Orbital Surgery

4th -6th May 2026 OUS - Rikshospitalet

Skallebasis og bihulekirurgi – tilganger og komplikasjonshåndtering

Shawkat Abdulrahman

Consultant Otolaryngologist
Rhinologist,Endoscopic Skull Base Surgeon
FRCSI,FACS

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

DEN NORSKE LEGEFORENING

www.TheEarNoseThroatDoctor.com

No Disclosure

https://www.TheEarNoseThroatDoctor.com

Mr.Shawkat Abdulrahman, The Ear Nose Throat Doctor

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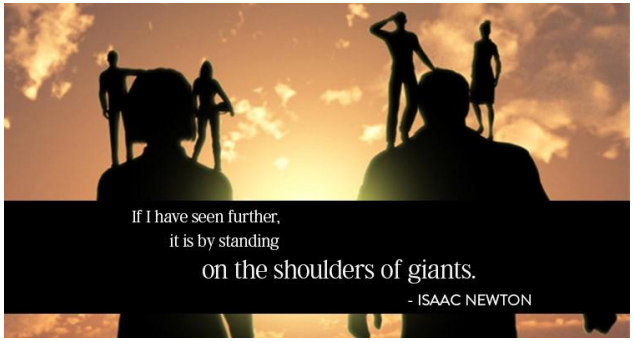
https://www.tuh.ie/Consultants/Mr-Shawkat-Andulrahman.html


If I have seen further,
it is by standing
on the shoulders of giants.
- ISAAC NEWTON

2 years Surgical fellowship program RCSI

RCSI

Dr.Dhaidan AlShamari-KSA

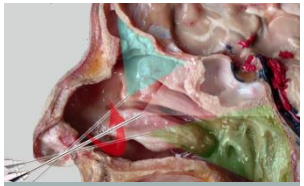
Dr.Ebrahim Almulla -Bahrain

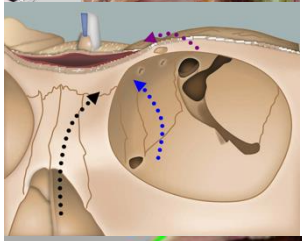
Fellow Rhinoplasty ,Facial reconstructive surgery
Fellow Rhinology and Endoscopic sinus and skull base surgery

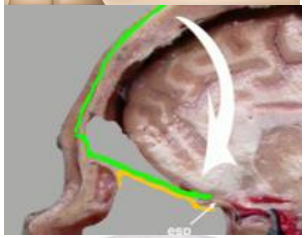
img@rcsi.com

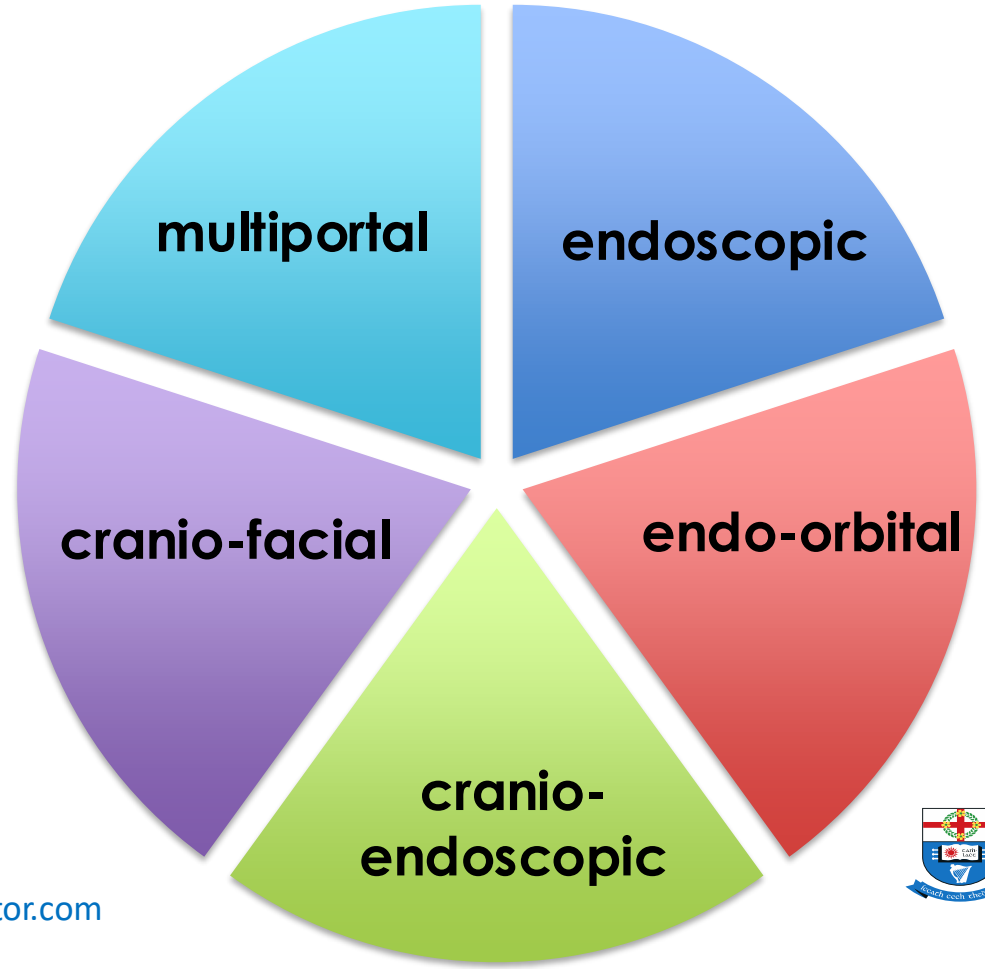
https://www.rcsi.com/surgery/education/surgical-fellowship-programme

