OPHTHALMIC HOSPITALIST INTEREST GROUP

Volume 4, Number 2 Feb 2024

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Join the Community!

Have a questions or topic about inpatient/ER consults? Share on the AAO/OHIG community! Log in with your AAO username.

OHIG Topic Wishlist

Have a topic or case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email ohig@ohig.org.

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the OHIG website.

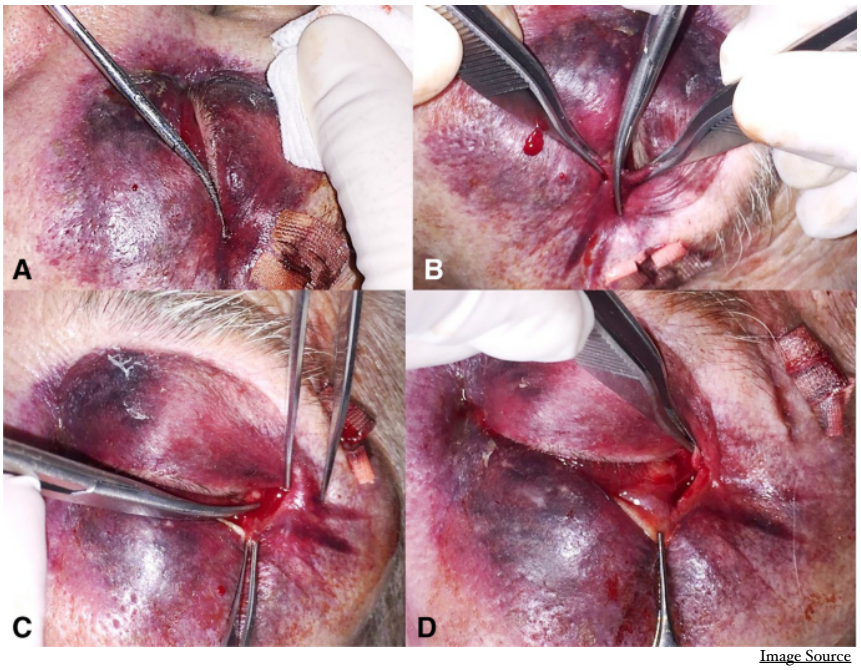


Image Source

Articles

Orbital Compartment Syndrome: An Update with Review of the Literature, Clin Ophthalmology, 2019

Visual outcomes are better when interventions occur within 2 hours although recovery can occur after delayed presentation.

Success Rates of Lateral Canthotomy and Cantholysis for Treatment of Orbital Compartment Syndrome, AJEM, 2023

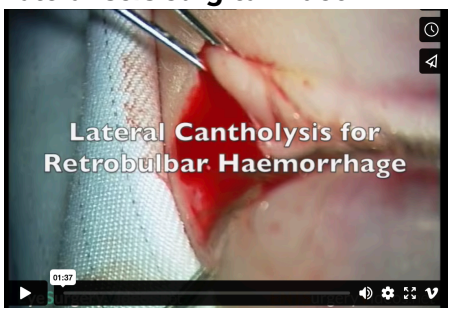
Success rates of lateral C&C were comparable among EM and ophthalmology providers. Does this change your triage recs for remote ER transfers?

Radiographic Predictors of Visual Outcome in Orbital Compartment Syndrome, OPRS, 2012

Radiographic stretch angle as a predictor of visual outcome.

PEARLS

Lateral C&C Surgical Video



A helpful refresher for residents and practicing ophthalmologists who cover trauma call in an ER setting.

Click here

Physician Call Coverage Survey

BuckheadFMV is a national firm that specializes in the valuation of healthcare services. Their yearly **2024 Physician Call Coverage Survey** is now available for input. Collected aggregate data will be made available in an annual report.

Click here

CONSULT ROUNDS

You are the on-call ophthalmologist for a level I trauma center. You receive a page from an outside referring ER physician who works in a rural location more than 4 hours away. He is concerned about a patient who may have orbital compartment syndrome.

Sally is a 45 yo female involved in MVA who sustained facial and orbital fractures but otherwise no other injuries. The ER physician tells you that she complains of blurry vision and her visual acuities are 20/40 OU. She has right sided periocular edema and ecchymosis with visible proptosis. Her eyelids seem tight and it is difficult for the ER provider to examine the right eye. Minimal glimpses seem to show some degree of extraocular motility restriction. Tonopen reading is 39 in the eye of concern but measurements are challenging as the patient endorses pain with eyelid manipulation. The left eye seems grossly normal by report.

The ER provider wishes to urgently refer the patient to your hospital for a higher level of care including ophthalmology consultation.

You have some concern for orbital compartment syndrome but unable to confirm this clinically. You wonder how to manage this request as transfer is likely to take several hours at best.

Should you encourage the ED to attempt a lateral C/C? Would it be better to have an urgent assessment and potential procedures performed by ophthalmology? Should the ED give the patient any medication prior to transfer?

You recall other similar transfer patients who were found to have incomplete lateral C/C's performed by the outside ED prior to transfer. Another patient experienced sizable bleeding complications following the procedure attempt.

You know time and early interventions could be critical for vision as you try to make a best guess over the phone.

What would you do?

Survey Question #1

Q: How would you triage this transfer request over the phone? Select all that apply:

A) Recommend urgent transfer to your hospital ED
B) Ask the outside ED for an urgent CT orbit so you can review remotely
C) Have the outside ED give IV Diamox prior to transfer
D) Encourage the outside ED to perform a lateral C/C as any attempt is better than none in this case
E) Do not have the outside ED attempt a lateral C/C since you cannot confirm the diagnosis clinically
F) Do not have the outside ED attempt a lateral C/C as this should be done by ophthalmology
G) We have an institutional policy for trauma transfers (describe below)
H) Other: describe below

Survey Question #2

Q: What treatments do you utilize for cases of orbital compartment syndrome? Select all that apply:

A) Lateral C/C
B) Surgical orbital decompression
C) IV steroid
D) Diamox
E) Mannitol
F) IOP lowering drops
G) Other: please list below

Please share your responses on the AAO/OHIG Community page: https://aao.mobilize.io/main/groups/47315/lounge.

*We would like to sincerely thank OHIG member **Dr. Peter Aiello** for suggesting this newsletter topic and raising important questions in terms of how to best triage and manage this vision threatening condition while on-call.*