

P84 Transconjunctival approach to the orbit

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Fractures of the orbit is a common injury that can result from sports, road traffic or industrial accidents ... etc. The fractures commonly involve the infra-orbital rim, orbital floor, fronto-zygomatic suture or medial wall. Surgical treatment is needed if functional or cosmetic impairment is present which are usually diplopia, infra-orbital parasthesia, trismus or enophthalmos. This paper presents the technique of surgical access to reduce these fractures via a transconjunctival and lateral canthotomy incision in 10 patients with satisfactory functional and cosmetic results. The surgical technique, anatomy, timing of operation, possible complications were assessed and compared with other surgical approaches of blepharoplasty and infra-orbital incision.

It is concluded that transconjunctival approach in combined with a lateral canthotomy will give a better access and a cosmetic superior result than other incisions type for surgery of the orbital floor, infra-orbital rim, lateral and medial wall.

P85 Carotid endarterectomy: a 3-year audit of the Francis YH Tien vascular disease centre

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Aims of study: Stroke is a major cause of disability and death in the elderly. Carotid endarterectomy can substantially reduce the risk of future stroke or death in patients with significant carotid stenosis but the real benefit of the procedure relies on a balance between the outcome and the peri-operative risks. The aim of the present study is to audit our current results of carotid endarterectomy within the past 3 years.

Patients and methods: From October 1994 to September 1997, a total of 35 patients with haemodynamic significant carotid stenosis underwent 36 carotid endarterectomies. A retrospective analysis of all these records was performed. The indications, early and long-term outcomes of carotid endarterectomy were reviewed.

Results: The indications of operation were transient ischaemic attacks (n=12), minor stroke (n=17) and asymptomatic high grade stenosis (n=7). The mean duration of operation was 2 hours 10 minutes (S.D.= 16 min.). After operation, two patients had wound haematoma and 1 patient developed cardiac arrhythmia on post-operative day 1, leading to a morbidity rate of 8%. All patients recovered uneventfully without neurological deficit. There was no operative or hospital mortality. Two patients had recurrent stenosis on follow-up surveillance carotid duplex scan. Of these, one patient declined further operation. The other patient underwent carotid endarterectomy with vein patch angioplasty and recovered uneventfully. All patients remained alive and well. No further neurological events was reported at the time of analysis (Feb 98).

Conclusion: This audit proved that our current results of carotid endarterectomy fulfilled the criteria advised by the Stroke Council of the American Heart Association in 1995. Carotid endarterectomy is a validated therapeutic option for carotid stenosis in Hong Kong.