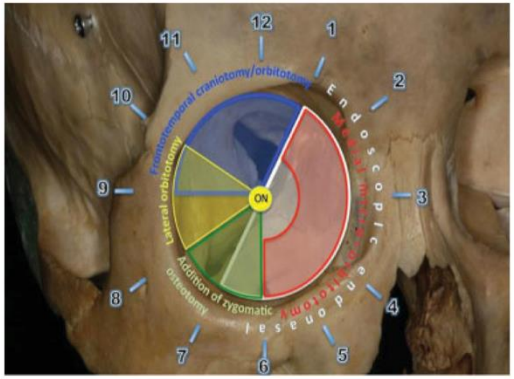
dynamic surgical approaches







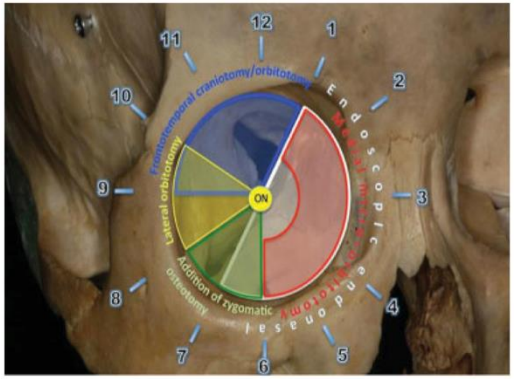




THINK AS: TARGET

DEAL AS: ORBITAL PATHOLOGY | ORBITAL CORRIDOR

ACT AS: ENDONASAL SURGICAL APPROACH | TRANS ORBITAL SURGICAL APPROACH | TRANSORBITAL | COMBINED



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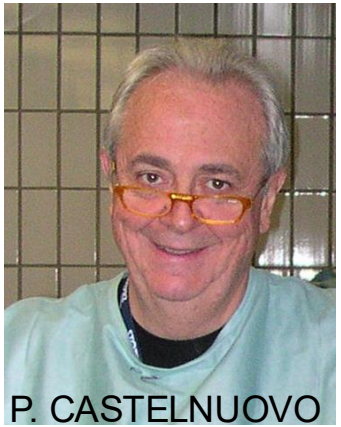
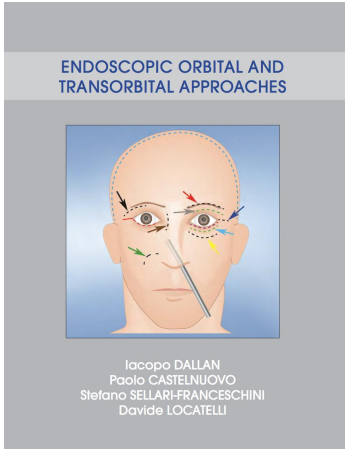
AUTHORS



P. CASTELNUOVO

D. LOCATELLI



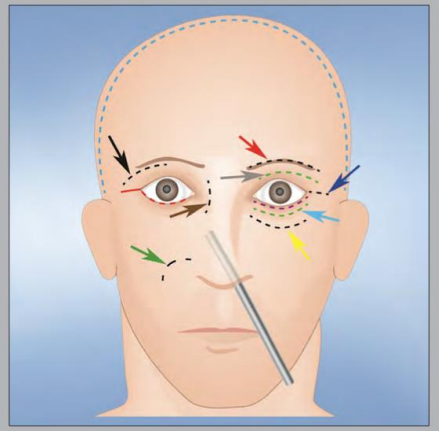
Co-Authors:

-Davide Locatelli Varese
-Bernhard Hirt Tubingen
-Maurizio Bignami Varese
-Abdulaziz AlQahtani Varese
-Alaa Shawkat Varese
-Andrea Pistochini Varese
-Davide Lepera Varese
-Paolo Battaglia Varese
-Mario Turri Zanoni Varese
-Giovanni Segnini Pisa
-Susanna Fortunato Pisa

