

Managing complications of orbital surgery

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ABSTRACT

Orbital surgery includes amongst others surgery for orbital tumours, orbital fractures, orbital TED decompression and exenteration. Orbital surgery is carried out in a confined space filled with many structures including the close approximation of neurovascular structures. Complications in orbital surgery can lead to disastrous consequences. Complications include but are not limited to the following; blindness, decrease vision, motility disorder, diplopia, haemorrhage, CSF leak, infection and globe malposition. Prevention of these complications start preoperatively. The surgeon must have a comprehensive knowledge of the orbital anatomy. Medical conditions such as hypertension and diabetes need to be controlled. Blood thinners need to be stopped prior to surgery. Diagnostic imaging may be necessary to obtain further details on the orbital problem, its relationship to surrounding structures as well as for planning the correct surgical approach. Magnification using loupe or microscope allow better visualisation of the procedure and so does good illumination. The surgeon has to pay intense attention to surgical details. Tissues need to be retracted adequately to allow good visualisation. However handling and manipulation of tissues need to be done gently. Intraorbital dissection should be done with blunt instruments. Meticulous haemostasis is achieved intraoperatively by cautery, positioning of the patient, hypotensive anaesthesia and other means. Orbital haemorrhage can lead to a rise in the intraorbital pressure which in turn can compromise the vascular flow. Constant monitoring of pupillary reactions and intraocular pressure during surgery are important. Blindness follows globe or optic nerve injury caused by direct trauma, excessive traction or vascular compromise. A patient who has severe orbital pain post operatively associated with decreased visual acuity, proptosis, ecchymosis and RAPD should be evaluated immediately for possible orbital haemorrhage and managed urgently.

Complications of eyelid surgeries – management and prevention

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ABSTRACT

The common eyelid procedures are correction of ptosis, ectropion, entropion, excision of 'lumps', blepharoplasties and reconstructions of eyelids following trauma or tumour excisions. No surgeries are free of complications. However to avoid them, one must have knowledge of the possible eyelid surgical complications and be prepared to avoid them. Common complications are superficial ecchymosis and haematoma which are most often temporary which will resolve subsequently over the first few weeks. Permanent abnormalities will be an undercorrection, overcorrection, which will cause visual disturbances, exposure keratitis, dry eye, epiphora and scar abnormalities. These complications will ultimately need secondary intervention. The aim is to give the best aesthetic and functional results and this can be achieved by a thorough pre-operative assessment, careful surgical planning and post-operative management.