

# Ocular Traumatology: Discussion of a Few Crucial Treatment Issues

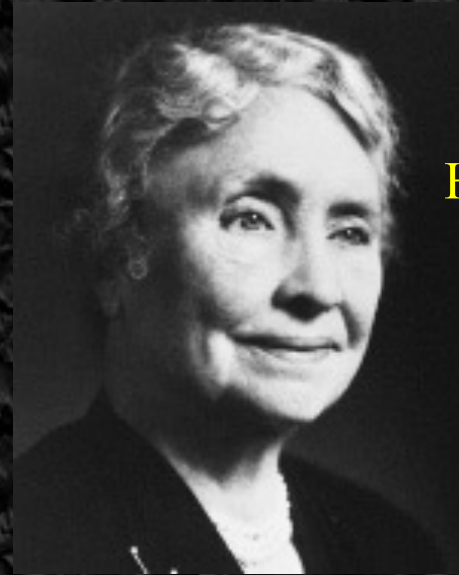
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- Director of Research

- *Helen Keller Foundation*

- Chairman

- *International Society of Ocular Trauma*



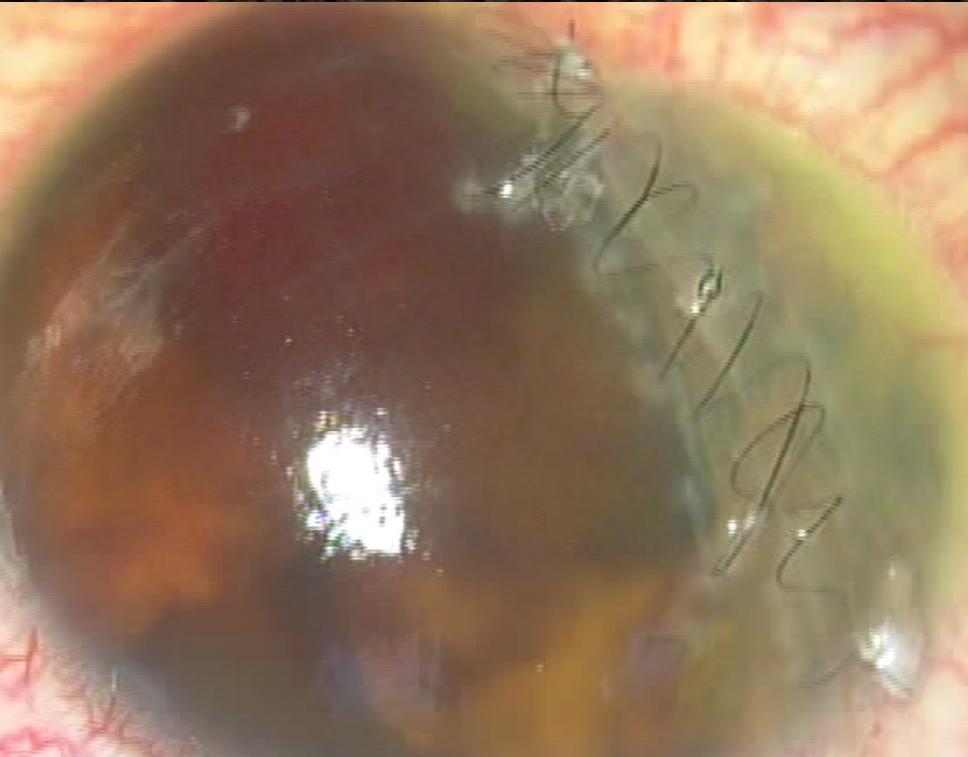
Helen Keller  
1880-1968





# Introduction

- Training ophthalmology residents in ocular traumatology
  - No priority in most residency programs



# Introduction

- **Training ophthalmology residents in ocular traumatology**
  - No priority in most residency programs
- **Sad consequence**
  - Patients with serious eye injury often treated by inexperienced young ophthalmologists
    - Results obviously suboptimal





