I have the following financial interests or relationships to disclose:

- Stock Shareholder: Rapid Pathogen Screening, Inc.
- Consulting Fee: Allergan; Bausch + Lomb; Bio-Tissue; Merck & Co., Inc.
- Member of Advisory Panel: Allergan; Bausch + Lomb; Bio-Tissue; Merck & Co., Inc.
- However, no conflict of interest exists for this presentation
Tip #1: Pre-op evaluation

- Have a high index of suspicion for an intraocular foreign body (IOFB)
- Don’t always trust the history
  - Patients lie, especially kids
- If there is a chance of an IOFB, get a CT scan
Imaging

- Obtain a CT (axial and coronal scans with 1-2 mm cuts of eyes and orbit +/- brain) if needed
  - Any suspicion of an intraocular or orbital FB
  - Metal on metal injury
  - Iris transillumination
  - Low threshold to get a CT
  - Pediatric protocol used in children — discuss pros/cons w/parents
Tip #2: Repair gaping lacs

- Small, self sealing, well apposed full thickness lacs may not require surgical repair (but do require close f/u)

- Gaping or poorly apposed lacs, even if partial thickness, require repair
  - Faster healing (↓ infection)
  - Less astigmatism, better vision
Tip #3: Explore limbal lacs

• If a laceration goes to the limbus, unless you can be certain it isn’t full thickness or doesn’t extend past the limbus on SL examination, then:
  – Perform an EUA
  – Perform a conjunctival peritomy and explore the sclera
Tip #4: Wound closure

- Place 1st suture through:
  - 1) apex of the flap or
  - 2) limbus, if the laceration is corneoscleral or
  - 3) middle of the wound
- Then bisect the distance to the ends of the wound
- Ideally keep sutures out of visual axis
- Bury knots away from visual axis
Tip #4a: Wound closure

- Consider a “useful” paracentesis to reform the AC before manipulating the wound, especially if the AC is formed initially.
Tip #5: Manage traum cat

- If the cataract is dense and fluffy, filling the AC or can’t reform the AC, then
  
  - Repair the laceration
  
  - Remove cataract via a new incision at the limbus

  » Often quite difficult due to poor visualization from the laceration and possible compromise of zonule and posterior capsule
Tip #5: Manage trauma cat

• If in doubt about severity of the cataract, defer the lens removal to when it can be done more safely and effectively (? via pars plana)

• Fibrin can mimic a cataract
Tip #5: Manage trauma cat

- Primary IOL placement is controversial
  - Theoretical increased risk of infection (endophthalmitis)
  - Imperfect IOL calculation
    » Corneal curvature may be different post-operatively
    » Need K readings and axial length measurements from the fellow eye, pre-operatively
Anterior segment trauma

- Anterior segment trauma can be devastating to the eye
- However, with appropriate evaluation, work-up, medical treatment, surgical treatment, post-operative care, and visual rehabilitation, many eyes can do very well.