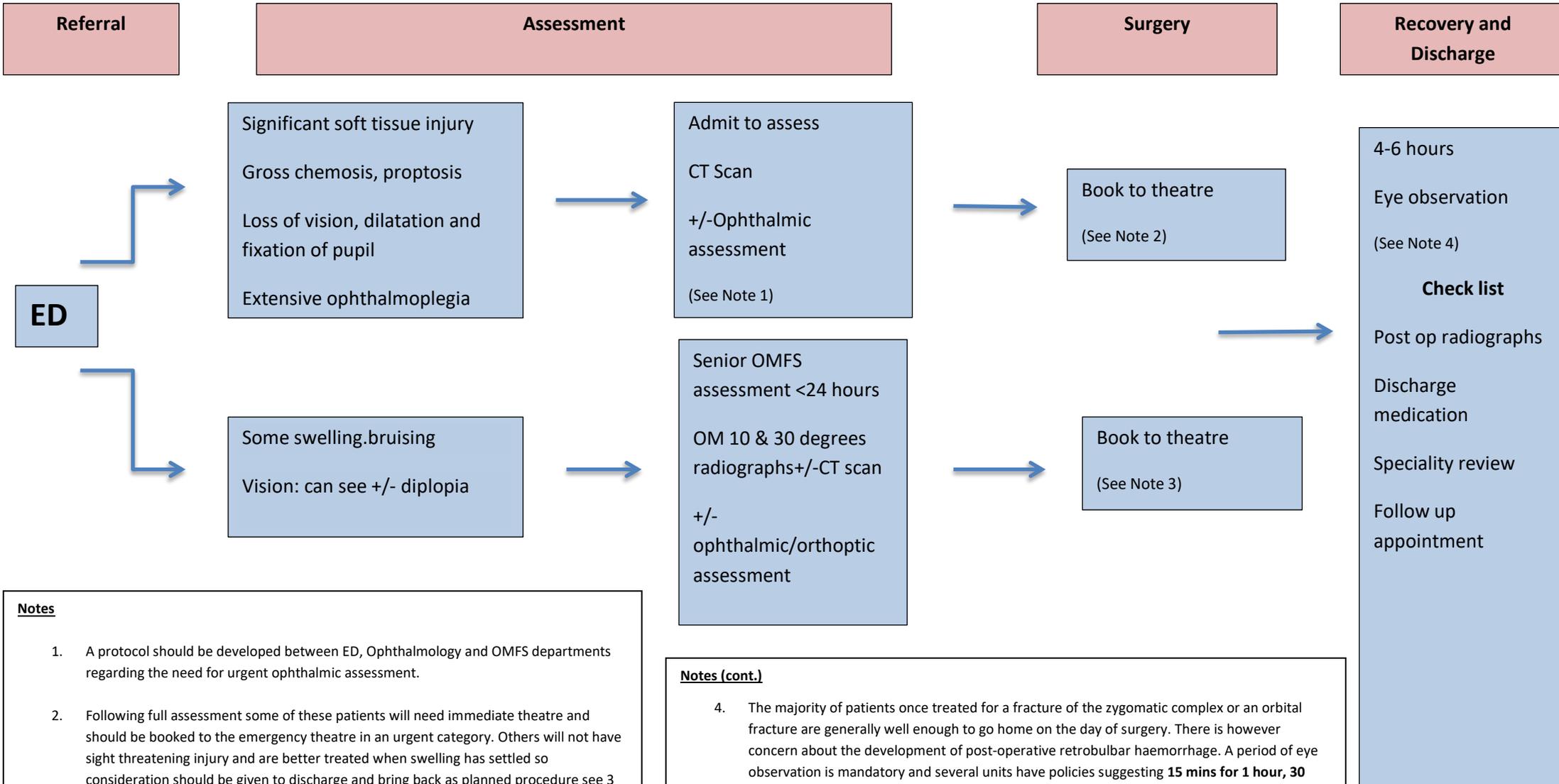


# Isolated Fractured Zygomatic Complex/Orbit Pathway



**Notes**

1. A protocol should be developed between ED, Ophthalmology and OMFS departments regarding the need for urgent ophthalmic assessment.
2. Following full assessment some of these patients will need immediate theatre and should be booked to the emergency theatre in an urgent category. Others will not have sight threatening injury and are better treated when swelling has settled so consideration should be given to discharge and bring back as planned procedure see 3 below.
3. Patients seen for assessment on a speciality trauma assessment clinic should be booked to a planned theatre slot. This ideally should be a day case list. Treating these injuries as day cases is still controversial see 4 below

**Notes (cont.)**

4. The majority of patients once treated for a fracture of the zygomatic complex or an orbital fracture are generally well enough to go home on the day of surgery. There is however concern about the development of post-operative retrobulbar haemorrhage. A period of eye observation is mandatory and several units have policies suggesting **15 mins for 1 hour, 30 mins for 2 hours, 60 minutes for 3 hours** is adequate. Others however maintain 12 hours of observation required. BADS (British Association of Daystay surgery) have suggested that 60% of patients are suitable for Day surgery. Recent HES data published by BADS 2019 shows that the top 25% of units achieve 21% day case and the top 5% 84% day case