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## PERIOPERATIVE EYE INJURY

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

This guide supports clinicians in the diagnosis and management of suspected perioperative eye injury, specifically corneal abrasions (the most common perioperative eye problem related to General Anaesthesia (GA)). Thankfully, most corneal abrasions resolve fully, of their own accord, after only a few days with no longer term sequelae. However, they can feel very uncomfortable during the first 48hours and be associated with disabling photophobia.

Despite taking standard precautions to protect patient's eyes, including taping them shut for the duration of surgery under GA they remain at increased risk while protective reflexes are absent.

Emergence from GA is a time of particular risk; the eyes are no longer taped shut to protect them, delirium can be present and patients often reach towards their face with an IV cannula positioned on the dorsum of their hand(s). Bandaging or sticking a gauze pad over this IV cannula can help to prevent it from scratching the face and eyes.

In addition to taping patient's eyes shut during GA it may also be necessary to pad them during certain surgeries taking place in close proximity to them e.g. ENT/Maxillofacial cases, or when the endotracheal tube/catheter mount is positioned where it might press on the eyes. This extra padding helps to protect against pressure damage. However, surgeons, anaesthetists and other theatre staff must always take care not to inadvertently lean or press on a patient's face/eyes.

Remember that prone and steep head down positions present higher risks to our patient's eyes and so do longer operations. Special precautions are required during laser surgery, which is outside the scope of this guideline. These can include wearing protective laser filter glasses, applying moist gauze eye pads/matt metallic eye covers to the eyes once taped closed.

If a patient's eye(s) can not be taped shut during GA for a good reason the cornea(s) should be kept moist by repeatedly applying a moisturising eye ointment such as Lacrilube® or equivalent.

This guideline is for use by the following staff groups:

- Surgeons
- Anaesthetists
- Nursing Staff

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**Lead Clinician(s)**

Dr James Leedham

Consultant Anaesthetist

Approved by Anaesthetic Governance Meeting on:

15<sup>th</sup> October 2025

Review Date:

15<sup>th</sup> October 2028

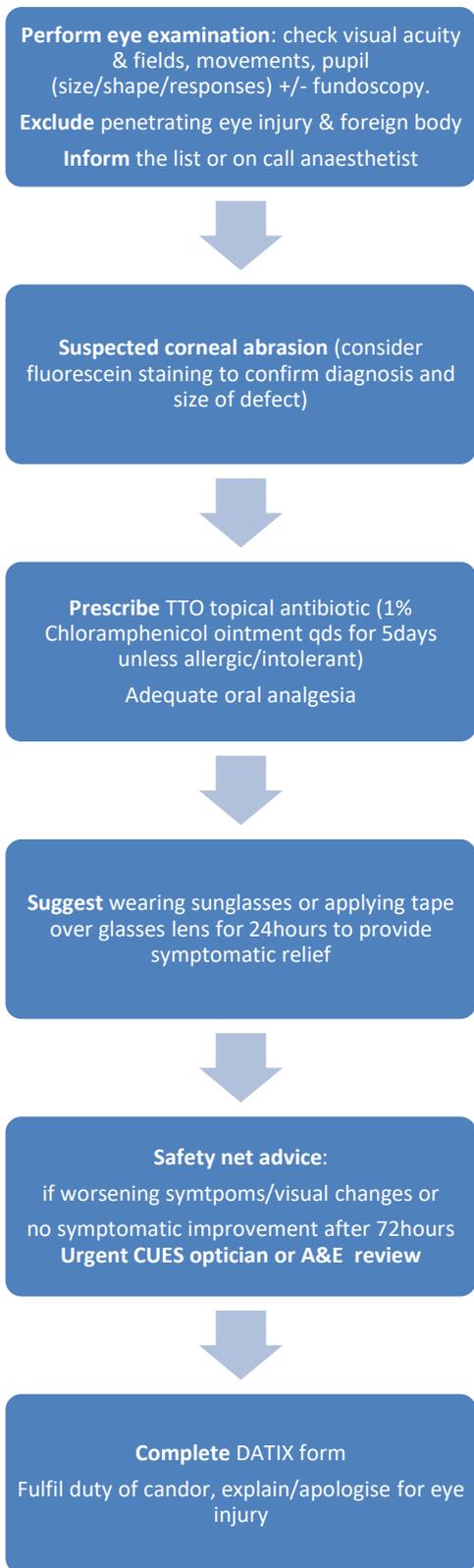
This is the most current document and should be used until a revised version is in place

