



Surrey Total Health
Your Health. Our Reputation.

Mr Vinod Gangwani

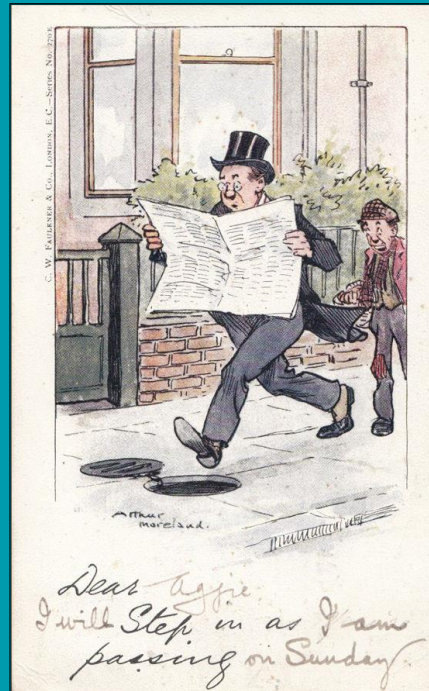
Consultant Ophthalmic Surgeon
Special interest

Cataract Microsurgery, Cornea and External Diseases



Ophthalmic Emergencies

What not to miss!





**“If two people agree on everything,
then only one of them is thinking.”**

- Senator Sam Rayburn

What is an Emergency?



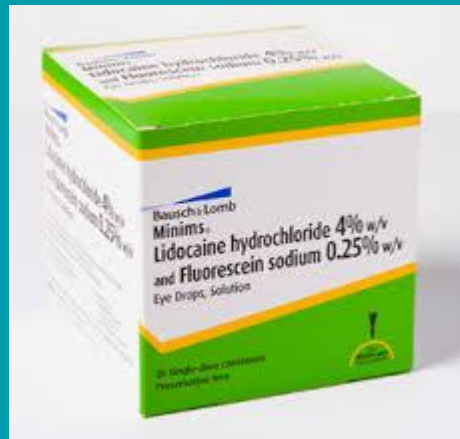
- Vision threatening?
 - Life threatening?
 - Recognition
 - Appropriate investigations/imaging
 - Appropriate referral
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History: Red eye



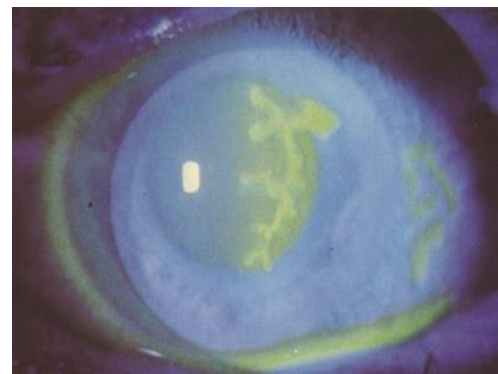
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- Onset
 - Location (unilateral /bilateral /sectoral)
 - Pain/ discomfort (gritty, FB sensation, itch, deep ache)
 - **Photosensitivity**
 - Watering +/- discharge
 - **Change in vision** (blurring, halos etc)
 - Exposure to person with red eye
 - Trauma
 - Travel
 - **Contact lens wear**
 - Previous ocular history (eg hypermetropia)
 - URTI
 - PMHx eg autoimmune disease

Examination





Case scenarios





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- A 53 year old patient with acute diplopia
 - Previous episodes few years ago , which lasted two months and recovered.
 - Diabetes, and hyperlipedemia.
 - Visual acuity : 6/6 both eyes.
 - Pupils : Equally reactive , pupils equal in size.

Pupil-Sparing Third Nerve Palsy



- Diabetes, hypertension, hyperlipidemia, smoking, high hematocrit.
- Pupils is spared.
- Improve within 4-12 weeks (defer neuro-imaging).

Pupil-involving 3rd Nerve Palsy

- Pupil involvement indicates compression of the pupillary fibers.
- Posterior communicating artery aneurysm, or mass.
- Appropriate neuro-imaging (MRI/MRA, MRI/CTA, Angiogram is the gold standard for aneurysm detection).



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- A 75 year old patient with sudden loss of vision in the right eye.
 - History of episodes transient loss of vision.
 - Diabetes for 30 years.
 - Feeling unwell lately with, and loss of appetite, malaise and myalgias.
 - Visual acuity: Count finger right , 6/6 left.
 - Right RAPD.