ENDOSCOPIC APPROACHES TO THE ORBIT: OVERVIEW

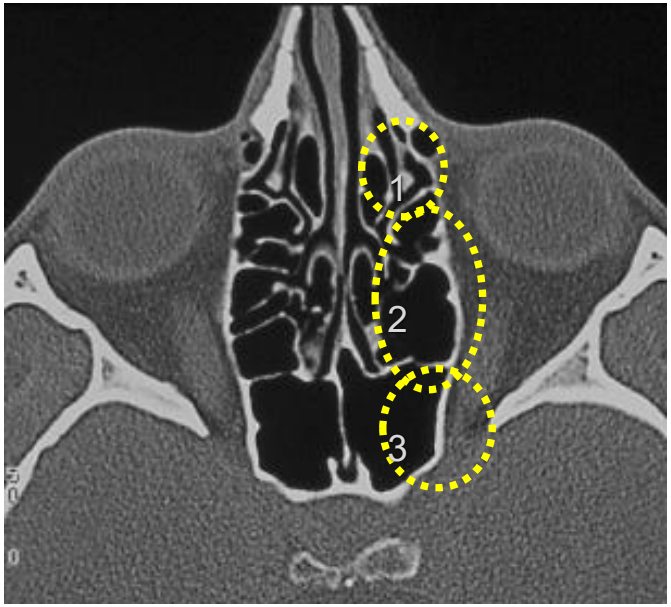
	Skin or mucosal approach	Bony window
SUPERIOR ORBIT	Coronal	Superior Rim Approach Anterior Cranial Fossa
	Eyebrow Incision	Temporal fossa
	Superior Blepharoplasty	
LATERAL ORBIT	Coronal	Temporal Fossa
	Eyebrow incision	
	Burke-Kronlein incision	
	Superior Blepharoplasty (extended laterally)	
INFERIOR ORBIT	Swinging Eyelid	
	Trans-Conjunctival	
	Inferior eyelid approach	
	Transantral Approach	
MEDIAL ORBIT	Transcaruncular-transconjunctival	
	Trans-Facial with Lynch approach	
	Trans-Nasal Endoscopic	

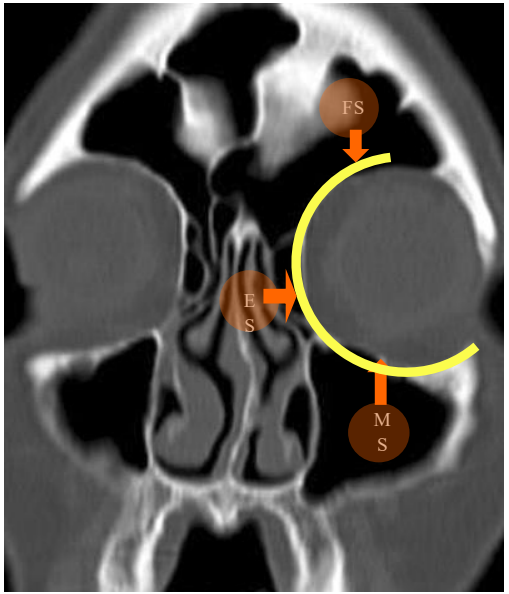
ENDOSCOPIC ORBITAL AND TRANSORBITAL APPROACHES



