Letters

Thoughts on Orbital Floor Fracture Repair

I write in response to "Orbital Floor Fracture Repair: When Less Is More" (Clinical Update, February).

The oft-quoted Yogi Berra once said, "This is like déjà vu all over again." I had this experience when I read this article. As a resident at the Jules Stein Eye Institute in 1978, I fought the same battle in the emergency room with the plastic surgery and ENT residents over orbital floor fracture repair. I would be called to see a patient in the ER with orbital trauma and would ask him to schedule a follow-up in the eye clinic in a week. These patients would rarely show up for their appointments, and I finally learned that they had been intercepted by plastics or ENT and taken to surgery.

I recently spoke to Albert Dal Canto, who coauthored "Comparison of Orbital Fracture Repair Performed Within 14 Days Versus 15 to 29 Days After Trauma,"[1] and he stated that he not infrequently does surgery to attempt to repair the complications of early orbital fracture repair performed by nonophthalmologists.

There is a growing multidisciplinary movement called "Choosing Wisely," in which the members of a number of specialties were asked to identify five tests or procedures that are at best unnecessary and at worst harmful to the patient. The Academy responded with a list including preoperative medical tests, imaging studies, antibiotics for pink eye and for eye injections, and punctal plugs for dry eye.[2] I would add a sixth item, which would be not to perform urgent orbital fracture repair except in infrequent conditions such as the white-eyed blowout. We need to educate our nonophthalmology colleagues on the proper approach to orbital fractures both on an individual and a professional-society level.

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1 Dal Canto AJ, Linberg JV. *Ophthal Plast Reconstr Surg.* 2008;24(6):437-443.
2 Parke DW II et al. *Ophthalmology.* 2013;120(3):443-444.