

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

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Announcements

Join the Community!

Have a questions or topic about inpatient/ER consults? Share on the [AAO/OHIG community!](#) Login with your AAO username.

OHIG Round Table at AAO 2023

Join OHIG members at AAO for a casual discussion about hospital-based consults. **Sat Nov 4th @ 4:00-5:00pm**, Moscone Convention Center, The Society Relations Office, Moscone South, Room 54.

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](#).



Articles

[*Intimate Partner Violence and the Role of Ophthalmology, JAMA Ophthalmology, 2023*](#)

Invited commentary from OHIG member Annette Hoskin on this important topic of IPV.

[*Epidemiologic Pattern and Injury Mechanism of Intimate Partner Violence Related Ocular Trauma, JAMA Ophthalmology, 2023*](#)

Learn about identifiable risk factors for IPV and ocular trauma via case review from the National Trauma Data Bank (NTDB).

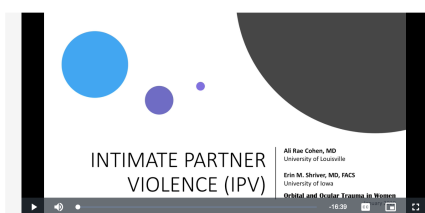
[*Ocular Injuries Caused by Intimate Partner Violence Using an Emergency Room Database. IOVS, 2021*](#)

Trends of IPV related ocular injuries seen within the ED.

PEARLS



AAO on Intimate Partner Violence



FEB 12, 2020

Intimate Partner Violence (IPV)

By Ali R Cohen, MD, Erin Shriver, MD

An online curriculum designed for ophthalmologists with tools to detect IPV-related injuries in patients with orbital and ocular trauma along and tips on patient safety.

[Click here](#)

How to Ask



DOMESTIC ABUSE INFO

Screening

Screening tips for domestic abuse from Stanford University

[Click here](#)

CONSULT ROUNDS



Image Source

You receive a page from the ER about a 28 year old female who is involved in a domestic altercation at home. Neighbors call 911 after hearing screams of a woman emanating from the home. Ambulance and police arrive and quickly take a female victim to the hospital.

Upon arrival to the ER, you are horrified to see a young woman with multiple deep machete wounds to the face, arms, and lower limbs. The patient's spouse is in police custody. Two young children at home witnessed the event.

On exam the patient is NLP OU.

You note a large deep machete wound extending through the left orbit with an obvious left ruptured globe and uveal prolapse.

The right orbit has periocular edema with ecchymosis, severe right proptosis, with tense lids and resistance to retropulsion. Her pupil is sluggish, IOP's are elevated at 48, there is near complete external ophthalmoplegia. The patient is felt to have right orbital compartment syndrome and an emergent lateral canthotomy/

cantholysis is performed. Post procedure IOP improves to 23. On dilated funduscopy exam there is peripapillary heme along with widespread areas of commotio without retinal detachment. Her vision remains NLP due to underlying ischemic/traumatic optic neuropathy.

CT imaging shows multiple facial and orbital fractures with right proptosis and optic nerve stretch and left globe deformity c/w an open globe. There are skull fractures with areas of temporal lobe contusion.

The patient is taken to the OR for left ruptured globe repair. Post-operatively she remains NLP OU. The patient is devastated about her new and unexpected blindness. She wonders how she can take care of her kids particularly in absence of social support and limited financial means. You struggle to offer meaningful words of comfort as her case also leaves you with a heavy heart.

Case Comments: Episodes of intimate partner violence (IPV) can lead to tragic ophthalmic injuries. Similar to pediatric NAT, management is arguably different from those of accidental injury. Increased levels of photo documentation (pre and post-operatively if relevant) can be important for future legal cases. Safe discharge planning remains paramount and typically involves support from social work and potentially PT/OT if vision is significantly newly impaired. Lastly, these cases can weigh heavily on involved physicians. Confidential team debriefing sessions can be helpful to address feelings of moral distress.

Intimate Partner Violence Consult Survey

Question: What additional measures do you consider for inpatient/ED consults involving patients who sustain orbital/ocular injury as a result of intimate partner violence (IPV)?

- A) Increased levels of photo documentation of ophthalmic injuries for legal documentation
- B) Low threshold for a sedated eye exam if a patient appears highly anxious
- C) Request SW consult in the ER
- D) Request PT/OT evaluation if a patient is newly vision impaired
- E) Provide a scheduled clinic appt prior to d/c to help ensure follow up
- F) Discuss cases with legal if there is an anticipated court hearing
- G) Participate in de-briefing for physicians who may experience moral distress about cases
- H) Other: please specify

Please share your responses on the AAO/OHIG Community. We'd love to hear from you!
<https://aao.mobilize.io/main/groups/47315/lounge>