

# EYE CARE: PRE AND POST SURGERY - CHW PROCEDURE<sup>®</sup>

## DOCUMENT SUMMARY/KEY POINTS

- This document provides specific information on pre-operative, perioperative and post-operative eye care.
- Optimal eye care is essential in order to minimise the risk of complications and enhance healing of the eye post-operatively.

The following procedures are outlined:

1. Administration of eye drops and ointment
  - general principles of pre-operative eye drops for dilating the eye
  - general principles of post-operative eye drops and ointments
2. Eye Care
3. Assessing / examining the eye
4. Common eye procedures and conditions
5. Post-operative care

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> December 2022	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Clinical Nurse Consultant	<b>Area/Dept:</b> Ophthalmology - CHW

## CHANGE SUMMARY

- Document due for mandatory review.
- Changes to wording and format

## READ ACKNOWLEDGEMENT

- All registrars and nursing staff caring for children with eye conditions should read and acknowledge this procedure.

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# 1 Pre-operative Eye Drops

## 1.1 General Principles

### Used for:

- Adequate dilation of the pupil and cycloplegia for surgery or examination

### Drop regime

- Commence dilating orders 1 hour prior to surgery
- Dilating eye drops can be charted using a Standing Order. For further information refer to the Standing Order Protocols for Cyclopentolate, Phenylephrine and Tropicamide

[Cyclopentolate Hydrochloride Eye Drops - Eye Clinic and Middleton Ward - CHW](#)

[Phenylephrine Eye Drops - Eye Clinic & Middleton Ward CHW](#)

[Tropicamide Eye Drops - Eye Clinic & Middleton Ward CHW](#)

	Cyclopentolate 0.5% (<10kg or <1yr) 1% (>10kg and >1yr)	Phenylephrine 2.5%  * No repeats	Tropicamide 0.5%(<10kg or <1yr) 1% (>10kg and >1yr)	<b>Repeat if necessary</b> (20 mins later) Cyclopentolate ONLY 0.5% (<10kg or <1yr) 1% (>10kg and >1yr)
<b>Blue eyes</b>	1 drop (each eye)	1 drop (each eye)	Nil	1 drop (each eye)
<b>Light brown eyes</b>	1 drop (each eye)	1 drop (each eye)	*PRN in consultation with medical staff for children with special condition	1 drop (each eye)
<b>Dark brown eyes</b>	1 drop (each eye)	1 drop (each eye)	1 drop (each eye)	1 drop (each eye)

- Check the pupil with a torch (15 to 45 minutes after drops) to ensure that the medication has caused the pupil to dilate and become non-reactive to light. If after completing the drop regime and the drops have had little effect contact the attending surgeon for further instructions.
- Local Anaesthetic eye drops may also be given using the Standing Order Protocol at the discretion of the consulting ophthalmologist

[Oxybuprocaine Eye Drops - Eye Clinic & Middleton Ward CHW](#)

[Tetracaine Eye Drops - Eye Clinic & Middleton Ward - CHW](#)

### **When to use dilating eye drops**

- Examination under anaesthetic (EUA)
- Laser/cryotherapy (If child has glaucoma, check with surgeon prior dilating)
- Electroretinogram (ERG)
- Cataract Surgery, Capsulotomies
- Enucleation
- Intravitreal injection (of antibiotic or steroid)
- Retinal Surgery:
  - Vitrectomy, membranectomy
  - Persistent hyperplastic primary vitreous –PHPV
  - Cryotherapy for repair of retinal detachment,
  - Scleral buckle and gas exchange procedure

### **When not to use dilating eye drops**

- Glaucoma patients (check with Ophthalmologist if needed)
- Trabeculectomy, Trabeculotomy, Goniotomy
- Insertion of glaucoma drainage device such as a Baerveldt tube

## **2 Administering Drops and Ointment**

### **2.1 Pre & Post-Operative**

1. Check the drops/ointment against the medication orders as per hospital policy.
2. Perform hand hygiene and don PPE if required
3. Optional: Cleaning the eye may be required
4. Perform 'principles of safe medication administration' including minimum 5 rights medication check, as per [SCHN Medication Administration Practice Guideline](#)
5. **Position the child:** Infants may be comforted by wrapping them. Older children can lie down. If the child's co-operation can be gained, ask child to look up and gently pull down on the lower lid. If not place the thumb and first finger gently on the upper and lower lids, close to the lashes and carefully pull the lids apart, being sure not to apply any pressure to the globe of the eye.

