

DO NOT FORGET · THE SHORT CHECKLIST

Lateral canthotomy and cantholysis

Sight-saving decompression of the orbit by dividing the lateral canthus and inferior crus of the lateral canthal tendon in orbital compartment syndrome, usually from retrobulbar haemorrhage.

EM Orbit

Patient reference	Date	Time	Completed by

The 10 steps that must not be missed

- [ ] **BEFORE**
  Measure the intraocular pressure only if there is no suspicion of globe rupture.
  A pressure above about 40 mmHg is the commonly cited threshold for decompression.

- [ ] **BEFORE**
  Do not delay treatment to obtain CT or specialist opinion if the clinical diagnosis is clear and vision is threatened.
  Time-critical: irreversible visual loss can occur within about 90–120 minutes.

- [ ] **BEFORE**
  Exclude open globe: look for a peaked or teardrop pupil, severe hypotony, prolapsed uveal tissue, 360° subconjunctival haemorrhage, a deep anterior chamber or Seidel positive.

- [ ] **BEFORE**
  If globe rupture is suspected, do not perform canthotomy; protect the eye with a rigid shield, avoid any pressure and escalate to ophthalmology.

- [ ] **DURING**
  Aspirate before injecting, and avoid injecting into the orbit or near the globe.

- [ ] **DURING**
  With the blunt-tipped scissors, cut along the crush line through skin and conjunctiva to the lateral orbital rim.
  Keep the scissors pointed away from the globe, and do not press on the eye.

- [ ] **DURING**
  Direct the scissors toward the inferior orbital rim and cut the inferior crus of the lateral canthal tendon, close to the rim, using small snips until the lower lid is released and loosens from the orbital rim.
  Keep the scissor tips away from the globe.

- [ ] **DURING**
  Control any bleeding with pressure on the wound edges, not on the globe.
  Bleeding is usually minimal.

- [ ] **AFTER**
  Do not suture or close the canthotomy; leave it for ophthalmology to repair.

- [ ] **AFTER**
  Apply lubricating ointment to the eye and protect it with a shield; avoid any pressure on the globe.

The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.