

History:

What activity? Grinding, hammering metal, working with wood. Eye protection worn?

What kind of foreign body? Metal, wood.

Could it have penetrated into the globe? More likely with high forces.

Symptoms? Irritation, pain, redness, tear-like discharge.

Locate the foreign body:

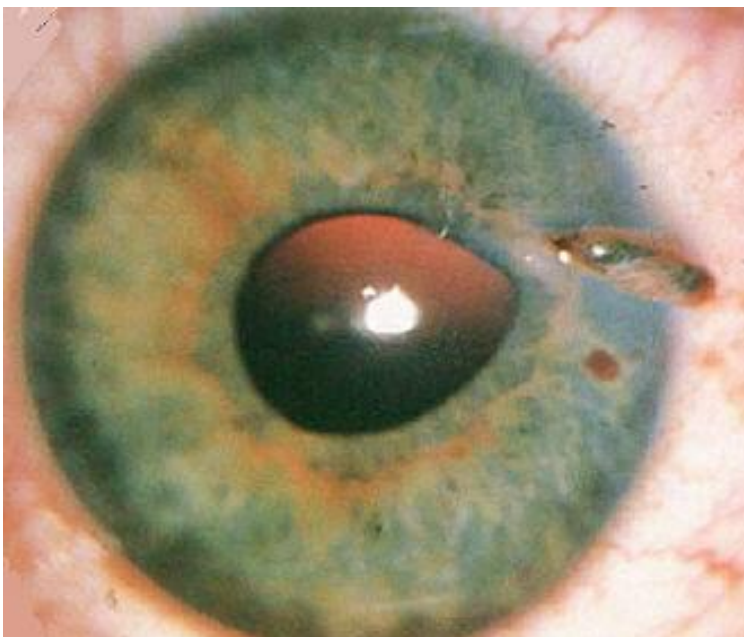


Apply local anaesthetic

Examine the eye with a slit lamp

If nothing is visible evert the eyelid:

- Press on the lid crease with a cotton bud
- Pull the eyelashes away and upwards



If there is still nothing visible are there signs of penetration?

- Pupil irregularity
- Hyphaema
- Corneal/scleral breaks
- Loss of red reflex (vitreous haemorrhage)

Remove the foreign body

Do not remove penetrating objects that are embedded!

First try brushing lightly against the foreign body with a cotton bud.

Have the patient sit at the slit lamp with head firmly against the forehead and chin rests, eyes open and fixed on something.

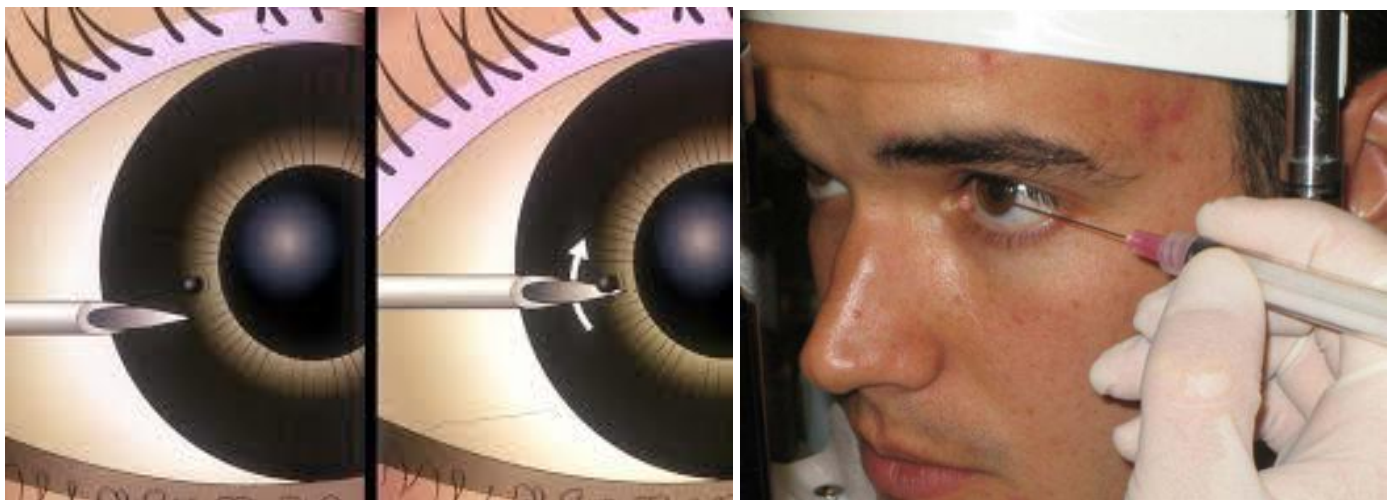
Stabilise your hand on the patient's cheek or the slit lamp to prevent sudden slips which may lead to injury.

Bring the cotton bud in from a lateral direction and lightly brush against the FB.

If a cotton bud doesn't work

Try the same procedure with the tip of a needle. You can attach this to a syringe if this makes it easier to hold.

Keep the tip pointing away from the globe and use the bevelled edge to lift the FB.



Discharge and follow up

Advise the patient to avoid contact lenses for at least one week and until asymptomatic.

Provide chloramphenicol ointment or eyedrops if there is an associated abrasion.

Refer to ophthalmology if there are signs of associated infection, penetrating eye injury, severe abrasion, persistent FB or rust rings.

If a foreign body cannot be removed in ED or there are persistent rust rings ophthalmology will be able to remove these with a motorised burr.