6. For drops: Squeeze ONE drop of liquid into the middle to outer quadrant of the pouch. Hold the medication in the eye by pressing against the lacrimal area, or close eyes and avoid blinking for one minute (see Figure 1).

**Closed Eye Technique** for patients who have difficulty with direct administration into the eye:

- o patient to lie flat with head tilted back
  - o administer ONE drop onto the closed eyelid in the nasal corner
  - o ask the patient to open the eye and close it gently once the drug has entered it
7. **For ointment:** hold the tube parallel to the eye and then squeeze a ribbon approximately 0.5cm to 1 cm of ointment into the pouch. Commence applying the ointment at the inner canthus. Do not touch the eye, lids or lashes with the dropper or the nozzle. Release the lid and allow the child to blink to spread the ointment. Discourage the child from rubbing his/her eyes.
  8. Wipe away the excess liquid/ointment with a clean, plain tissue and wash hands. Avoid close contact with the eye to prevent wicking away the eye drop solution. The child may complain of blurred vision. This is normal while the ointment is melting and should subside after 30 minutes.
  9. Label the drops/ointment and use only for the child prescribed. Keep refrigerated if indicated.
  10. Discard once dilation or prescription has been completed, or medication has expired.

**Figure 1: Instilling Topical Eye Medication**



## 3 Post-Operative Drops/Ointment

### 3.1 General Principles

- Post-op drops may include one, two or three different drugs. Some drugs may prevent the absorption and action of others if given in succession.

**NOTE:** Always wait 3 to 5 minutes after each drop for absorption to take place

- If drops and ointment are ordered, instil drops first, otherwise the ointment will interfere with the absorption of the drops.
- Clean the eye prior to the next eye drop or ointment application.
- In some cases, preservative-free preparations may be preferred (e.g. laceration or penetrating eye injury) as preservatives can cause intraocular irritation and inflammation, confirm with Ophthalmologist
- For optimal benefit the drops should be given in the following order:
  - i. Mydriatics (dilators) e.g. Atropine
  - ii. Miotics (constrictors) e.g. Pilocarpine.
  - iii. Antibiotics e.g. Chloramphenicol (Chloromycetin®).
  - iv. Beta blockers e.g. Timolol (Timoptol®).
  - v. Steroids e.g. Dexamethasone (Maxidex®).

## 4 Eye Care

The eye should be cleaned:

- when there is discharge
- post-operatively prior to instilling drops/ointment as charted by doctor.

### **Equipment required:**

- Sterile gallipot
- A number of sterile eye gauzes
- Ampoule of sodium chloride 0.9% (room temperature)
- Sterile eye pad and/or eye shield (if ordered)
- Adhesive tape – pre cut
- Non-sterile gloves
- Plastic bag or bin for appropriate discarding of dressings



## 4.1 Procedure

1. Prepare child and carer by explaining procedure, ensuring privacy.
2. Position comfortably with the head well supported.
3. Wash hands.
4. Open gallipot and eye gauze and pour saline.
5. Don gloves
6. As per doctors' orders remove eye pad and discard. An eye shield is often used for intraocular surgery or penetrating eye injury. The shield is a single patient use item. Wash shield in warm soapy water daily, rinse and dry shield well.
7. Remove and discard used gloves, wash hands again and put on clean gloves.
8. Moisten gauze swab and gently clean the affected eye in one direction, from the inner canthus to the outer, using the swab only once. A moist swab should always be used for eye care to lessen irritation and avoid lint entering the eye.
9. Observe for any abnormalities (see examination of eye below).

NOTE: Forceps are never used to clean the eye as they may cause trauma.

**Figure 2: Eye Pad Application**



10. Apply a sterile eye pad or shield if ordered as shown on in Figure 2 above. If using an eye pad make sure eye is closed underneath - if patient has deep set eyes it may be necessary to fold pad in half.

**NOTE:** A corneal abrasion may result if eye is opened underneath the eye pad.

Eye pad should be placed so that the inner edge covers half the bridge of the nose.

Adhesive tape should be placed diagonally over the pad, taping from forehead to cheek.

