

Orbital Blow-Out Fractures.

- (1) *May be isolated or part of zygoma, midfacial fracture.*
- (2) *May cause diplopia but may not.*
- (3) *Many blow-out fractures probably undiagnosed either by patient not attending for treatment or no clinical features necessitating complete investigation.*

CLINICAL FEATURES.

- (1) *Periorbital swelling, bruising*
- (2) *Numbness over the distribution of infraorbital nerve (cheek/upper lip/gum around front top teeth/side of nose/lower eyelid).*
- (3) *Binocular diplopia (care monocular diplopia can represent retinal damage) can initially be in all fields of vision but often to mostly upward gaze.*
- (4) *Restriction in eye movement (usually upward).*
- (5) *Subconjunctival haematoma.*

SPECIFIC REQUIREMENT.

Careful eye examination can often be associated with damage to the globe itself.

RADIOGRAPHS.

- (1) May sometimes be seen as "tear drop" deformity on orbital floor on plain radiographs but definitive investigation is CT scan.
- (2) CT scan orbits - axial and coronal scan (coronal probably more important).

TREATMENT.

- (1) Unless significant deformity with obvious need to operate (usually associated dystopia) conservative management with review over 10 - 14 days as major problem is diplopia.
If Diplopia still present probable consideration to surgical exploration and reconstruction (autogenous bone graft preferential reconstruction material)
- (2) Assessment by ophthalmologist in conjunction to faciomaxillary treatment essential if surgery to be considered.
If any consideration or evidence of globe damage immediate co-assessment with ophthalmologist necessary.
- (3) Large defects even without diplopia may need management to avoid long term enophthalmos.

IMMEDIATE TREATMENT.

Not urgent unless globe injury or lateral trap-door fracture (unusual variant which causes ophthalmoplegia and usually severe pain).

POST OPERATIVE MANAGEMENT.

- (1) Eye obs - report any significant eye pain or deterioration in vision***
- (2) Steroids - Dexamethasone 8mg 6 hourly (Usually dose just at anaesthetic induction or pre operatively).***
- (3) Antibiotics***
- (4) Post operative CT scan (coronal views particularly) to assess orbital floor reconstruction.***
- (5) Nurse semi-reclined when awake***
- (6) Ice pack***

DISCHARGE INSTRUCTION.

- (1) Generally patients diplopia is not immediately corrected due to swelling etc from trauma/surgery still and review needed to monitor improvement.***
- (2) Oral antibiotics/analgesia***
- (3) Initial review in 5 - 7 days and subsequent appointments based on patient's progress.***