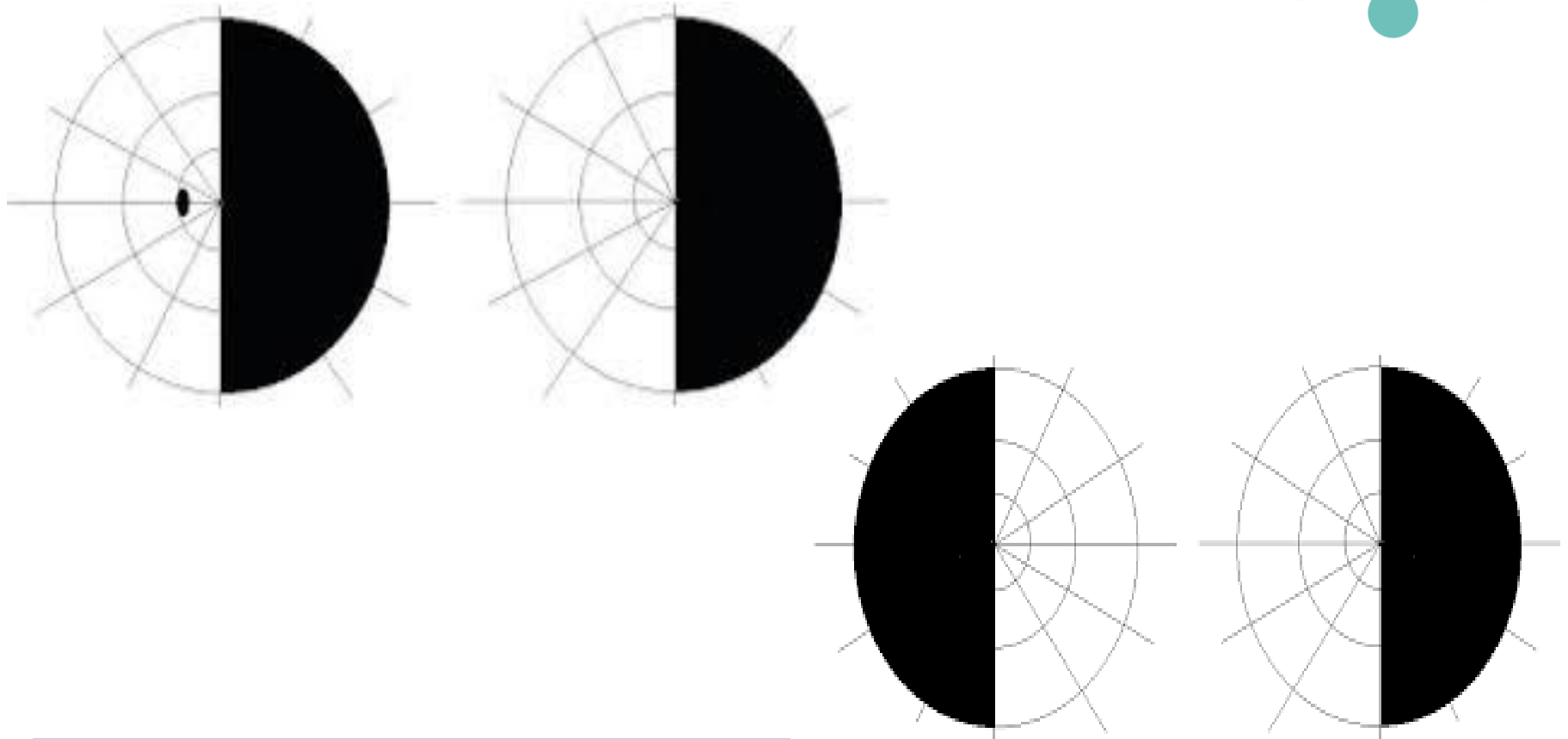
Arteritic Ischemic Optic Neuropathy (GCA)

- New onset of headache (temporal) , acute or transient loss of vision, jaw claudication, weight loss, fever, and myalgias.
 - Age usually over 60.
 - A true neuro-ophthalmic emergency (54-95% second eye involvement if untreated) !
 - Giant cell arteritis (systemic vasculitis, Aortitis in 20% consider PET/MRA).
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Management



- Stat ESR , CRP and CBC (platelets).
 - ESR can be normal in 15-20% of cases.
 - CRP is more sensitive and specific.
 - CRP and CBC(Platelet count) have 97% sensitivity and specificity.
 - Start high dose systemic steroids (IV or Oral) immediately upon suspicion
 - Arrange for temporal artery biopsy within 2 weeks , while patient is on steroids.
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Endophthalmitis



85yr old patient presents with a 1 day Hx of red and painful Right eye with reduced vision.