11. Ensure the child is comfortable. Discard equipment and wash hands.
12. Sign medication administration in eMR if treatment has been instilled.

## 5 Procedure for Examining/Assessing the Eye

- A torch is essential for accurate assessment.
- The eye should be examined from the outside inwards.
- Always look at the patient's face as a whole to determine facial symmetry, noting any obvious ptosis (drooping eyelid), proptosis (eye pushed forward).

Then proceed as follows:

### Lids

- Compare eyes, noting any facial asymmetry, lid swelling bruising, itching or discharge.

### Conjunctiva

- Observe the conjunctiva for the degree of injection (redness), oedema (chemosis), sub-conjunctival haemorrhage.

### Cornea

- The cornea should be clear.
- Note any clouding or smaller opacities.

### Anterior Chamber

- Observe the depth.
- Note the presence of blood (hyphema) or pus (hypopyon) in the anterior chamber.

### Pupil

- Observe the position (central), shape, size and reaction to light of the pupil. Any asymmetry of the pupil may be indicative of iris/wound prolapse or trauma.<sup>1</sup>

## 6 Instructions for Common Eye Procedures and Conditions

For all ophthalmology day surgery patients the length of post-operative stay should be in accordance with [Care of Patients in Middleton Day Surgery Unit - CHW](#) guidelines. For infants and children with complex medical conditions a longer stay may be required at the discretion of the surgeon and anaesthetist.

### 6.1 Procedures and Conditions

#### 6.1.1 Examination under Anaesthetic (EUA)

An EUA may be done if a child is unable to have an examination in the outpatient department. (i.e. indented examination and photos of the retina.)

#### 6.1.2 Lacrimal Probing and syringing

This procedure aims to unblock the tear duct. A probe is inserted through the punctum into the tear duct, opening the structure. A syringe with fluid and a small cannula is introduced into the punctum and the fluid is pushed through flushing the lacrimal duct.

#### 6.1.3 Strabismus/Squint

Strabismus or squint is a misalignment of the eyes, in any direction. Strabismus surgery aims to either strengthen or weaken the function of certain eye muscles. On the day of surgery a patient may need to go to the eye clinic for "measurements" by an orthoptist prior to squint surgery.

#### 6.1.4 Chalazion

A chalazion is a firm non-tender lump on the eye lid. The cause of the lump is due to a blocked Meibomian gland. The Meibomian gland produces oil and once the gland is blocked a chronic sterile inflammation appears under the eye lid.<sup>2</sup>

#### 6.1.5 Ptosis

Ptosis is drooping of the upper lid which may occur unilaterally, bilaterally, constant or intermittent. It may be congenital, caused by failure of development of the upper levator muscle or it may be acquired through trauma, tumour or oedema.<sup>3</sup>

A Frost suture can be placed on the eye lid. Frost sutures are a temporary stitch that closes the eye lids together.

- Ptosis procedure may be performed as a Day Surgery or one night admission.
- Usually discharged day 1 - Frost suture (if used) is usually removed in the Eye Clinic prior to discharge by Ophthalmology CNC or Registrar.
- Due to poor blinking and poor lid closure after the procedure, ensure parents are educated to apply copious lubrication ointment especially at night to avoid corneal exposure.<sup>3</sup>

### 6.1.6 Dacryocystorhinostomy (DCR)

A DCR is performed to create a new drainage channel for the tears into the nasal cavity. Sometimes a tube is left inside the nose for 3-6 months to maintain the patency of the new drainage channel.

#### Post surgery:

Observe for bleeding from wound or nostril. A small trickle of blood ooze from nostril may occur, however if bleeding continues or increases from nostril apply pressure and/or cool pack to nasal bridge and contact Eye Registrar. Apply antibiotic ointment to nasal bridge wound and instil eye drops as ordered. Avoid hot food and drinks and limit high intensity activity as suggested by ophthalmology team.

### 6.1.7 Lensectomy

Lensectomy is the term used for the removal of a lens in a child. This procedure may be done to remove a cloudy/opaque lens called a cataract. Sometimes a lensectomy is performed for lens dislocation (ectopia lentis)<sup>4</sup>. In children the lens is often soft and can be aspirated during a lensectomy. In an adult the lens is harder and may need to be removed in one piece or broken up by ultrasound into smaller bits and then removed (Phacoemulsification).