# Methods

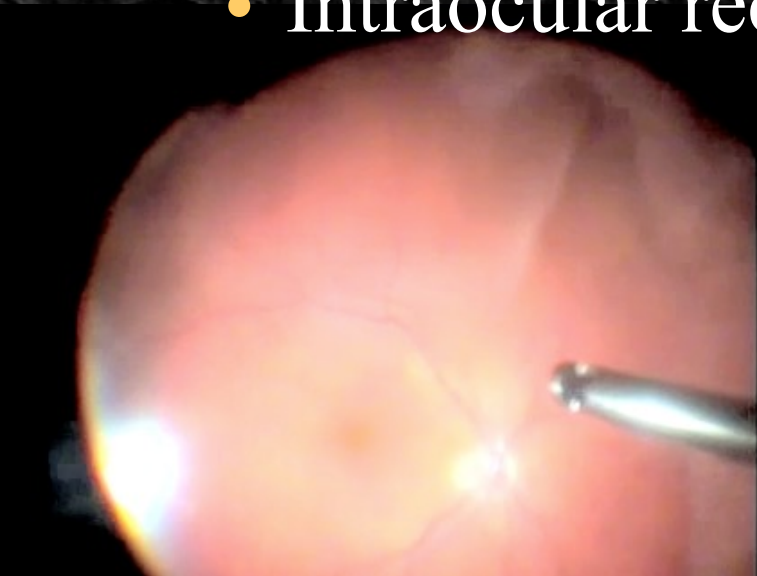
- Analysis and recommendations in selected areas
  - Based on 40+ years of experience
  - Using intraoperative videotapes





# Results

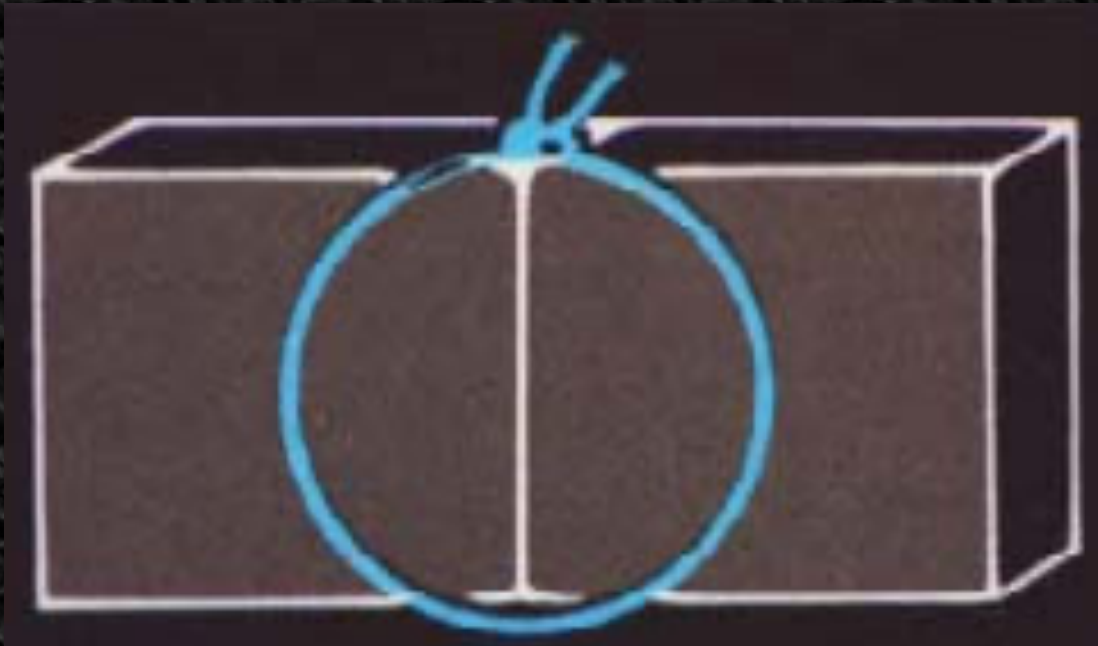
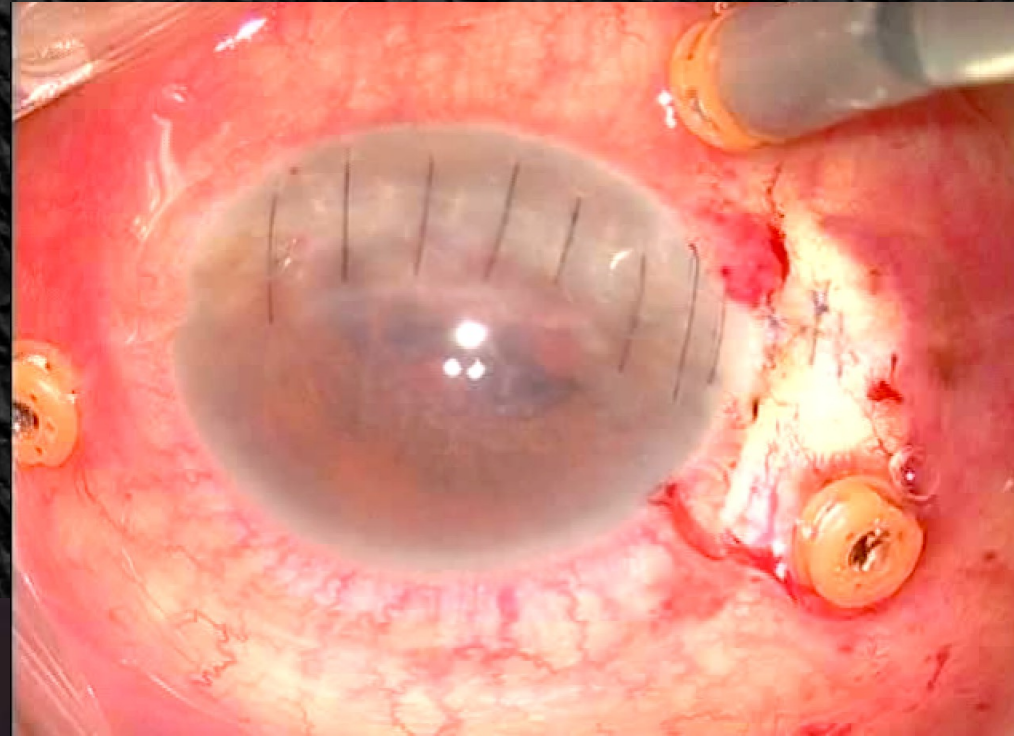
- *Timing*
  - Emergency comprehensive surgery
    - Wound closure + PPV...
  - Alternatively
    - Intraocular reconstruction within 100 hours