Iacopo DALLAN
Paolo CASTELNUOVO
Stefano SELLARI-FRANCESCHINI
Davide LOCATELLI

Endoscopic endonasal approaches: targets

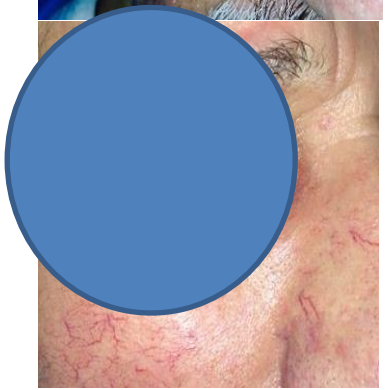


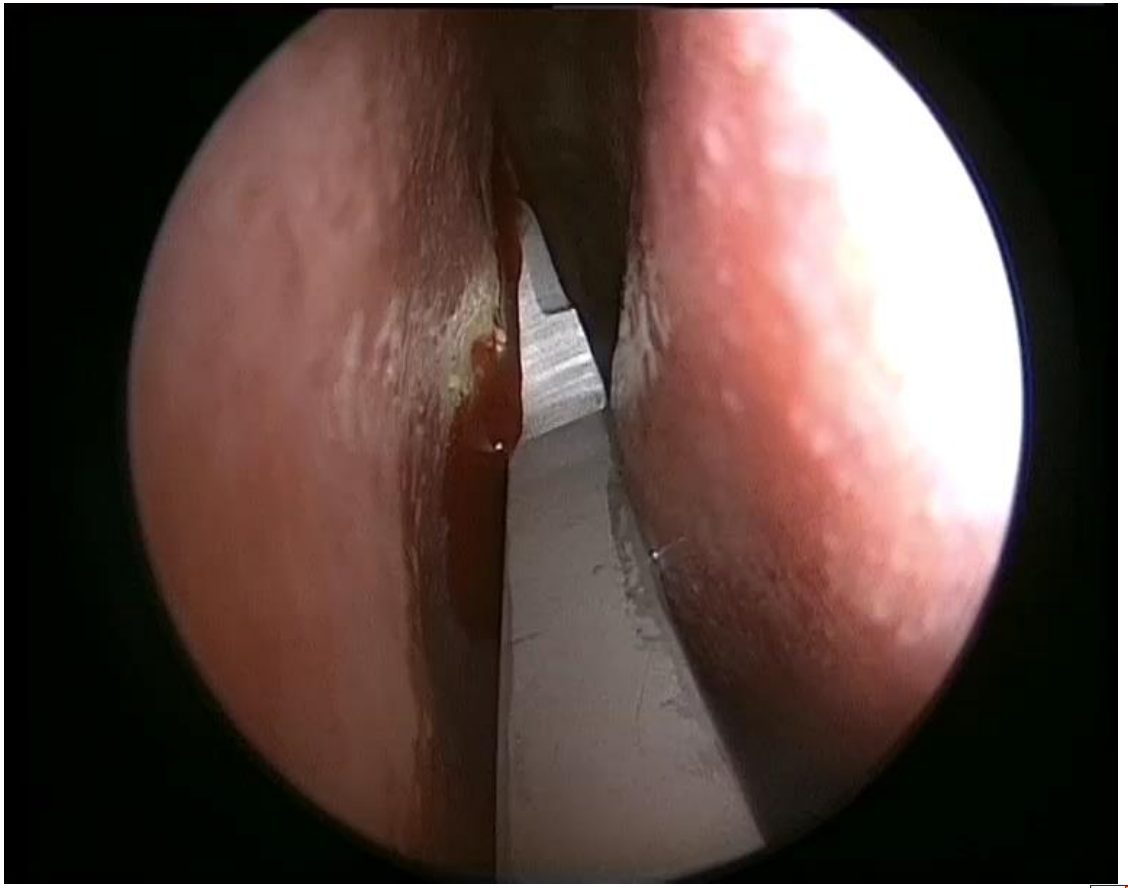


1. LACRIMAL SYSTEM

