

Q

Expulsive Choroidal Hemorrhage



- Expulsive choroidal hemorrhage is the most feared intraoperative complication of CE surgery. What is the classic first sign?

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Darkening of the red reflex



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In what manner will this darkening commence and progress?



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In what manner will this darkening commence and progress?

It will commence on a side, and proceed across the pupillary aperture

Expulsive Choroidal Hemorrhage



Ruh roh, Shaggy



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What will the pt report at this juncture?



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What will the pt report at this juncture?

The sudden onset of pain, which may be severe



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- Expulsive choroidal hemorrhage is the most feared intraoperative complication of CE surgery. What is the classic first sign?
Darkening of the red reflex
- What is the classic 'late' sign?

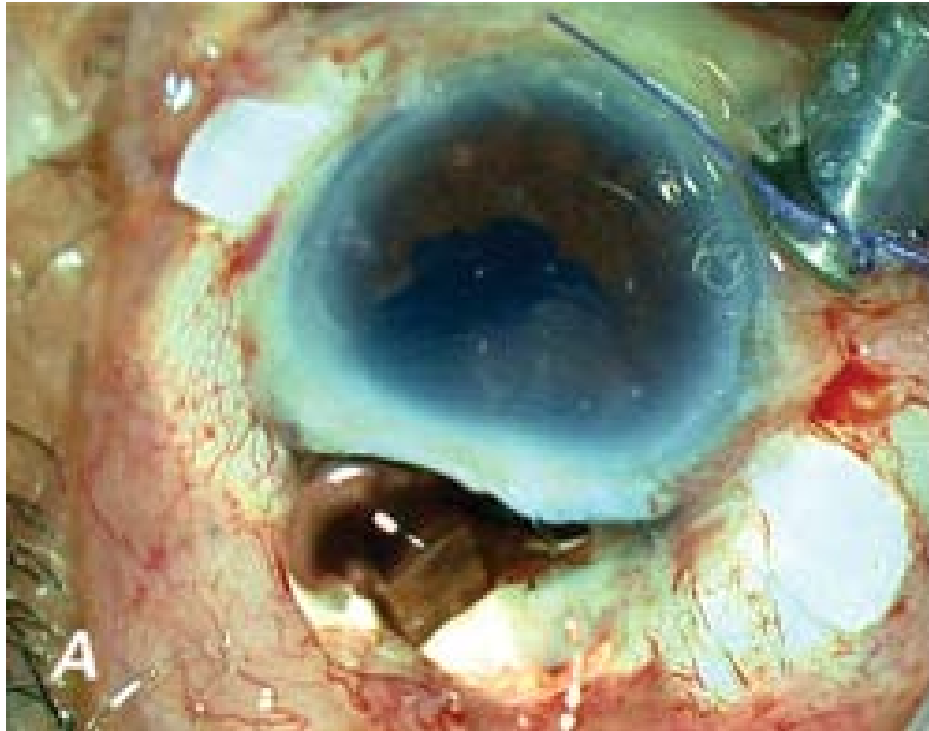
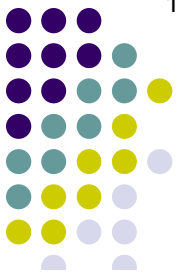


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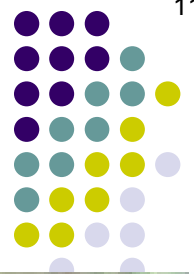
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Expulsive Choroidal Hemorrhage

