

Retrobulbar hematoma, or “orbital compartment syndrome,” is a vision-threatening condition and ophthalmologic emergency. Retrobulbar hemorrhage has been described after trauma as well as after facial surgery, and this presentation may be delayed up to days after injury. [2] This is an uncommon condition, even in the setting of orbital fracture – only 0.45-0.6% of patients with orbital fracture have a coexisting retrobulbar hematoma. However, it is quite morbid, as patients who present with vision loss in the setting of retrobulbar hemorrhage have a 44-52% chance of permanent blindness. The retina may tolerate approximately two hours of ischemia before vision loss is irreversible.



DIP A Cone G Mnemonic

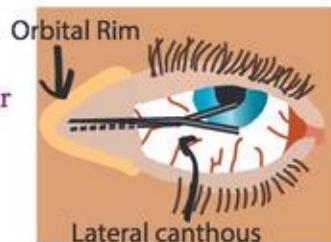
- **Primary indications:**
 - Decreased visual acuity
 - Intraocular pressure >40mmHg
 - Proptosis
- **Secondary indications:**
 - Afferent pupillary defect
 - Cherry red macula
 - Ophthalmoplegia
 - Nerve head pallor
 - Eye pain
- **Contraindications:**
 - Globe rupture

Performing a Lateral Canthotomy

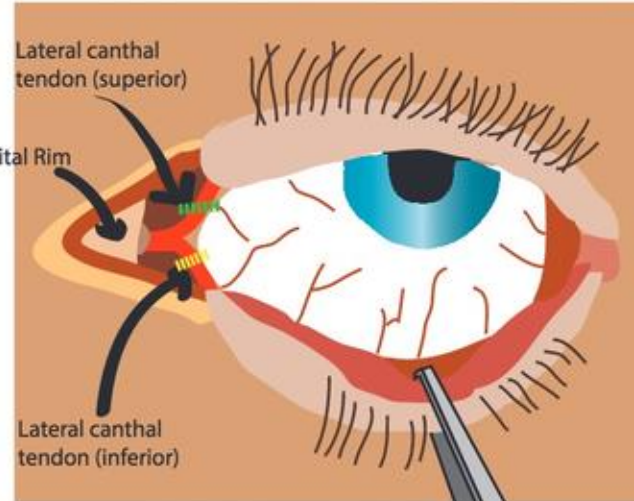
1. Liberally inject surrounding soft tissue with 1% lidocaine with epinephrine.



2. Advance a hemostat from the lateral canthus to the outer orbital rim and clamp to devascularize the tissue. Hold for 30-90 seconds.



3. Use small, sharp scissors (Iris scissors) to cut from the lateral canthus to the outer orbital rim.



4. Use forceps to reflect the lower eyelid to visualize the inferior canthal tendon.

5. Cut the tendon (yellow dotted line) to decompress the globe.

6. If this does not result in reduced IOP, repeat for the upper canthal tendon (green dotted line).