Comprehensive eye care: A simple step toward a better outcome

Sir,

Eye injuries in the perioperative period have serious implications. The incidence of perioperative visual loss following ocular surgery appears to be much lower than that seen following nonocular surgery.[1] Important ocular injuries include corneal abrasion (most common), conjuctival chemosis, periorbital edema, pressure injury to supplying nerves, proptosis, burn injuries, etc. Patient positioning, especially prone and lateral positions,[2] surgical factors (massive blood loss, prolonged duration, spine or cardiac surgery),[3] pressure by surgeon's hand, coexisting diseases (e.g., anemia, diabetes mellitus, and arteriosclerosis), and pre-existing ocular problems of the patient can cause them. Injury to eyes also includes damage to eyelids, eye lashes, canthi, and eye brows and these structures need to be taken care of in the perioperative period. Proper randomized controlled trials to evaluate such injuries are lacking.

Usually, eyes are covered or padded after securing the airway (during general anesthesia), but before surgical positioning. Pressure injury to eye from face masks may occur.[4] Injury to lashes and eye-lids from hands/elbow/nails as well as laryngoscope handle or Magill's forceps or even taping material can occur.

I prefer covering of the eyes soon after induction and loss of eye lash reflex, before even keeping the mask on the patients face. Such a simple step can minimize injury to these sensitive structures. I adopted this method, after a patient (an upcoming female model) reported postoperatively about her loss of a few eyelashes in her right eye, leading to cancellation of a modeling contract for eye care beauty products. She had undergone a nonocular surgery under general anesthesia. Acceptance of this simple practice requires educating the operating room assistants as well to prepare for eye protection.

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