2. ORBITAL CONTENT-ORBITAL WINDOW

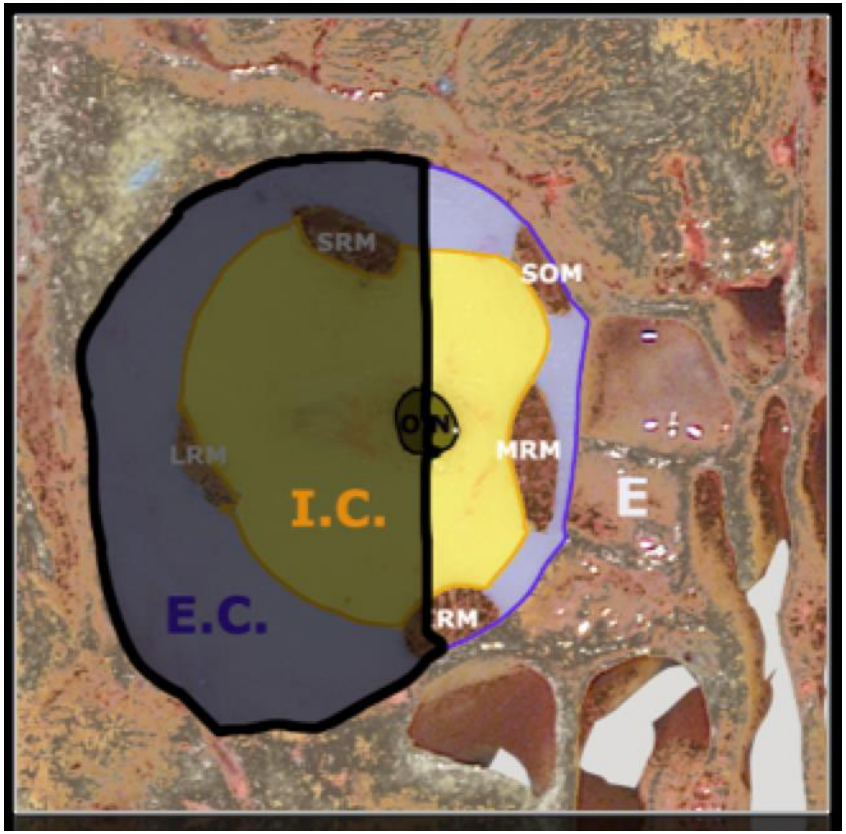
3. ORBITAL APEX



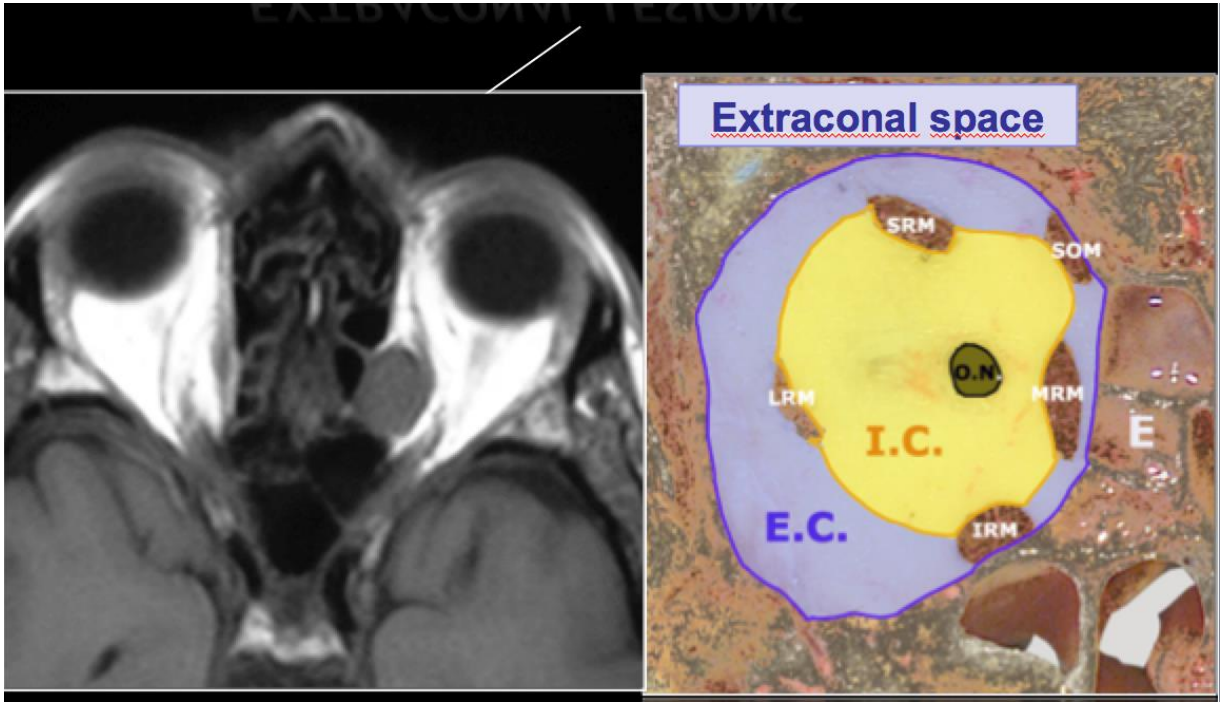


Location

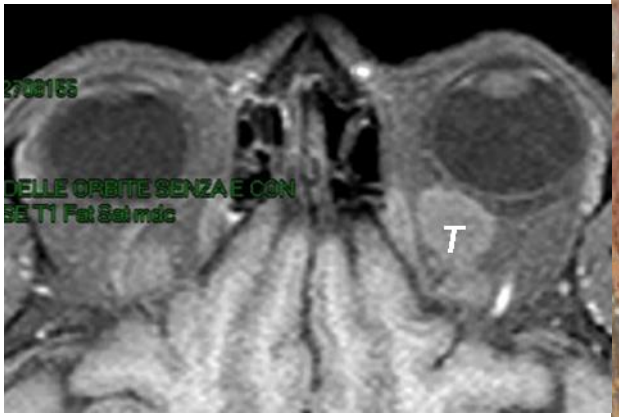
Muscles?
Optic N.