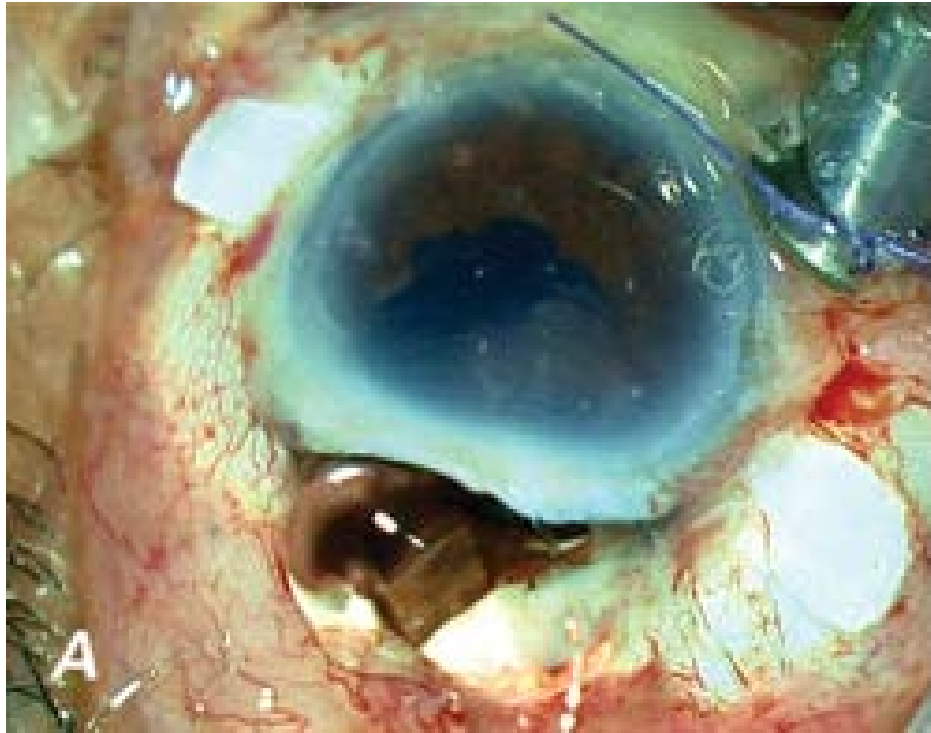


Early stage with vitreous prolapse and wound gape

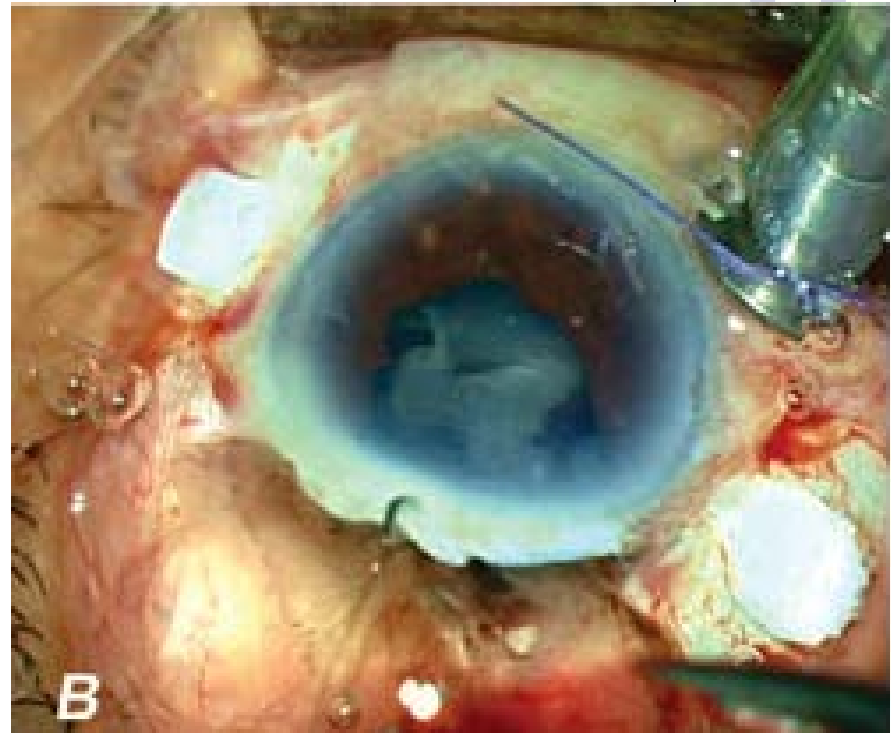
Expulsive choroidal hemorrhage



Expulsive Choroidal Hemorrhage



Early stage with vitreous prolapse and wound gape



Late stage of the same case with extrusion of intraocular contents, including the retina

Expulsive choroidal hemorrhage



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- How should it be managed intraoperatively?
 - 1)
 - 2)
 - 3)



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 - 3) **Create posterior sclerotomies to drain blood**



Expulsive Choroidal Hemorrhage

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Expulsive choroidal hemorrhage is the most

Real talk: How likely is it that intra-op sclerotomies will successfully drain the blood?

