



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 steroids¹. Oral tranexamic acid is also effective in preventing re-bleed and should be considered in patients with a large hyphaema². 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 days³.

References

- 1) NgS, Strong ND, Sparrow JM, Rosenthal AR. Factors related to the incidence of secondary haemorrhage in 462 patients with traumatic hyphaema. *Eye* 1992; 6: 308-12.
- 2) Gharaibeh A, Savage H, Scherer RW et al. Medical interventions for traumatic hyphaema. *Cochrane Review* 2013 DOI 10.1002/14 651858.CP 005431.
- 3) Walton W, Von Hagen S, Grigorian R, Zarbin M Management of traumatic hyphema. *Surv Ophthalmol* 2002; 47: 297-334