Lateral canthotomy revisited: A refined surgical approach for orbital access

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Background

- Lateral canthotomy frequently accompanies transconjunctival incision
- Improves access to lateral orbit and floor
- Commonly described as 3-5 mm transverse incision through lateral skin crease
Background

- Despite benefits, may lead to unpredictable healing

- High complication within literature (34.8%)\(^1\)
  - Canthal rounding, scleral show, ectropion

- Nonetheless, still frequently performed
Evaluate a modified lateral canthotomy which may minimize lateral canthal abnormalities
Methods: Surgical technique
Methods

Study Design

Retrospective study of transconjunctival incision with modified lateral canthotomy

Primary outcome

Rates of complication (canthal rounding, ectropion, etc.)
Results

- 47 orbital floor repairs
- Patients followed for 20.7 weeks (range, 0.4 - 132.1)
- No patients demonstrated rounding of the lateral canthal angle, ectropion, entropion, or other aesthetic concerns.
Results: Surgical Exposure
Discussion

Traditional transverse canthotomy may damage delicate structures at their insertion.

Release of inferior tendon alone eliminates need for reinsertion of lateral canthus.

Modified incision preserves a segment of tarsus on either side, facilitating re-approximation of tarsal plate.
Conclusion

Inferior canthotomy decreases canthal abnormalities compared with traditional canthotomy while affording similar surgical exposure
Thank You!