He had undergone cataract surgery 1 week ago.

Refractive lens exchange

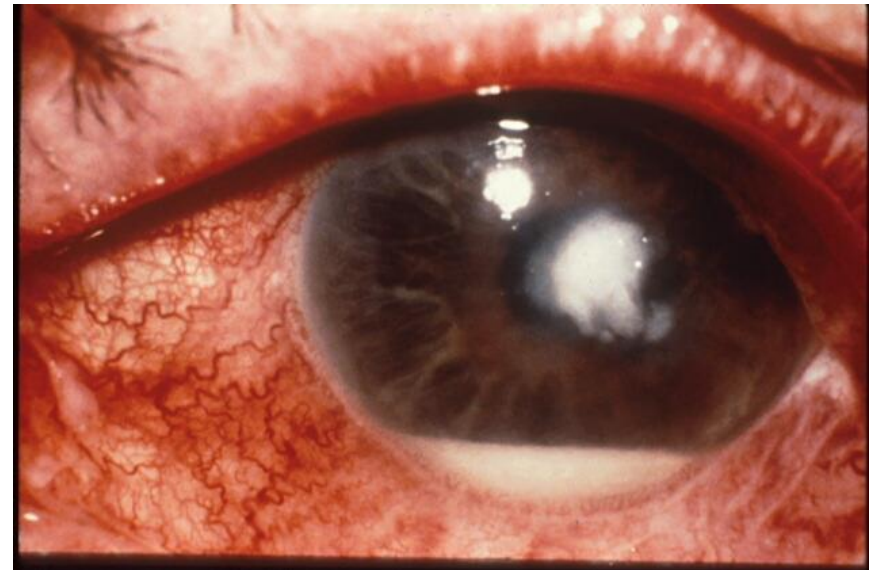


Toric implants for astigmatism

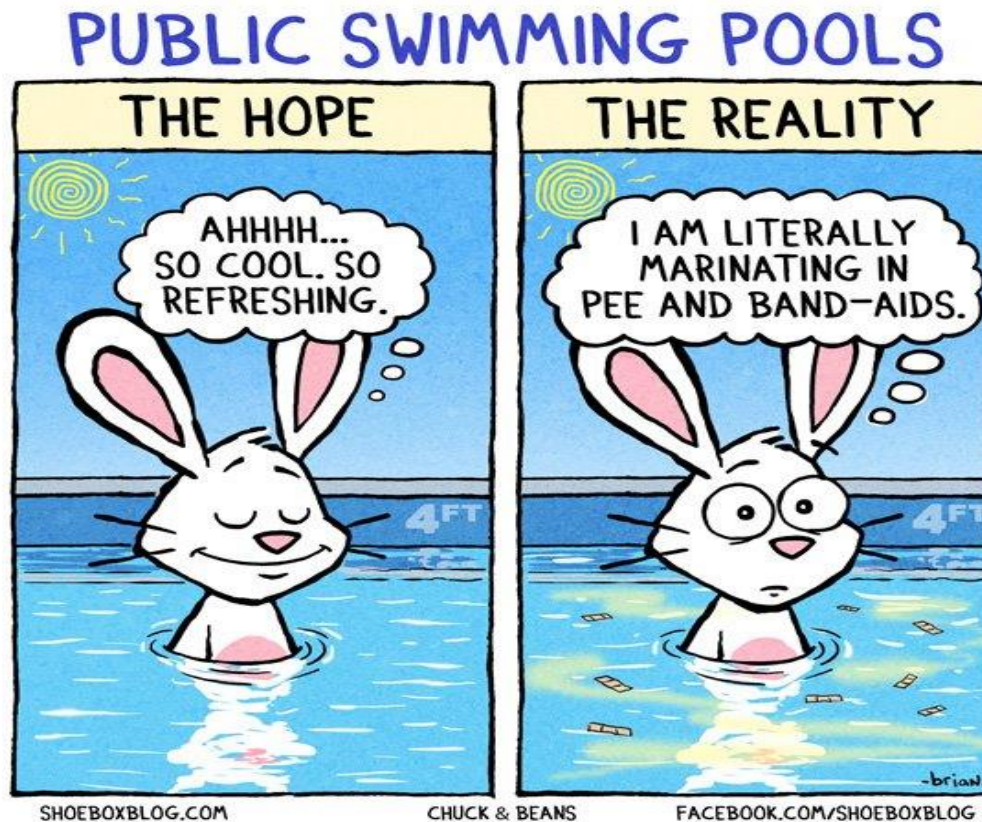


Multifocal/ trifocal

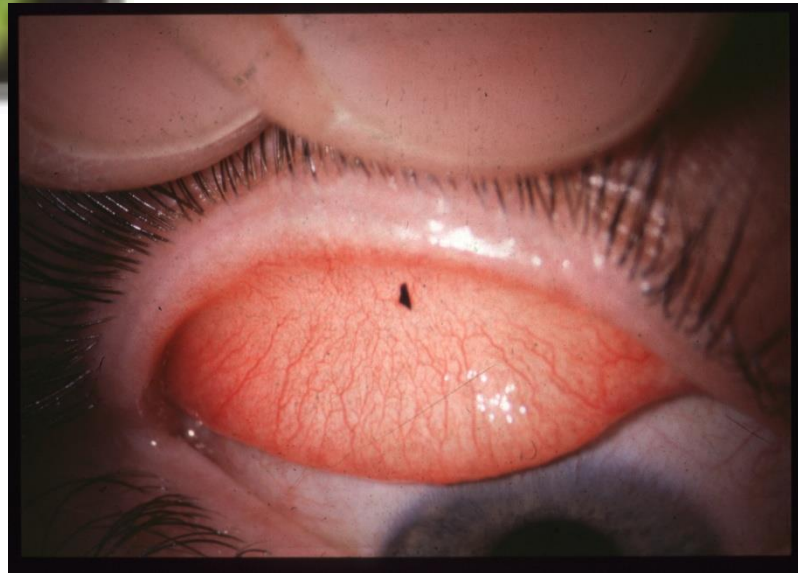
Red eye in a contact lens wearer



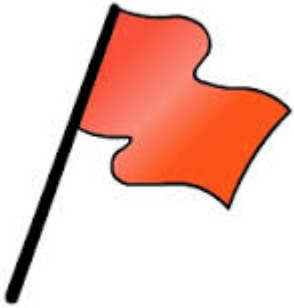
Swimming with contact lenses?



Corneal abrasion



History of injury 2 days ago



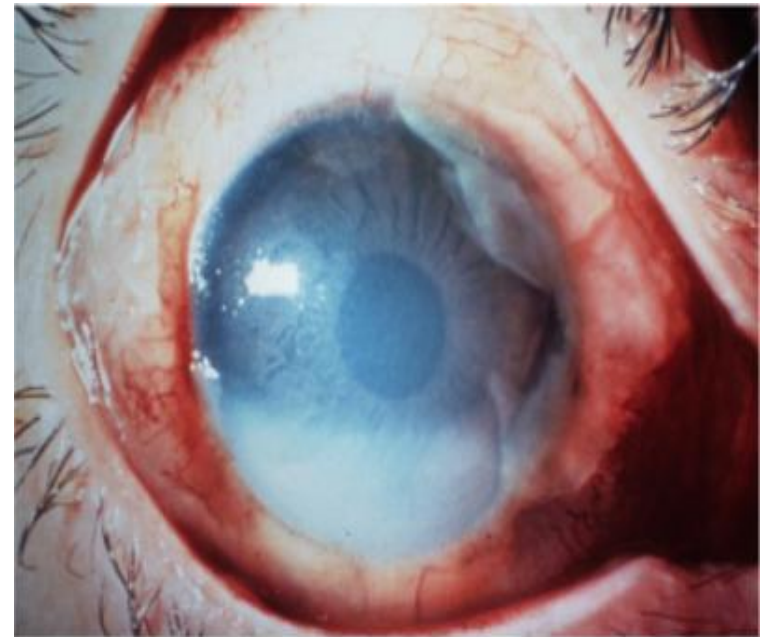
Chemical injury



Alkali or Acid

Immediate irrigation

May result in limbal stem cell failure





1 day history of reduced/ blurred
vision
Corneal transplant 4 years ago



Acute angle closure glaucoma



69 year old female

Severe headache

Vomiting



Summary



Red: Very Urgent



- Penetrating eye injury
 - Acute post-op endophthalmitis
 - Severe chemical injury
 - Orbital cellulitis
 - GCA with visual symptoms
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Red: Urgent



- Painful red eye with visual loss
 - Retinal detachment with good VA
 - Corneal ulcer, esp. with CL wear
 - Blunt trauma with hyphaema & \uparrow IOP
 - Corneal graft rejection
 - Painful diplopia
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