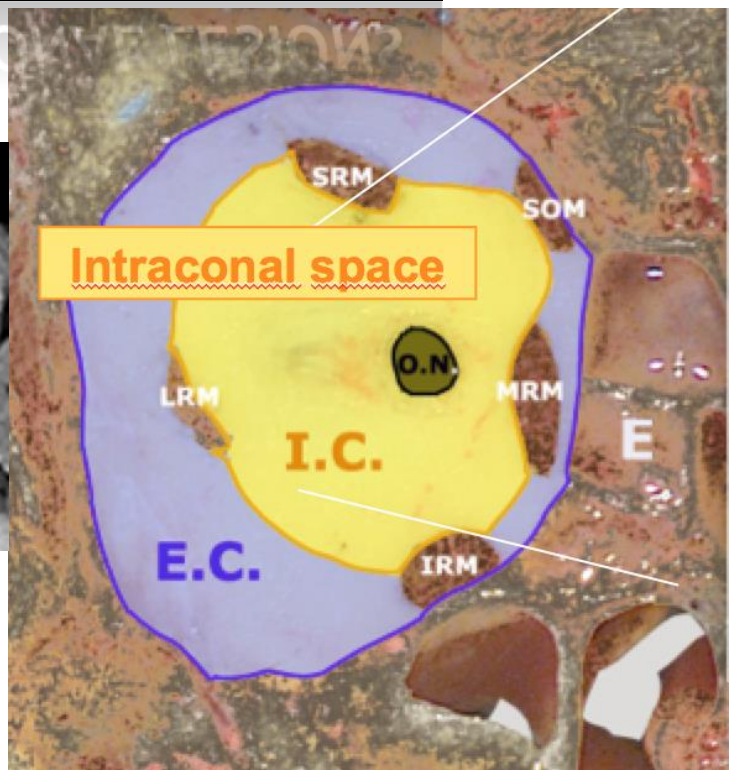


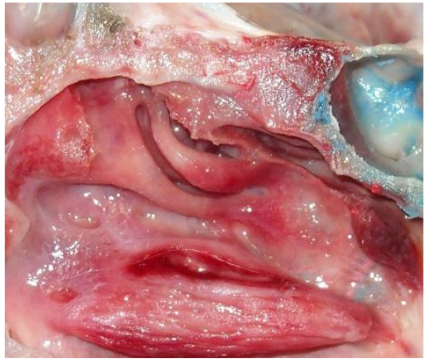
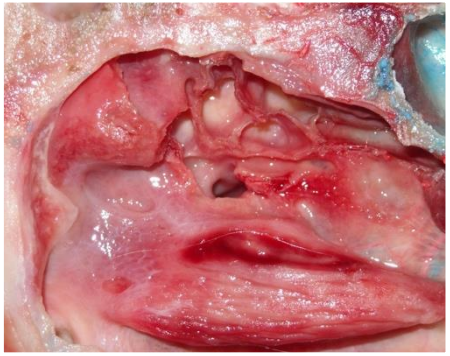
EXTRACONAL LESIONS

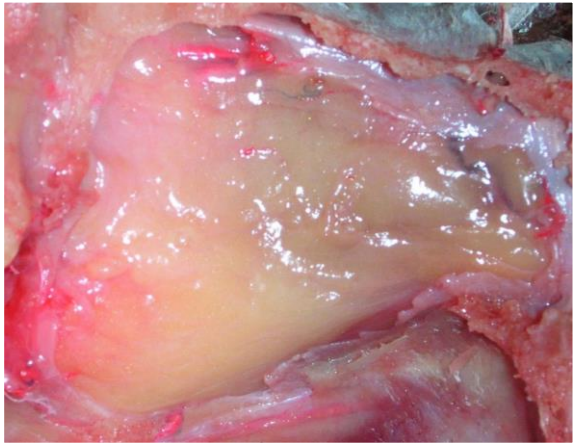
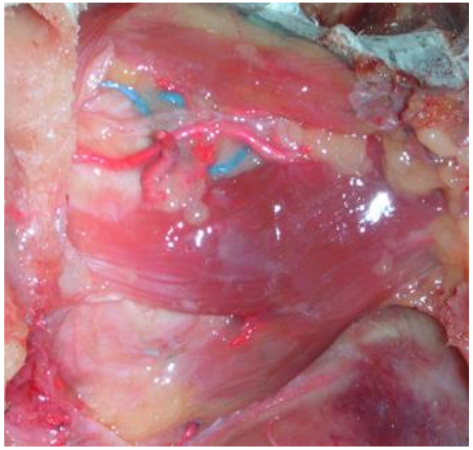


