QOMS - Isolated Orbital Fracture

Date of collection D D M M Y Y | Collected by:

Patient identifiable information

NHS, CHI or Hospital number ☐☐☐☐☐☐☐☐☐☐

Postcode (UK only) ☐☐☐☐☐☐☐☐

DOB D D M M Y Y

Sex Female ☐ Male ☐

Aetiology, risk factors & presentation

How was the patient injured? Tick one only

- Alleged assault ☐
- Non-mechanical fall (fainting, epilepsy) ☐
- Sports & Exercise ☐
- Work-related injury ☐
- Road traffic accident * ☐
- Mechanical fall (trip, slip) ☐
- Self-harm / suicide attempt ☐
- Other not listed above ________

*** Indicate the circumstance of RTA**

- Motor vehicle occupant ☐
- Pedestrian vs. car ☐
- Cyclist vs. car ☐
- Pedestrian vs cyclist ☐
- Scooter vs. car ☐
- Pedestrian vs. scooter ☐

ASA

- No systemic disease ☐
- Severe systemic disease, not life-threatening ☐
- Mild systemic disease ☐
- Severe, life-threatening ☐
- Moribund patient ☐

Smoking status Non-smoker ☐ Ex-smoker ☐ On vape ☐ Smoker ☐

Number of cigarettes a day 1-5 ☐ 6-10 ☐ 10-20 ☐ 20+ ☐

Did the patient consume alcohol at the time of injury? Y N

Does the patient have a medical history of alcohol excess? Y N

Presentation

Did the patient have any other injuries?

- No other injuries ☐
- Contralateral midface, frontal, zygomatic fractures ☐
- Nasal bones ☐
- Other injuries outside the head and neck region ☐

Dating

Date of injury D D M M Y Y

Date of assessment D D M M Y Y

Did the patient have a CT scan prior to surgery? Y N → **Date of CT scan** D D M M Y Y

Did the patient have their vision check by an ophthalmologist and/or an orthoptist prior to surgery? Y N

Date of vision check D D M M Y Y

Date of admission D D M M Y Y

Date of surgery D D M M Y Y

Was this planned as a day care procedure? Y N

Location and treatment of fracture

Location		L	R		L	R
	Isolated floor	☐	☐	Isolated roof	☐	☐
	Isolated medial wall	☐	☐	Isolated lateral wall	☐	☐

	Method of access			Types of implants (tick all that apply, see below for codes)									Operating surgeons (tick all that apply)		
	Transconjunctival	Sub ciliary / Eyelid	Infra orbital crease	0	1	2	3	4	5	6	7	9 *	Consultant	Registrar-level trainee	Pre-registrar trainee
Left isolated floor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left isolated medial wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left isolated roof	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left isolated lateral wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Right isolated floor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Right isolated medial wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left isolated roof	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left isolated lateral wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Code for implants

0 No fixation or reconstruction

1 Resorbale sheet (e.g. PDS)

2 Titaniummesh (adapted in theatre)

3 Off -the-shelf pre-formed plate

4 Titanium PSI made in hospital

5 Titanium PSI - company-made

6 Medpore / Ti covered medpore

7 Bone

9 Other not listed above - give details below

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In-hospital postoperative period

Was there a post-operation complication(s) before the patient was discharged? Y → Complete this section; N → Skip to Discharge

Did the patient unexpectedly return to theatre before discharge? Y N **Date of return to theatre** D D M M Y Y

Reason(s) for unexpected return to theatre. Tick all that apply

- Persistent double vision ☐
- Draining retrobulbar haemorrhage ☐
- Removal of implant prosthesis ☐ → **Reasons for removing implant prosthesis.** Tick all that apply
  - Infection ☐
  - Poor positioning ☐
  - Muscle entrapment ☐
- Blindness ☐
- Other (give details in box) ☐

Nature and severity of post operation complication(s) that did not require return to theatre

Discharge

Date of discharge D D M M Y Y

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Readmission within 90 days after discharge

Was the patient readmitted to hospital within 90 days of discharge of index admission?

Y → Complete this section

N → Go to visual complications

Date of readmission D D M M Y Y

Reasons for readmissions

- Draining retrobulbar haemorrhage ☐
- Persistent double vision ☐
- Enophthalmus ☐
- Other not listed above ☐
- Restriction in eye movement / muscle entrapment ☐
- Chronic infection ☐
- Plate malposition ☐

Did the patient require further (unplanned) procedure to correct this / these issues?

Y → Date of return to theatre D D M M Y Y

N

What was the treatment?

- Removal of implant(s) with no replacement ☐
- Removal of implant(s) with replacement ☐
- Repositioning of implant(s) ☐
- Drainage of infection / Haematoma ☐
- Other not listed above ☐

→ Was a custom made implant used? Y N

Presence of visual complications at 90 days after discharge

Complication			Complication		
Reduced visual acuity	Y	N	Enophthalmos	Y	N
Persistent double vision	Y	N	Exophthalmos	Y	N
Ectropion	Y	N	Infection from implant	Y	N
Other (provide details)	Y	N			