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>

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## Suspected perioperative eye injury



**Urgent ophthalmology review is needed if:**  
 Suspected penetrating eye injury  
 Injury was caused by sharp object e.g. glass  
 High velocity injury  
 Foreign body cannot be removed  
 Chemical injury  
 Hyphema or hypopyon  
 Diagnosis is uncertain

\*All chemical injuries should be immediately irrigated with normal saline or water for at least 20 minutes  
 \*Subtarsal foreign bodies can be located by everting upper eyelid

**Typical symptoms of corneal abrasion include:**  
 Foreign body sensation even though none present, photophobia, excessive tearing and blurry vision.

Abrasions fluoresce bright green with a cobalt-blue light

**Most corneal abrasions heal within 24-48hours**  
 Advise not to use contact lens until abrasion fully healed  
 Avoid rubbing/touching affected eye  
 Avoid areas of bright light to aid symptoms of light sensitivity  
 Wear sun glasses to protect from dust, bacterial contamination & further damage  
 Avoid repeated doses of local anaesthetic eye drops because they can impair corneal healing

Advise not to drive if your vision is affected in anyway

Community Urgent Eyecare Service (CUES) leaflet:  
<https://primaryeyecare.co.uk/wp-content/uploads/2023/06/CUES-leaflet.pdf>

CUES optician or A&E department can refer for urgent ophthalmology appointment if needed

For further info please see NICE Clinical Knowledge Summary here  
<https://cks.nice.org.uk/topics/corneal-superficial-injury/>

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**Monitoring**

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Routine post operative follow up on day 1 of all day surgery patients	Spot checks that protocol is being followed. When patient episode is completed it will be scanned to EZ-notes	If incident is report via Datix	Day surgery governance team	Day surgery and preop assessment governance meeting	Once per year

**WAHT-ANA -032**

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**References**

NICE Clinical Knowledge Summary. <https://cks.nice.org.uk/topics/corneal-superficial-injury/>

**Contribution List**

This key document has been circulated to the following individuals for consultation:

Designation
Dr James Hutchinson – Consultant Anaesthetist, CD Anaesthetics
Ms Tammie Dudley – KTC Ward 1 day surgery manager
Anaesthetic department doctors, ODP/anaesthetic nursing staff working in Theatres
Mr Aron Ng – Consultant Ophthalmologist

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Anaesthetics & Theatres Governance - Dr James Hutchinson

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**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Dr James Leedham</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	James Leedham	Consultant Anaesthetist	James.leedham@nhs.net
<b>Date assessment completed</b>	<b>06/10/2024</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Perioperative Eye Injury</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	Improve the diagnosis and management of perioperative eye injury, specifically corneal abrasion		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	
Is this:	<input type="checkbox"/> Review of an existing activity		

	<input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	NICE Clinical Knowledge Summary <a href="https://cks.nice.org.uk/topics/corneal-superficial-injury">https://cks.nice.org.uk/topics/corneal-superficial-injury</a>
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Day surgery nursing staff, anaesthetists and ophthalmology department
Summary of relevant findings	

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability	X			
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers;		X		

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)x				
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

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<b>Signature of person completing EIA</b>	<i>J Leedham</i>
<b>Date signed</b>	06/10/2025
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	<i>J Leedham</i>
<b>Date signed</b>	06/10/2025
<b>Comments:</b>	



**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.