INTRACONAL LESIONS

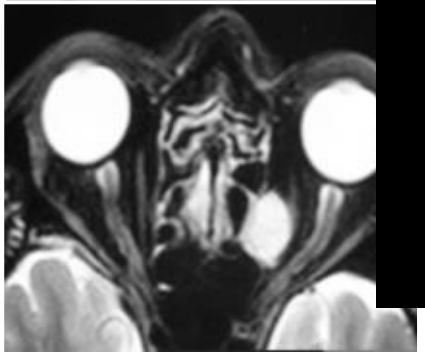




HEMANGIOMA



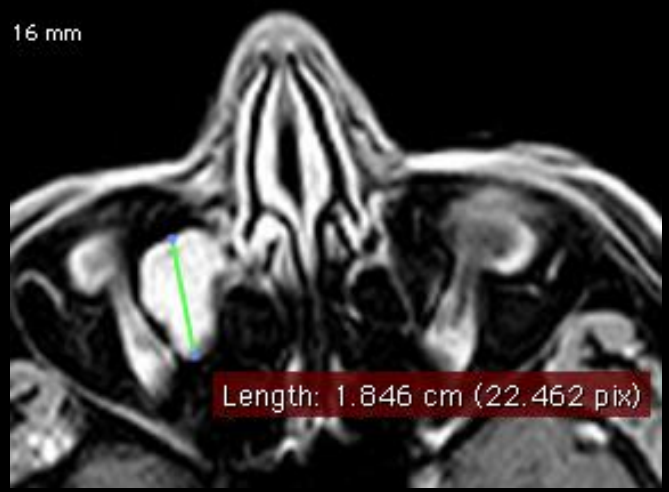
controllo endoscopico
a due settimane

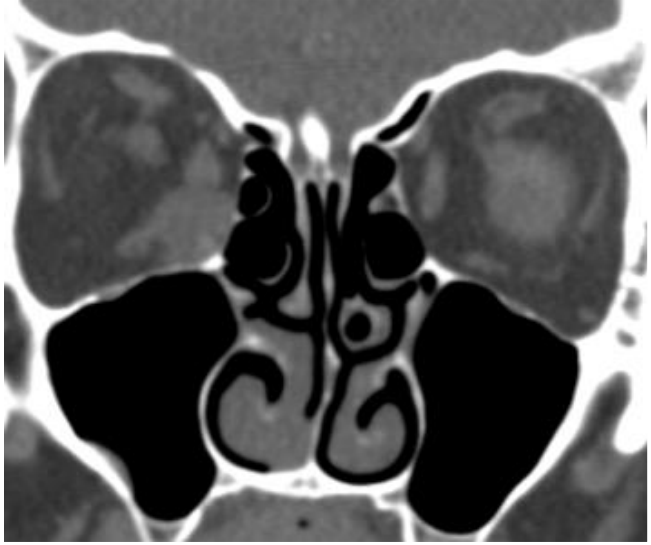
Postop after 15 days

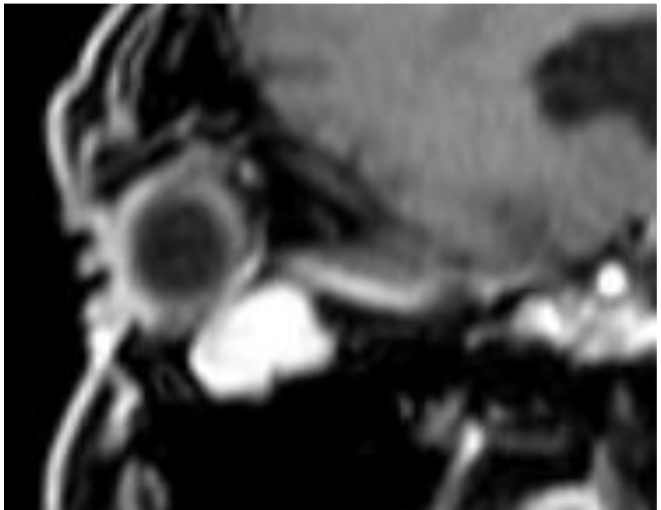
Tallaght University Hospital

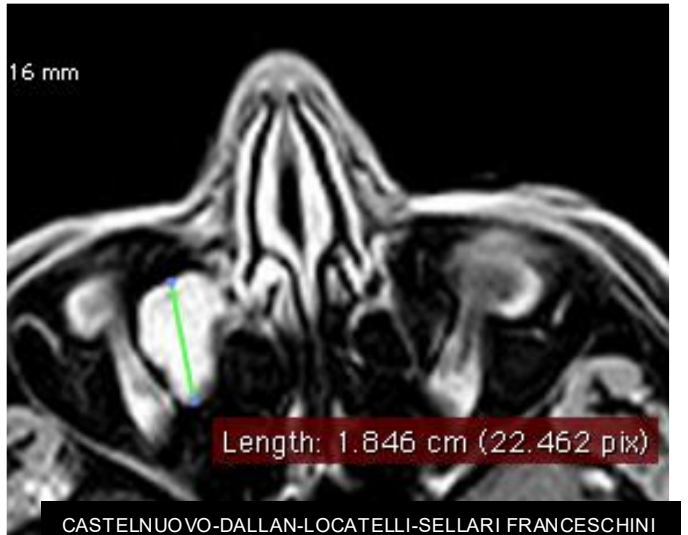
EXTRACONAL CAVERNOUS HEMANGIOMA

F, 73 yo
She compleins pain in supraorbital region and diplopia in right eye.
At the radiological evaluation finding right intraorbital extraconal injury.

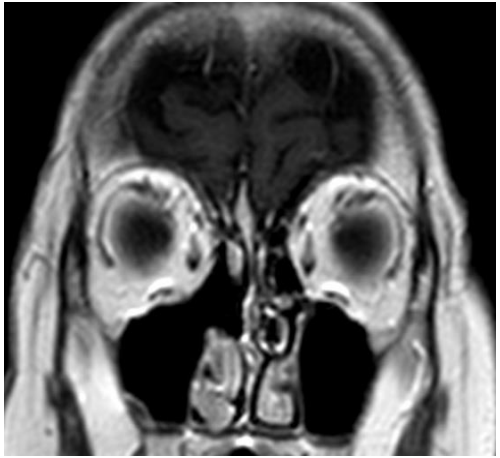


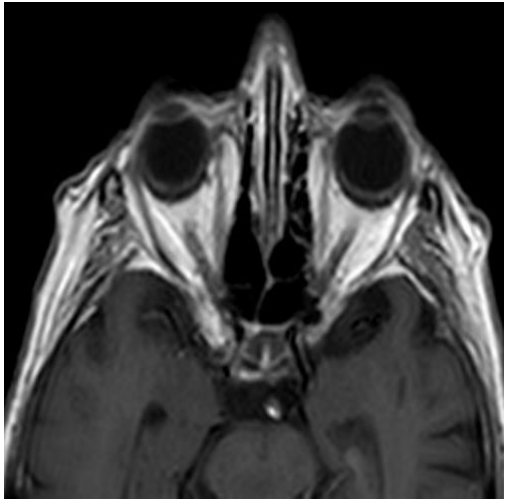





16 mm
Length: 1.846 cm (22.462 pix)