Sometimes an intra-ocular lens (IOL) is inserted during the same operation. The lens implanted is made of acrylic and stays in the eye permanently. For younger children or after a traumatic cataract the patient may remain aphakic (no lens) until it is appropriate for an artificial lens to be surgically inserted.

#### Post Surgery:

After the surgical wound has healed a refraction test is performed by the Ophthalmologist.

If contact lenses are required they are prescribed, and then ordered by the Eye Clinic Secretary. Another appointment is made for the following week with the Orthoptist to educate the parents on contact lens use and care.

## 6.2 Glaucoma Surgery

Glaucoma surgery aims to lower intraocular pressure (IOP)

Increased IOP leads to optic nerve damage and consequently visual loss.

**Congenital Glaucoma:** Is caused by abnormal foetal development of the angle structures, leading to impaired drainage of the aqueous fluid and elevated IOP.

**Infantile Glaucoma:** is when structural abnormality of the angles develops in the first two or three years of life.<sup>5</sup>

### 6.2.1 Trabeculotomy

Trabeculotomy is a surgical procedure that helps reduce intraocular pressure in the eye by opening the eye's draining system (Schlemm's Canal) to allow the aqueous fluid to drain more freely. The drainage angle of the eye is cannulated and then disrupted to create an opening between the Schlemm's Canal and the Anterior Chamber for the aqueous fluid to drain.

### **6.2.2 Goniotomy**

Is where an incision is made through the abnormal Trabecular Meshwork from within the anterior chamber for the aqueous fluid to leave the eye.

### **6.2.3 Trabeculectomy**

Involves making a scleral flap under which a hole is created to drain aqueous from the anterior chamber to the sub-conjunctival space. An anti-fibrotic agent is placed in the flap to delay healing. The flap is sutured back into place and forms a fistula into which aqueous can drain into scleral vessels. The resulting fluid bulge lying under the conjunctiva is called a "bleb".<sup>5</sup>

## **6.3 Retinal Surgery**

### **6.3.1 Vitrectomy**

Vitrectomy involves the removal of the vitreous fluid and the replacements of this fluid with gas, oil or saline to maintain the retina attached to the sclera while it heals. It is often used to repair a retinal detachment, caused by a retinal hole or tear.

### **6.3.2 Cryotherapy, laser or photocoagulation**

Cryotherapy is used to prevent or to seal a hole or tear in the retina.

Cryotherapy and laser can also be used to treat ocular tumours in the front of the sclera. Laser photocoagulation is also used to treat Retinopathy of Prematurity.

### **6.3.3 Scleral buckle**

A piece of silicone is sutured onto the outside of the sclera over the site of the retinal hole or the retinal tear. The sclera become indented or "buckled" inward closing and placing pressure over the retinal break.<sup>6</sup>

### **6.3.4 Encirclement**

A silicone band is positioned around the globe under the extra ocular muscles. The band allows for a greater indentation where there is a large area of detachment or multiple holes.

### **6.3.5 Gas exchange procedure**

As vitreous cannot be replaced naturally, gas, air and oil is used to hold the retina in place whilst it is healing. The following products may be used for this purpose;

1. Gas Sulphur hexafluoride (SF<sub>6</sub>),
2. Gas Perfluoropropane (C<sub>3</sub>F<sub>8</sub>).
3. Air, which is absorbed within 24 to 36 hours
4. Gas and air mixture absorbed within 24 to 36 hours
5. Oil. As oil is heavy it places pressure on the retina. Oil is removed after 3 to 6 months

Aqueous will eventually fill the vitreous chamber to replace the above substances as they are absorbed.

### **Post-Surgery:**

Patients can find it difficult to see through the gas until it has been absorbed which usually takes a few weeks.

Check if the patient has/ needs a fluorescent green medical alert armband.

Patients who have received surgical gas into their eyes should wear an arm band to alert others that a gas has been used to treat the eye. These patients should not travel by aeroplane after surgery, as the high altitude will expand the gas in the eye.

## **6.4 Orbital Surgery**

### **6.4.1 Enucleation**

This is a surgical removal of the eyeball itself. The extra ocular muscles are conserved and re-attached to an orbital implant that is implanted at the time of the enucleation. An eye prosthesis matching the other eye can be used after 2 - 3 months. <sup>7</sup>

### **6.4.2 Evisceration**

The contents of the globe are removed, leaving the sclera intact. An orbital implant may be inserted into the sclera at the time of surgery.

