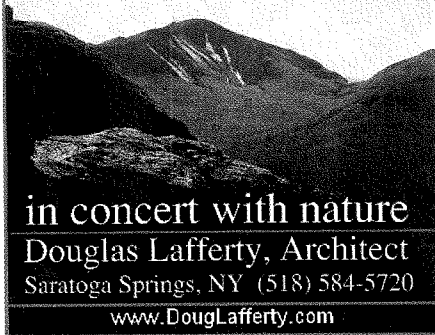


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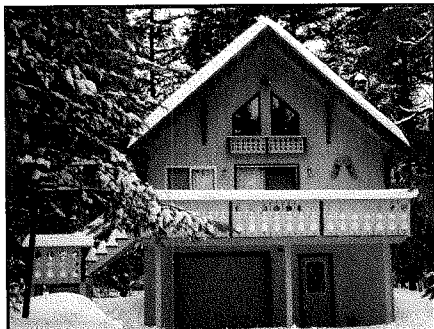


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Backcountry Eye Mishaps

About 4000 individuals in the United States suffer eye injuries in the course of sports activity annually. Some of these result in permanent blindness—a horrible consequence of activities which are supposed to be health-promoting!

By far, the activities most likely to result in such devastating injuries involve "projectiles": racquet sports, basketball, baseball, etc. Although backcountry pursuits rarely lead to these types of problems, a few ocular mishaps occur with hikers and campers. Most first aid courses gloss over these, but there are some skills with which the outdoor user should be familiar.

Corneal abrasions. The cornea is a specialized layer of skin ("watchglass of the eye"). Like skin anywhere, it can be "scratched"; such scratches are called corneal abrasions, and they hurt, but usually heal well.

The most common hiking incident resulting in a corneal abrasion is a swat in the eye from an errant branch. The injury is evident immediately: pain, tearing, and redness.

Corneal abrasions are not an emergency, but need to be seen by a professional. This generally means a trip out of the woods. In the health care setting, the diagnosis is established by examining the eye with special dyes and magnification.

The pain of a corneal abrasion is largely relieved by closing the eye, so "patching" with a gauze dressing is advised. Keep in mind, however, that this will result in loss of depth perception and will make the walk out potentially hazardous. The physician will probably prescribe a broad-spectrum antibiotic eye ointment until the abrasion has healed.

Foreign bodies. Most of us have had the experience of getting a grain of dirt or similar item onto the surface of the eye. Usually, blinking and tearing clear the offending item.

If the item does not come out on

its own, I find that irrigation is the easiest next step, even if the object is not seen. Have the individual lie flat, turning the head toward the side of the affected eye. Then, run clean water over the eye from the "inside" (corner of the eye next to the nose) out. A great way to do this is with contact lens saline solution in a squeeze bottle. I always carry this in my first aid kit. If the object can be seen on the surface of the eye, it can often be removed by simply touching it gently with a sterile dressing or Q-tip.

Some objects lodge behind the upper eyelid. In this case, pulling that lid over the lower lid helps dislodge it.

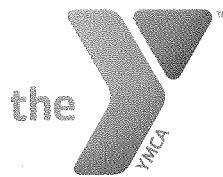
If pain and tearing persist (or develop) after an object is removed, it is probably because there is also a corneal abrasion. Treat as above.

Embedded foreign bodies. An embedded foreign body, rather than simply sitting on the surface of the eye, is actually stuck within it. This is evident when an object does not move with blinking or irrigation; in extreme situations, the object can actually be seen protruding from the eyeball. This is an extreme emergency, which necessitates a "carry out" from the wilderness. The affected eye must be protected during transport. Rather than the usual "patch" dressing, fashion a protective cone from a plastic cup or similar item to prevent the object from being pushed farther into the eye.

Sun injury. Like any skin, the cornea can be sunburned. This usually happens in the winter, and is much more likely to occur in an environment which is completely snow-covered to the horizon. This is not

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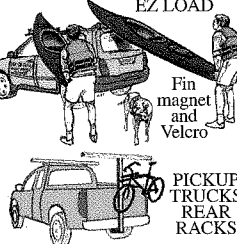
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mon in the Adirondacks, but certainly happens to high-altitude skiers.

The condition is much more easily prevented than treated. When traveling in areas where this can be a problem (e.g. glacier camping), the use of high-UV blocking glasses with side shields ("glacier glasses") is important. Once the problem develops, it is manifest by redness, pain, and tearing. By that point, there is little that can be done short of resting and waiting a while for the burn to heal.

Even in less extreme environments, eyes should be protected from sun by sunglasses, albeit not the 95 percent light exclusion glacier glasses variety. There is some evidence that long-term unprotected exposure to reflected sunlight can contribute to the later development of cataracts.

Prevention. Eye injuries can be devastating, so prevention is the best strategy. The Coalition to Prevent Sports Eye Injuries has a valuable Web site, www.sportseyeinjuries.com.

Camper who wear contact lenses should bring along a set of prescription spectacles in the event that their lenses are damaged or if they are having difficulty using them. Hand hygiene when handling contacts is important and sometimes difficult. This is best done with soap and water; alcohol-based gels can be irritating to the eye, and will not remove particles.

Camper with a significant refractive error should also consider bringing along spare spectacles. Such individuals may find hiking without correction extremely difficult and unsafe.

Thanks are due to two of my outdoor/ophthalmology colleagues, Drs. John Hoepner and Leon Noel, for reviewing this article.

—Tom Welch, MD

Tom Welch, MD, is professor and chair of pediatrics at Upstate Medical University in Syracuse and an active member of the Wilderness Medical Society. He is a licensed professional guide, a certifying instructor for the Wilderness Education Association, and has guided groups in the Adirondacks, Montana, and Alaska. More information is available at www.adirondoc.com.