

## Orbital compartment syndrome

<b>Target Group</b>	ED, Maxillofacial, Ophthalmology, Neurosurgery, ENT and Ward areas
<b>Accountable to:</b>	Surgical care group
<b>Date:</b>	July 2017

### SUMMARY

#### Orbital compartment syndrome is an ocular emergency

Rapid diagnoses and treatment are essential to prevent permanent vision loss

#### Definition

Elevated intra-orbital pressure resulting in impaired vascular perfusion of the optic nerve and globe.

#### Causes

Any process that increases intra-orbital pressure acutely – most common

- Post-traumatic (post-surgical) retrobulbar haemorrhage  
N.B. Increased risk - orbital fractures in combination with anticoagulants
- Emphysema or air in the orbit after a patient with an orbital fracture blows his nose
- Infection

### Presentation

Any or all of the following signs should raise suspicion of a developing compartment syndrome **Beware of patients on anticoagulants who may experience late symptoms**

- Proptosis
- Decreasing visual acuity
- Pain
- Ophthalmoplegia (reduced eye movements)

### Required actions

- Obtain urgent Maxillofacial and Ophthalmological review +/- CT scan
- Eye observations every 15 minutes, reducing frequency with level of concern
- Steroids and pressure reducing agents under advice of Ophthalmology / Maxillofacial
- Canthotomy and cantholysis if losing vision ( do not wait for scan)

### Key reminders

- Anticoagulated pts must have regular eye observations (Pupil Acuity Pain Proptosis)
- Regular obs **must** be completed even when eyelid very swollen (ask for help)
- Ophthalmology and Maxillofacial review essential.
- Any non-compliance with above must be agreed at Consultant level.

