retractors are your friend and you should carry them around with you! It is a rare occurrence but there can be times when an ophthalmologist may not be able to open the lid for days!

* **Special Note:** These cases may feature an actual clinical photo or radiographic imaging. We request that these cases remain internal to the OHIG emailing list. Please do not forward these cases outside of the group. Thank you, we appreciate your understanding.

PEARLS

1. Ophthalmic Instruments

Consult services are busy and can require travel to multiple hospitals. Invariably instruments can be lost or damaged. Here are two companies (we have no financial interest!) that sell re-usable or disposable ophthalmic instruments that may be helpful to you in the hospital.

MediiUSA

This company sells re-usable instruments at surprisingly reasonable prices.

<http://www.mediiusa.com>

Blink Medical by Katena

This company sells disposable instruments that might be a great option for those who do not have easy set up for instrument sterilization. Also reasonable pricing.

<https://www.katena.com/products/blink-medical/blink-medical>

2. Attending Tips

Finding a dedicated teaching time/location can be challenging on consults since we are moving service! We suggest carrying an IPAD with pre-loaded teaching cases. This provides an easy portable curriculum that can be used at any time (while patients dilate, during a snack or meal, waiting for globe cases to go to the OR, etc). Our residents love the spontaneous teaching, particularly around OKAP time.