The risk of secondary haemorrhage after hyphaema can be reduced by using topical steroids and oral tranexamic acid

The Science behind the Tip

A hyphaema is a common and usually innocuous consequence of blunt injury or ocular surgery. However, the secondary haemorrhage that may follow can cause a significant rise in the IOP, resulting in corneal blood staining and optic atrophy. The risk of secondary haemorrhage is reduced by about half by using topical steroids\(^1\). Oral tranexamic acid is also effective in preventing re-bleed and should be considered in patients with a large hyphaema\(^2\). Aspirin should be avoided.

Surgical intervention is needed when the IOP elevation cannot be controlled medically. The indications for surgery are arbitrary, but a reasonable approach is to consider intervention in patients whose IOP is more than 50mmHg for 2 days or in those with a total hyphaema that does not clear within 5 days\(^3\).

References


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