## **Trauma**

Trauma is a common cause of visual impairment in children. Injuries to the eyeball and adnexa (supporting or accessory structures, such as eyelids, conjunctiva, or lacrimal glands) can be classified as penetrating or nonpenetrating. **Penetrating wounds** are most often a result of sharp instruments (such as sticks, knives, or scissors) or propulsive objects (such as firecrackers, guns, arrows, or slingshots). **Nonpenetrating injuries** may be a result of foreign objects in the eyes, lacerations, a blow from a blunt object such as a ball (baseball, softball, basketball, racquet sports) or fist, or thermal or chemical burns.

Treatment is aimed at preventing further ocular damage and is primarily the responsibility of the ophthalmologist. It involves adequate examination of the injured eye (with the child sedated or anesthetized in severe injuries); appropriate immediate intervention, such as removal of the foreign body or suturing of the laceration; and prevention of complications, such as administration of antibiotics or steroids and complete bed rest to allow the eye to heal and blood to reabsorb (see Emergency Treatment box). The prognosis varies according to the type of injury. It is usually guarded in all cases of penetrating wounds because of the high risk of serious complications.

## Emergency Treatment

## Eye Injuries

## **Foreign Object**

Examine eye for presence of a foreign body (evert upper eyelid to examine upper eye).

Remove a freely movable object with pointed corner of gauze pad lightly moistened with water.

Do not irrigate eye or attempt to remove a penetrating object (see Penetrating Injuries).

Caution child against rubbing eye.