2) Suture the wound closed
3) **Create posterior sclerotomies to drain blood**



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Expulsive Choroidal Hemorrhage

- Expulsive choroidal hemorrhage is the most
- *Real talk: How likely is it that intra-op sclerotomies will successfully drain the blood?*
Not very



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Because it clots very rapidly in the suprachoroidal space



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- *What may need to occur before the blood can be removed?*

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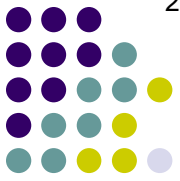
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Clot liquefaction

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How long post-event does liquefaction occur?

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- *How long post-event does liquefaction occur?*
7-14 days

2) Suture the wound closed

3) **Create posterior sclerotomies to drain blood**



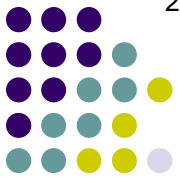
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7-14 days
- *How can you tell that liquefaction has occurred?*

2) Suture the wound closed

3) **Create posterior sclerotomies to drain blood**

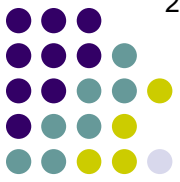


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- *What may need to occur before the blood can be removed?*
Clot liquefaction
How long post-event does liquefaction occur?
- 7-14 days
How can you tell that liquefaction has occurred?
Serial *b*-scans (an experienced sonographer can recognize u/s signs of liquefaction)

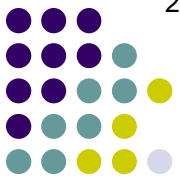
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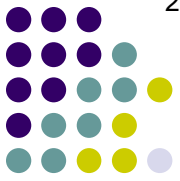
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- Post-op, how should IOP be managed?



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 - 1) **Put your finger on the wound to seal it**
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- Post-op, how should IOP be managed?
Leave it elevated (will tamponade the bleed)

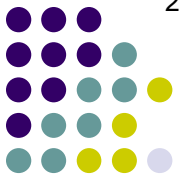


Delayed

~~Expulsive~~ **Choroidal Hemorrhage**

Q

- ***Delayed*** choroidal hemorrhage is another complication of cataract extraction. How does it present?
 -
 -
 -



