The use of BETTS as part of the assessment of closed globe injury within the concept of prolonged field care.

J Lowe

Dear Sir,

Having read the article by Hunter *et al.* with great interest,[1] I write to offer additional evidence to support the conclusions of the authors, whilst also suggesting that, as we migrate to enduring, austere operations, greater expectations will be placed on the non-ophthalmic specialist to manage eye injuries while maintaining operational effectiveness.

Recent interrogation of the UK Joint Theatre Trauma Registry (JTTR) and application of the Birmingham Eye Trauma Terminology System (BETTS) yielded 824 injuries of the head and face within the dataset. Further analysis demonstrated that of these injuries, 194 were closed globe injuries (23.5% of all eye injuries, 1.1% of all injuries).

Of these closed globe injuries, the majority (such as corneal abrasion) would not require immediate evacuation for review by specialist services if they were correctly recognised and treated accordingly.

It could therefore be suggested that if non-specialist clinicians underwent additional training in the recognition and treatment of these injuries, injured personnel could remain in theatre while undergoing observation, or have the episode of care entirely managed in the deployed setting.

With a transition into increasing austerity and challenging environments, a reduction in the numbers requiring evacuation might permit the maintenance of operational capability for greater periods in ever more remote theatres.

Reference

1. GMC Hunter, R Ward, DC Wright. Eye emergencies in the deployed setting. *J R Nav Med Serv* 2019;105(2):125-32.

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