



**Figure 8-1.** This is a case of a young child with an open globe from a BB gun. The peritomy is performed only locally to expose the obvious wound in this case.

It's a good idea to prep these eyes yourself. The globe is soft, and you do not want to put any unnecessary pressure on the globe.<sup>1</sup> The wound is often dirty as well, so this is another reason to do the prep yourself—to make sure it's done well. General anesthesia is preferred in these cases, to prevent extrusion of intraocular contents due to coughing, valsalva, etc, and because this is just more comfortable for patients, as globe repairs can take several hours.<sup>2</sup> After the prep, the first step is to inspect the eye. It's usually a good idea to do a 360-degree peritomy and evaluate all quadrants just to make sure there are no additional lacerations (although this is not necessary in some cases where there is clearly a single entry wound; Figure 8-1). Keep in mind that the most common locations for globe ruptures in blunt trauma are at the limbus and behind the rectus muscles.<sup>3</sup> Make sure to inspect the limbus carefully, as ruptures can hide under the anterior “skirt” of the peritomy. If there is any suspicion that the laceration might run behind a muscle, isolate the muscles as you would for a buckle and look under the muscle carefully.

Once you have identified the laceration, it's time to start suturing. Let's talk about scleral lacerations first. The classic teaching is to use 8-0 nylon on the sclera, 9-0 nylon at the limbus,