

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

New AAO/OHIG Online Community

We invite you join the new
OHIG Community online
platform which is now LIVE!

Use your AAO username to
register and see all the exciting
conversations going on
including new guidelines on
fungemia!

AAO Fall Meeting

Save the date for the
OHIG Think Tank at the fall
AAO meeting, **Sat Nov 13th** at
4:00pm CDT. Engage with
fellow OHIG members on issues
relevant for hospital based care.

Welcome New Members!

Excited to have you join OHIG!
Please verify your information on
the OHIG website. Thank you!

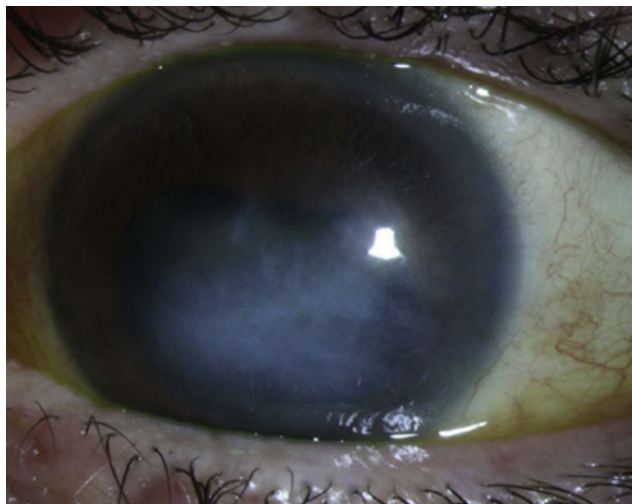


Image Source

Articles

Corneal Injury from Presurgical Chlorhexidine Skin Preparation, World Neurosurgery, Sept 2016

An article featuring surgical prep related corneal injuries from
Chlorhexidine during neurosurgical procedures.

Horner's Syndrome in Patients Admitted to the ICU that Have Undergone Central Venous Catheterization: A Prospective Study, Eye, 2016

An interesting prospective study reviewing the incidence of
iatrogenic Horner's Syndrome due to central venous
catheterization in an ICU setting.

Iatrogenic Open Globe Injury Following Sinus Surgery, AJO, Jan 2004

Report of an open globe injury during endoscopic sinus surgery
resulting from inadvertent perforation of the lamina papyracea
with entrance into the orbit.



PEARLS

AAO OKAP Flashcards



High yield bank of 1800 flashcards designed for residents who want to start early for OKAP review.

[Click here](#)

Neuroradiology for Ophthalmologists

A helpful review of imaging findings for ophthalmic conditions relevant for the hospital consult setting.

[Click here](#)

Clear Mask for Hearing Impaired

Masks are here to stay for many hospitals. Here is a great option for hearing impaired patients who will appreciate being able to lip read and see you smile.

[Click here](#)



CONSULT ROUNDS



You receive a page from neurosurgery regarding a 40 year old female with a h/o of a CNS posterior vascular malformation who underwent uncomplicated surgical resection. The procedure lasted 6 hours and the patient was placed in face down prone positioning. Standard surgical prep measures included Chlorhexidine use over the scalp and neck areas.

The patient was extubated and complained of severe right eye pain and blurry vision. She was started on erythromycin ointment by the primary team for a presumed post-op corneal abrasion but her symptoms did not improve.

Ophthalmology was consulted the following day. Her visual acuity was 20/200 OD, 20/20 OS. Pupils were wnl. Her right anterior segment exam was notable for 3+ diffuse injection with a large inferior epithelial defect involving the central visual axis with diffuse stromal edema and multiple D folds. Posterior views were limited but grossly within normal limits. Examination of the left eye was unremarkable. She had no previous history of ocular problems.

Due to her clinical findings, there was concern for Chlorhexidine related keratopathy. She received bedside irrigation and was started on a topical Moxifloxacin and placed in a bandage CTL with close follow up. She had a persistent non-healing epithelial defect which lasted several weeks.

Throughout her clinical course she received topical antibiotics, topical steroid, doxycycline, Vitamin C, tarsorrhaphy, and a course of Acyclovir for any potential concurrent re-activated HSV. Corneal cultures were negative. The patient's right eye vision remained poor at 20/100 several months out from surgery. She underwent eventual PKP and has since developed early signs of graft failure.

Case Comments:

Chlorhexidine prep has been shown to be highly effective at reducing surgical site infections. However its ocular toxicity can result in severe corneal damage in a dose dependent fashion. Head and neck surgeries involving neurosurgery and ENT are at particular risk. Certain surgical positions including extended face down positioning may allow prep to track down into the eye and go unnoticed for long periods of time.

