Introduction

Traumatic eye injuries affect a significant proportion of all patients presenting to emergency department and they are associated with considerable morbidity and Healthcare-associated costs. Several gaps have been identified in the terminology used for the classification of ocular trauma since the development of Birmingham Eye Trauma Terminology System (BETTS) which may limit the ability to communicate and prognosticate over the full spectrum of the globe and adnexal injuries.

Objectives

To review and refine terms from BETTS and to develop terms not captured previously.

Methodology

A modified Delphi technique using experts’ consensus through anonymous, controlled feedback was used to develop consensus to update commonly used terminology and classifications for globe and adnexal trauma. This survey study follows the American Association for Public Opinion Research standard definitions for Final Dispositions of Case Outcomes and Rate Factors for Surveys.

Round 1: Questions were stratified based on whether they related to validating existing (Section 1: BETTS) or developed new (Section 2: Non-BETTS) terminology for trauma classification. There were 22 questions, including nine questions with two potential responses, 12 questions with three responses and 1 question with four options.

Round 2: Total of 7 questions from Round 1 that did not reach consensus were included and rephrased for clarity. There were four questions with two potential responses, two questions with 3 responses and 1 question with four response options.

The consensus was considered to be reached when at least 67% of experts indicated agreement.