

Immediate Blindness

Emergency Treatment Protocol

Guidance is based on expert opinion. It is recommended you keep updating your knowledge as evidence emerges stay within your competencies & seek senior support as required.

Signs & Symptoms

If you see these symptoms after a high risk procedure

Think Filler Blindness!

- Severe Pain on injection
 - Visual Disturbance
 - Blindness
 - Relative Afferent Papillary Defect
 - Ptosis
 - Ophthalmoplegia
 - Severe Pain
 - Vomiting
- Monitor for stroke symptoms**

1 Diagnosis

High Risk Injection Areas

FOREHEAD
Supratrochlear
\supraorbital artery

GLABELLA
Supratrochlear artery

NOSE
Dorsal Nasal &
Supratrochlear artery

TEMPLE
Deep & Superficial
Temple artery & veins

NASOLABIAL FOLD
Facial Artery

2 Call for Help



Immediately call for practical assistance from someone nearby to help you if possible.



Call an Emergency Ambulance, explain the diagnosis of ocular stroke.

3 Initiate Treatment

HYALASE RESCUE REGIME

SUPPORTIVE MEASURES

4 Prepare hyaluronidase solution.

Create a solution of 2 mls of saline with 1500 iu of Hyaluronidase in the 5ml syringe.



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1500 IU HYALASE

2ml Saline

300mg Aspirin

Apply Timolol 0.5% Drops

Continuously Perform Ocular Massage

Provide Re-breath Bag

Low Risk Supportive Measures should be carried out with the help of an assistant or inbetween stages of the reversal process until the hand over to a specialist

5 Consent Patient for Intervention

6 Flood the likely path of filler to the eye.

Flood emerging vessels of the orbit

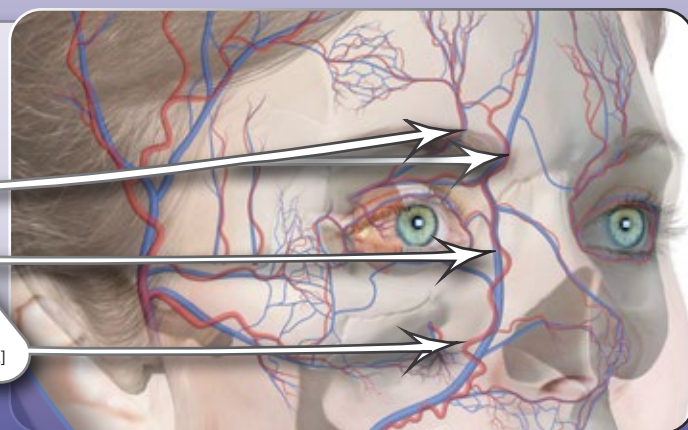
[Inject the supraorbital and supratrochlear exit points]

Flood path of connecting arteries

[Inject from the site of causative injection to the emerging orbital vessels
In the example illustrated, the angular artery but may be Superficial temple or forehead in different cases]

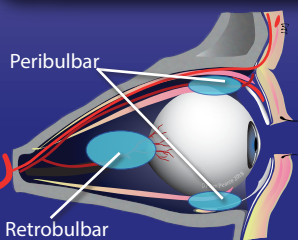
Flood original Site of HA placement

[e.g. Nasolabial fold, glabella, forehead, temple, cheek or other.]



! HIGH RISK INTERVENTIONS:

It is possible to place hyaluronidase closer to the blood supply as it enters the orbit with retrobulbar or peribulbar placement. This placement is closer to some key vessels but the risks of damaging sight is substantially higher.



Are you competent to perform a peribulbar or retrobulbar injection, and able to justify the increase in risk of eye trauma?

NO

YES

Inject 500 to 1500IU of hyaluronidase by retro/peribulbar technique.

7 Transfer to hospital

Causative Material/Brand: _____

Product Placement: _____

Diagnosis: _____

Brief Management Summary: _____

Clinician Name: _____

Phone: _____