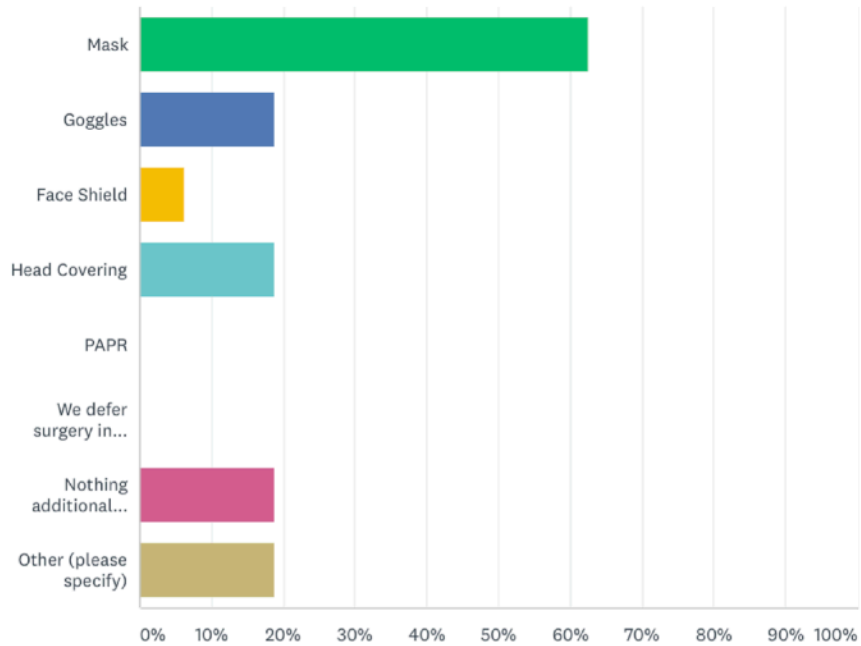
For suspected cases, immediate copious irrigation is recommended along with prompt evaluation by ophthalmology to help delineate between routine corneal abrasions vs prep related keratopathy. It can be helpful to develop collaborative protocols with anesthesia to help reduce ocular exposure risks in the OR including generous lacrilube, eyelid taping, tegaderm eye patches, or periodic eye checks during surgery if positioning allows.

Representative Case Photo Source:

Essentials of Neuroanesthesia, Chapter 10 Positioning in Neurosurgery, G. Singh,

Open Globe Survey Results

What precautions are you using for globe repairs on COVID+ patients in the OR? Select all that apply.



ANSWER CHOICES	RESPONSES
▼ N95 Mask	62.50%
▼ Goggles	18.75%
▼ Face Shield	6.25%
▼ Head Covering	18.75%
▼ PAPR	0.00%
▼ We defer surgery in these patients	0.00%
▼ Nothing additional since all our providers are vaccinated	18.75%
▼ Other (please specify)	Responses 18.75%

Showing 3 responses

☐ I don't operate

7/27/2021 6:50 AM

[View respondent's answers](#)

☐ Hasn't happened

7/26/2021 9:42 AM

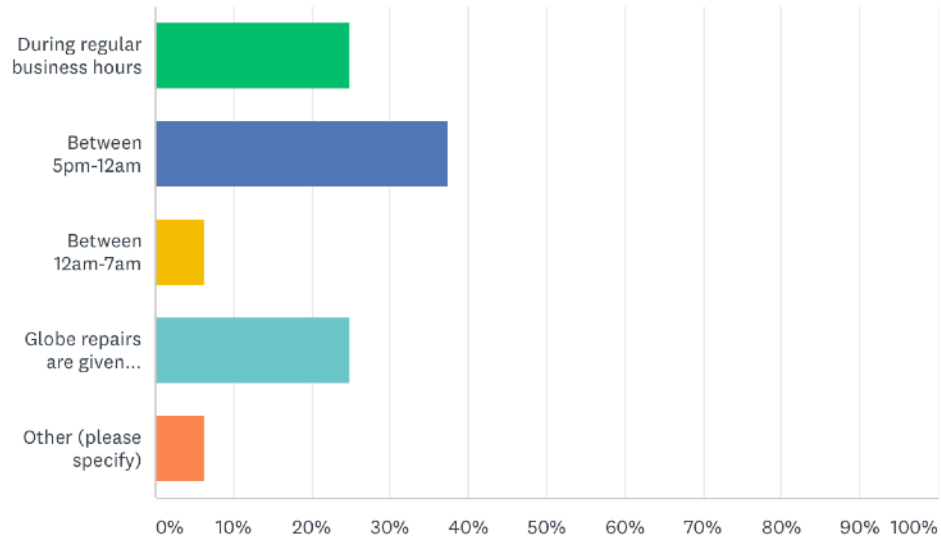
[View respondent's answers](#)

☐ I don't operate

7/6/2021 7:32 AM

[View respondent's answers](#)

When do you typically perform globe repairs at your institutions on weekdays?