### **6.4.3 Exenteration**

Is the removal of the total contents of the orbit and if necessary the eyelids, plus any involved bone.

### **6.4.4 Post Orbital Surgery**

- Observe for haemorrhage during first 24 – 48 hours.
- Dressing to be taken down after 24- 48 hours by Registrar or Ophthalmology CNC.
- Clean wound twice a day or PRN, after the dressing has been removed.
- The length of stay in hospital is approximately 2 – 4 days dependant on the type of procedure performed.
- Administer regular analgesia as needed.

## 7 Instructions for Overnight Admissions

### 7.1 Post-operative Patient Management

#### Eye Observations

- If an eye pad or other dressing is used observe for any increased discharge or bleeding.
- Ensure eye pad and/or shield are intact until reviewed the next day in the eye clinic. Reinforce if necessary and prevent child from rubbing eyes. If dressing is removed by the child, try to reapply and secure with tape and/or contact the Eye Registrar.

#### Pain management

- Refer to analgesia as ordered.
- In most situations simple analgesia such as paracetamol is appropriate.
- Children, who have had an enucleation, may require stronger pain relief for the first 24-48 hours.

### 7.2 Day One Post-Operatively

In the morning of day 1 post-op, the Eye Registrar will review the child in the Eye Clinic.

When dressings are removed:

- Clean the operated eye as per post-operative orders.
- Examine the eyes as per procedure above, document and report any abnormalities to Eye Registrar.
- Instil eye drops or ointment as charted after the operated eye has been cleaned.

## 8 Discharge

- Instruct parents on suitable analgesia to be used at home.
- Educate and provide information regarding cleaning the eye, administration of eye drops/ointment (technique, purpose, amount, and frequency) and continued eye care at home. Information sheets are provided in Section 9.
- Ensure follow up appointment is arranged.
- Refer to specific procedure sections above for further discharge information.



## 9 Parent Information

- SCHN Homecare guideline: [Eye Cleaning and Administration of Eye Drops or Ointments - CHW](#)
- Fact Sheet: [Eyes - Your baby's eyes](#)
- Fact Sheet: [Eyes - Congenital cataracts](#)
- Fact Sheet: [Eyes - How to make an eye patch](#)
- Fact Sheet: [Eyes - Your child's visual rehabilitation after cataract surgery](#)

## 10 Related Information

- [Cyclopentolate Hydrochloride Eye Drops - Eye Clinic and Middleton Ward - CHW](#)
- [Phenylephrine Eye Drops - Eye Clinic & Middleton Ward CHW](#)
- [Tropicamide Eye Drops - Eye Clinic & Middleton Ward CHW](#)
- [Oxybuprocaine Eye Drops - Eye Clinic & Middleton Ward CHW](#)
- [Tetracaine Eye Drops - Eye Clinic & Middleton Ward - CHW](#)
- [Care of Patients in Middleton Day Surgery Unit - CHW](#)

## 11 References

1. Eye Emergency manual. Department of Health 2007 pp. 18, 25
2. Blepharitis. [www.uptodate.com/contents/blepharitis](http://www.uptodate.com/contents/blepharitis) Updated 28th Mar 2022
3. Overview of Ptosis. [www.uptodate.com/contents/overview-of-ptosis](http://www.uptodate.com/contents/overview-of-ptosis) Updated 17th Mar 2021
4. Ectopia lentis (dislocated lens) in children. [www.uptodate.com/content/ectopia-lentis-\(dislocated-lens\)-in-children](http://www.uptodate.com/content/ectopia-lentis-(dislocated-lens)-in-children) Updated 21<sup>st</sup> June 2019
5. Primary infantile glaucoma. [www.uptodate.com/contents/primary-infantile-glaucoma](http://www.uptodate.com/contents/primary-infantile-glaucoma) Updated 27th November 2019
6. Retinal detachment. [www.update.com/content/retinal-detachment](http://www.update.com/content/retinal-detachment) Updated 4th February 2010
7. Overview of retinoblastoma. [www.uptodate.com/content/overview-of-retinoblastoma](http://www.uptodate.com/content/overview-of-retinoblastoma) Updated 21st January 2011

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