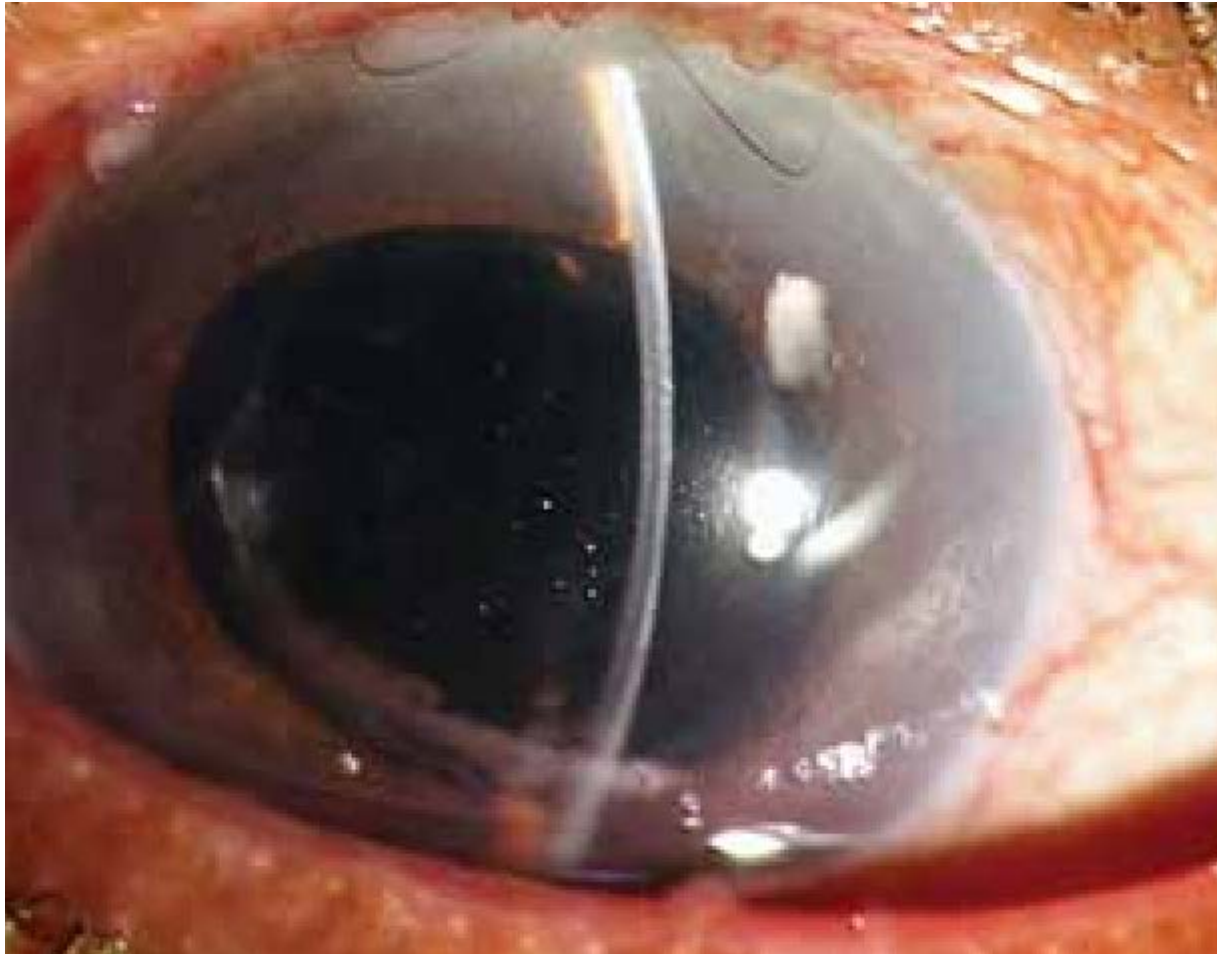
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Delayed ~~Expulsive~~ Choroidal Hemorrhage

- ***Delayed*** choroidal hemorrhage is another complication of cataract extraction. How does it present?
 - Sudden pain
 - Decreased vision
 - Shallow AC

Delayed

Expulsive **Choroidal Hemorrhage**



Delayed choroidal hemorrhage: Shallow AC

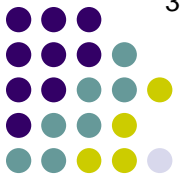


Delayed

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Q

- ***Delayed*** choroidal hemorrhage is another complication of cataract extraction. How does it present?
 - Sudden pain
 - Decreased vision
 - Shallow AC
- How should it be managed?
 - Medically
 - Surgery



Q/A

Delayed Expulsive [^]Choroidal Hemorrhage

- **Delayed** choroidal hemorrhage is another complication of cataract extraction. How does it present?
 - Sudden pain
 - Decreased vision
 - Shallow AC
- How should it be managed?
 - Medically w/ + +
 - Surgery



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- ***Delayed*** choroidal hemorrhage is another complication of cataract extraction. How does it present?
 - Sudden pain
 - Decreased vision
 - Shallow AC
- How should it be managed?
 - Medically w/ cycloplegia + steroids + hypotensives
 - Surgery



Delayed

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 - Sudden pain
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Should topical, or systemic steroids be used?



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Both



Delayed

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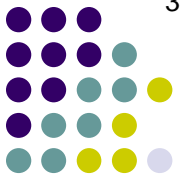
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Should topical, or systemic steroids be used?

Both

Should topical, or systemic hypotensives be used?