# Results

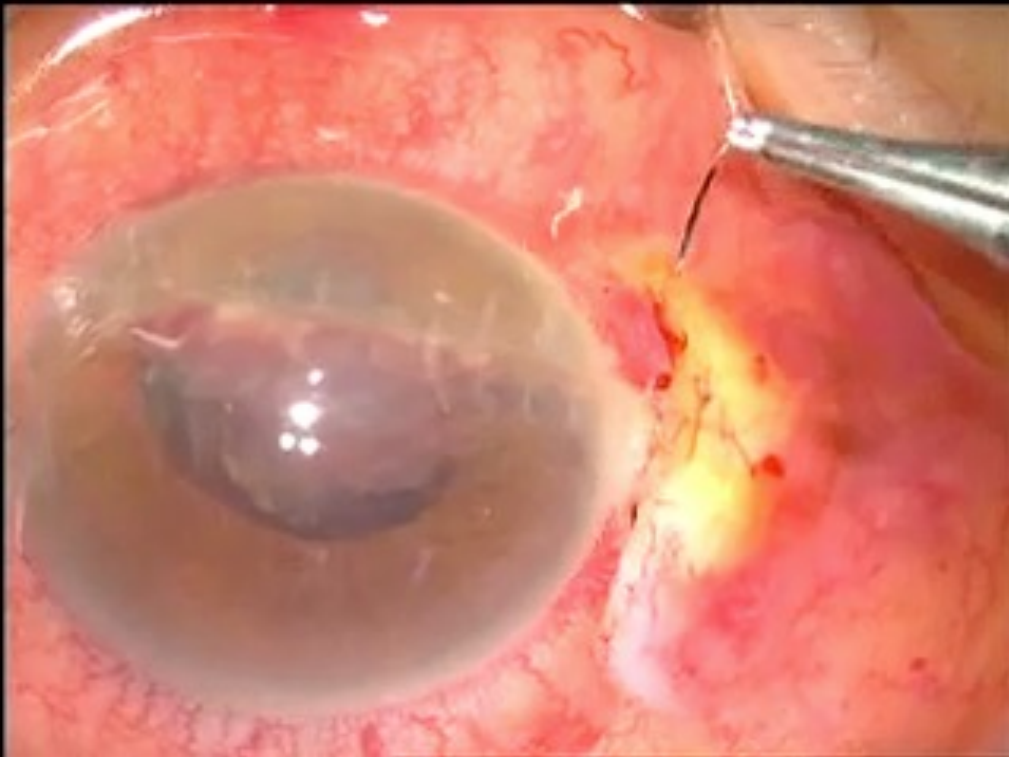
- *Wound closure, cornea*
  - Full-thickness





# Results

- *Wound closure, cornea*
  - Full-thickness
  - Forceps use to be avoided



# Results

- *Traumatic cataract*
  - Vitreous prolapse present/suspected
    - Never suction without cutting