ANSWER CHOICES	RESPONSES
▼ During regular business hours	25.00%
▼ Between 5pm-12am	37.50%
▼ Between 12am-7am	6.25%
▼ Globe repairs are given priority over routine cases	25.00%
▼ Other (please specify)	Responses 6.25%

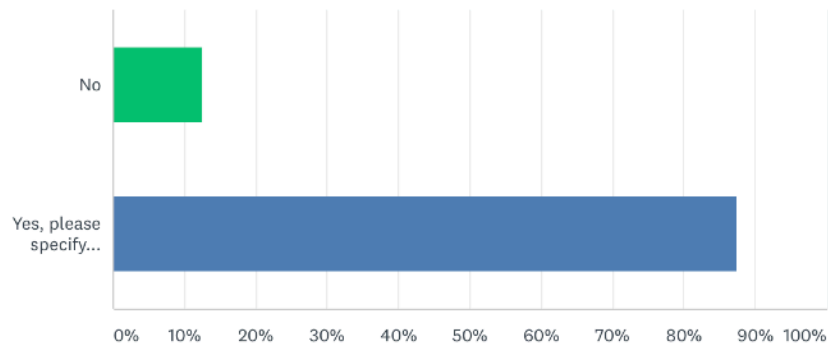
Showing 1 response

☐ I don't operate

7/27/2021 6:50 AM

[View respondent's answers](#)

Do you routinely use prophylactic PRE-operative systemic antibiotics for globe repairs?



ANSWER CHOICES

RESPONSES

▼ No

12.50%

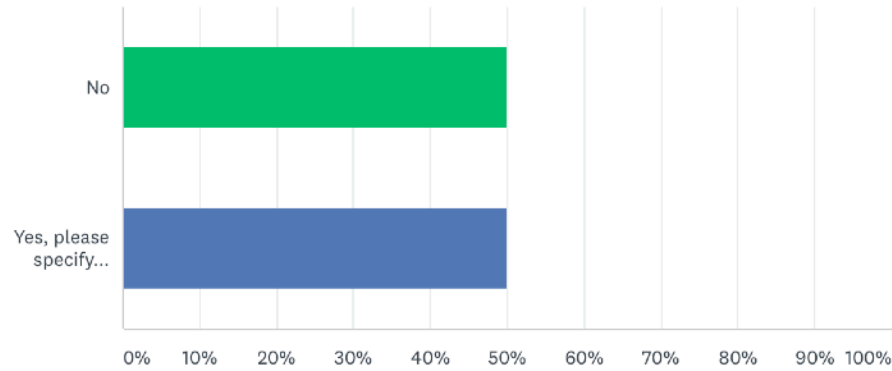
▼ Yes, please specify antibiotics

Responses

87.50%

<input type="checkbox"/> fluoroquinolone 7/28/2021 7:34 PM	<input type="checkbox"/> Cefazolin or 3rd or 4th generation fluoroquinolone 7/26/2021 2:57 PM	<input type="checkbox"/> Levaquin 750 7/11/2021 7:07 PM
<input type="checkbox"/> cephalexin 7/27/2021 1:17 PM	<input type="checkbox"/> Moxifloxacin 400 mg PO or IV at emergency department 7/26/2021 12:36 PM	<input type="checkbox"/> Levaquin 7/11/2021 9:35 AM
<input type="checkbox"/> Vanc, ceftazadime 7/27/2021 6:50 AM	<input type="checkbox"/> Vancomycin 7/26/2021 9:29 AM	<input type="checkbox"/> levofloxacin 7/7/2021 2:16 PM
<input type="checkbox"/> IV vanc and ceftaz 7/26/2021 4:20 PM	<input type="checkbox"/> Ancef, Gentamicin and/or Vancomycin IV 7/26/2021 9:14 AM	<input type="checkbox"/> 3rd or 4th generation cephalosporin vs fluoroquinolone x 1 dose 7/7/2021 12:05 PM
<input type="checkbox"/> Vanco and ceftazadime 7/6/2021 7:32 AM		
<input type="checkbox"/> IV Moxifloxacin 400 mg x 1 dose 7/5/2021 5:38 PM		

Do you routinely use prophylactic POST-operative systemic antibiotics for globe repairs?



ANSWER CHOICES



RESPONSES

▼ No

50.00%

▼ Yes, please specify antibiotics

Responses

50.00%

☐

fluoroquinolone

7/28/2021 7:34 PM

☐

gram positive coverage

7/26/2021 9:26 AM

☐

oral fluoroquinolones

7/26/2021 4:20 PM

☐

Ancef, gentamicin

7/26/2021 9:14 AM

☐

Moxifloxacin 400mg PO qd for 7 days

7/26/2021 12:36 PM

☐

Levaquin 750 X 7 days

7/11/2021 7:07 PM

☐

Moxifloxacin

7/26/2021 9:29 AM

☐

Levaquin

7/11/2021 9:35 AM