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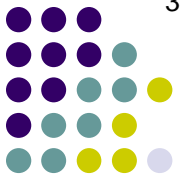
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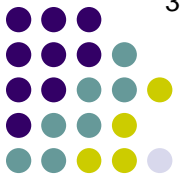
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 - Sudden pain
 - Decreased vision
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- How should it be managed?
 - Medically w/ cycloplegia + steroids + hypotensives
 - Surgery should be considered if...
 - the AC is unacceptably shallow
 - the IOP is unacceptably high
 - 'kissing choroidals' are present



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How should it be managed?
What does it mean to say choroidals are kissing?

s + hypotensives

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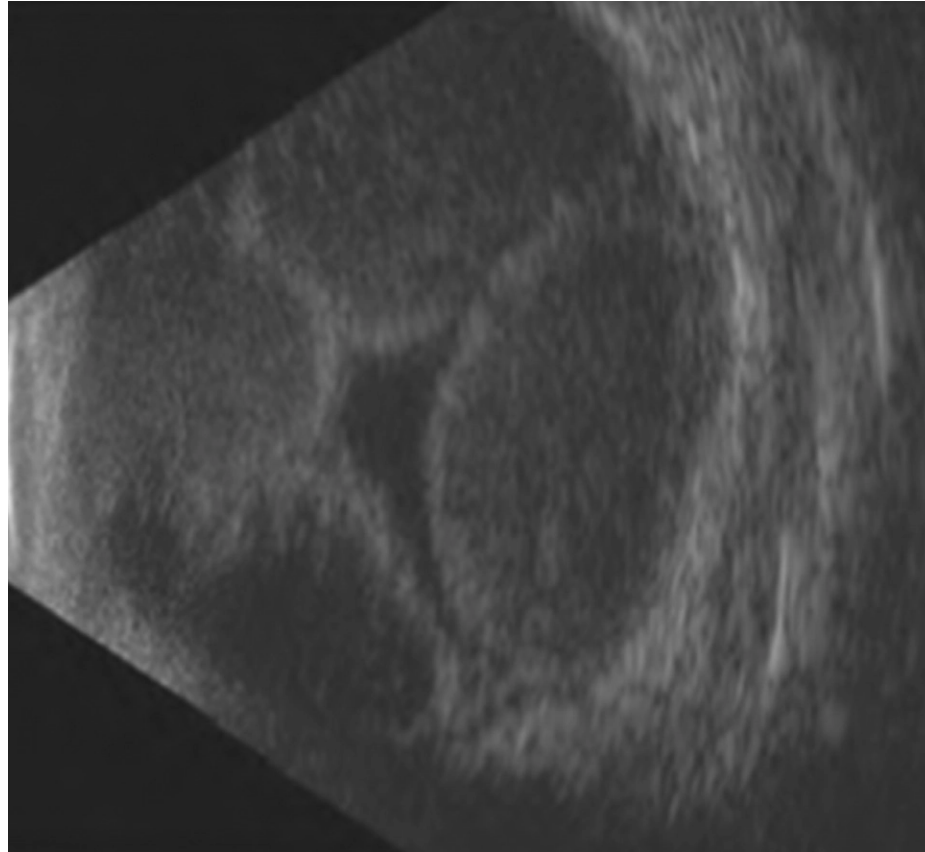
It means they are causing the retinal surface to appose itself

s + hypotensives

- the IOP is unacceptably high
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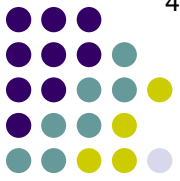
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Appositional ('kissing') hemorrhagic choroidal detachments

Delayed choroidal hemorrhage: *b*-scan



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What does it mean to say choroidals are kissing?

It means they are causing the retinal surface to appose itself

Why is this a problem?

- the IOP is unacceptably high
- **'kissing choroidals'** are present

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What does it mean to say choroidals are kissing?

It means they are causing the retinal surface to appose itself

Why is this a problem?

Because if the retina apposes itself for too long, an adhesion may form between them

- the IOP is unacceptably high
- **'kissing choroidals'** are present

s + hypotensives