Management of corneal foreign bodies in A&E departments

Sir

Corneal foreign bodies (FBs) are common ophthalmic emergencies (Edwards, 1987; Vernon, 1983), the removal of which is usually performed by casualty officers who may have little or no prior experience in dealing with these emergencies (Clancy, 1991; Anon, 1988). Recently a questionnaire was sent out to 100 randomly selected major A&E units in the U.K. on the management of such emergencies in their department.

Seventy-eight replies were received. Five departments (6%) did not deal with ophthalmic emergencies and they have been excluded from further analysis.

Fifty-one departments (70%) saw 10 or more newly presenting corneal FBs per week. Seventeen departments did not have a magnifying loupe, 41 did not have a slit lamp and eight departments (11%) had access to neither.

Forty-nine departments (67%) routinely followed up these patients and would only make a specialist referral if problems arose that they could not deal with.

Only nine departments (12%) gave verbal or written advice to the patients regarding avoidance of similar injuries in the future.

Teaching for the A&E SHOs was found to be inadequate with 21 departments (29%) having no formal teaching input, of the rest a 1 h lecture would be given at the start of each 6 months by a senior member of the A&E or ophthalmic departments. Little or no emphasis appeared to be placed on practical teaching.

We conclude that as the vast majority of ophthalmic emergencies are initially managed by A&E staff, some form of magnification (slit lamp or magnifying loupe) should be readily available in the department. A&E SHOs should be adequately trained to deal with these emergencies and the department should play an active role in the prevention of such injuries.

N. NAYEEN & D. STANSFIELD

Registrar & SHO

Accident & Emergency Department

Milton Keynes General Hospital

Milton Keynes

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