*Integrity of  
posterior capsule*





# Results

- *Traumatic cataract*
  - Vitreous prolapse present/suspected
    - Never suction without cutting
  - In young people removal of both capsules



*Phthisis*





# Results

- *Postoperative scarring (PVR)*
  - Prophylactic chorioretinectomy





# Results

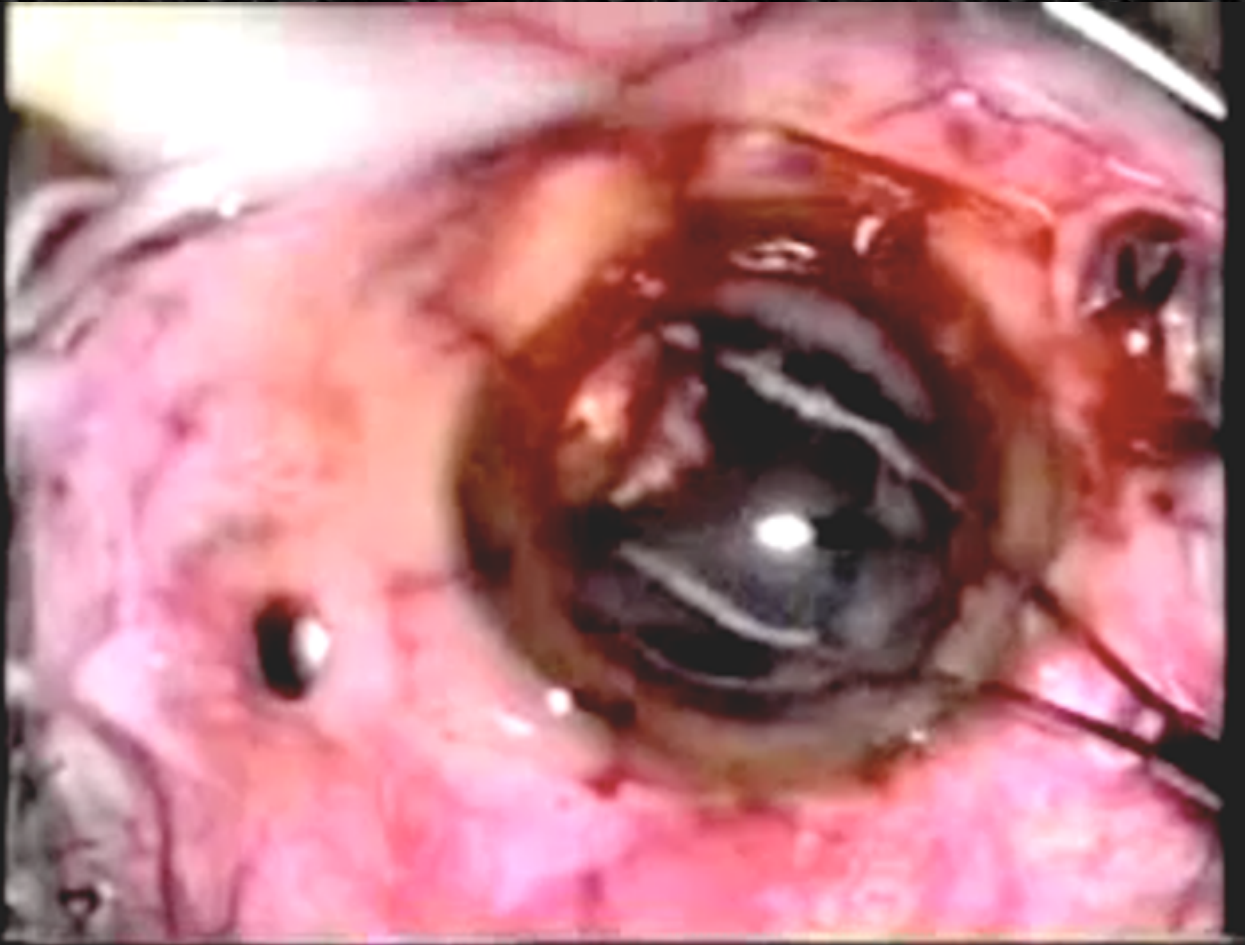
- *Chronic ferrous IOFB*
  - If not causing siderosis (yet)
    - Patient decides, based on proper counseling
      - Leave it in situ
      - Remove





# Conclusions

- Untrained surgeons harm patients





# Conclusions

- **Vicious circle**
  - Low success rate discourages future engagement
  - Results becoming even worse
- **Break vicious circle by proper education**





