NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Eyelid Lacerations

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Management of Eyelid Lacerations

History
Mechanism of injury
Tetanus-prone wound?

Tetanus risk factors
- Wounds containing foreign body material
- Animal bites/scratches
- Injuries involving organic material (e.g. soil, manure)
- Immunosuppressed patients
- Repair delayed by >6 hours
- Wounds with high degree of devitalised tissue

Examination
Assess the location and depth of the laceration
Identify whether there has been significant tissue loss

NEED TO EXCLUDE…

1) GLOBE PERFORATION OR INTRAOCULAR FOREIGN BODY (IOFB)
Requires thorough examination including VA, IOP, bilateral dilated fundal examination
Management as per separate clinical guidelines

"Management of Open Globe Injuries and Conjunctival, Corneal and Scleral Lacerations"
"Intraocular Foreign Body Management"

2) LACRIMAL DRAINAGE APPARATUS INVOLVEMENT
Sac washout or lacrimal probing should only be performed by an experienced ophthalmologist

3) LID MARGIN INVOLVEMENT

Investigations
Consider CT head/orbits if any suspicion of IOFB, globe rupture, or in cases of severe blunt trauma

Not Involving Lid Margin
- Repair best performed in clean room environment
- Iodine skin/lid prep
- Skin closure with 6.0 or 7.0 vicryl
- Occ. chloramphenicol TID 1/52
- Follow-up in 3-4 weeks

Involving Lacrimal Drainage Apparatus
- Refer patient to oculoplastic team for repair

Involving Lid Margin
- Repair best performed in operating theatre with sterile conditions
- If performing out-of-hours, liaise with senior/consultant on-call, on-call theatre staff, and if GA is required, the on-call anaesthetist

Tetanus-Prone Wound
- Check whether patient has had adequate tetanus vaccine priming course within the last 10 years
- Tetanus prophylaxis following injury offered as per Public Health England 2019 guideline[1]

[1] https://www.gov.uk/government/publications/tetanus-advice-for-health-professionals

A Jamison, K Crofts – September 2019