

Lecture summaries

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Corneal and Eyelid Emergencies

Corneal and eyelid disease accounts for many true ophthalmic emergencies presenting to emergency and critical care services. This lecture focuses on rapid recognition and initial management of corneal ulcers, melting keratitis, chemical injuries, eyelid trauma, exposure keratopathy, and globe proptosis. Emphasis is placed on identifying time-critical lesions, instituting appropriate first-line therapy, providing effective analgesia, and preventing irreversible vision loss. Practical decision-making tools are provided to help clinicians determine which cases require immediate intervention, urgent referral, or stabilisation prior to definitive ophthalmic care.

Learning goals

1. Identify true corneal emergencies on presentation
2. Differentiate painful vs vision-threatening disease
3. Initiate appropriate immediate treatment for corneal injury, eyelid trauma, and globe proptosis
4. Know when delay causes permanent harm

Intraocular emergencies

Intraocular disease is a common but frequently under-recognised cause of acute vision loss in emergency patients. This lecture reviews the presentation and initial management of uveitis, glaucoma, hyphaema, lens luxation, and trauma-related intraocular emergencies. Delegates will learn how to differentiate clinically similar presentations, avoid common pitfalls, and prioritise interventions when time is critical. The session focuses on practical triage, early treatment decisions, and appropriate referral to optimise patient comfort and visual outcomes.

Learning goals

1. Identify clinical features suggestive of intraocular emergencies
2. Distinguish between common causes of red eye and acute vision loss
3. Initiate appropriate early management for uveitis, glaucoma, and intraocular haemorrhage
4. Avoid common diagnostic and therapeutic errors in the emergency setting

Ocular manifestations of systemic disease

Ocular abnormalities may be the first or most visible indicator of serious systemic disease in emergency and critical care patients. This lecture explores how changes in the eye can reflect underlying vascular, neurologic, metabolic, infectious, and inflammatory disorders. Emphasis is placed on hypertension, coagulopathies, neurologic disease, and diabetes mellitus. We will discuss how to interpret ocular findings within the wider clinical context, recognise red flags for life-threatening disease, and use the ophthalmic examination to guide diagnostic prioritisation and case management.

Learning goals

1. Recognise ocular signs associated with significant systemic disease
2. Identify ophthalmic findings suggestive of hypertension, neurologic disease, and diabetes mellitus
3. Integrate ocular examination findings into emergency diagnostic and triage decisions
4. Avoid misdiagnosing systemic illness as isolated primary ocular disease