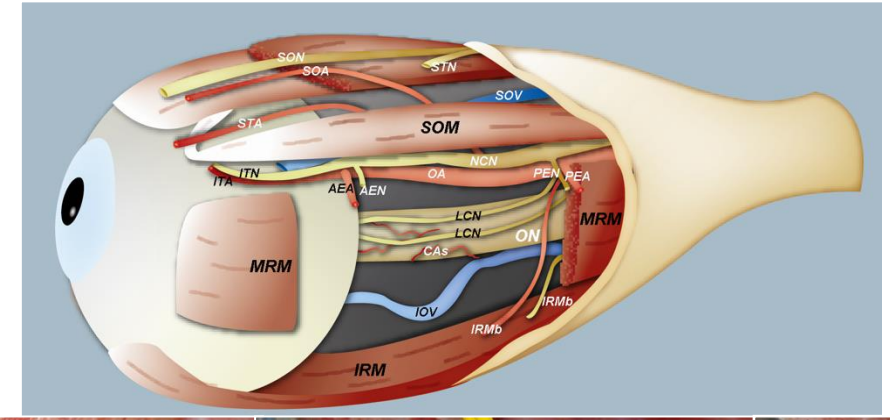
CASTELNUOVO-DALLAN-LOCATELLI-SELLARI FRANCESCHINI

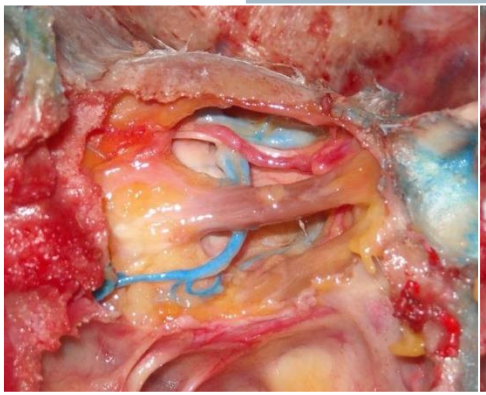


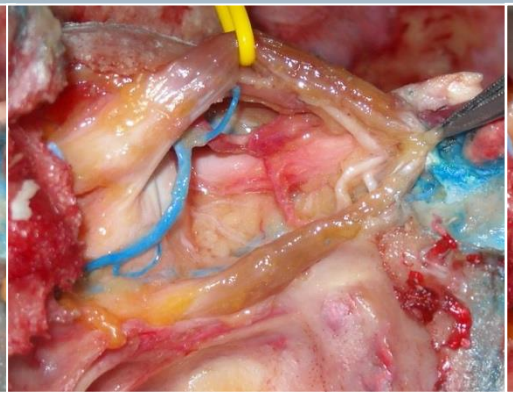


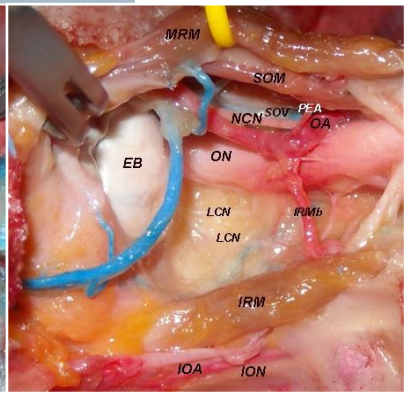
CASTELNUOVO-DALLAN-LOCATELLI-SELLARI FRANCESCHINI

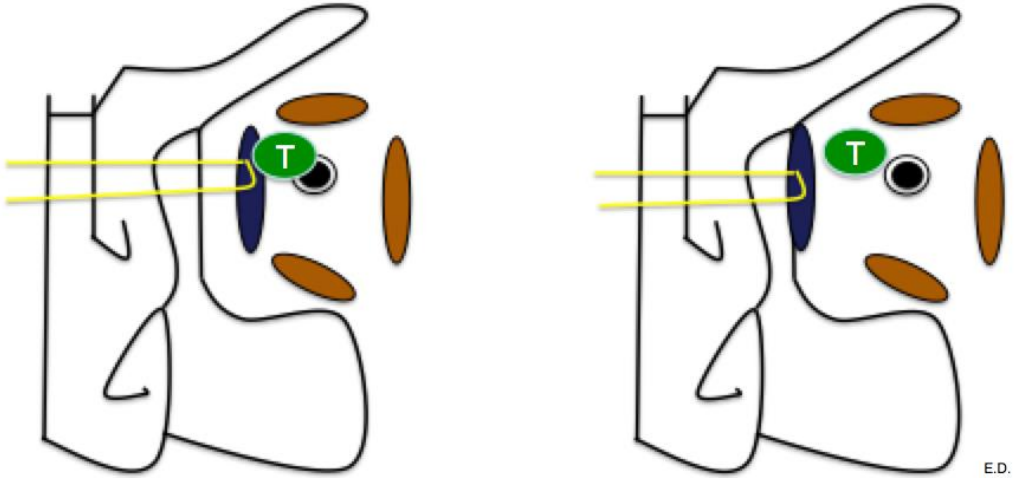
INTRACONAL SPACE PATHOLOGIES







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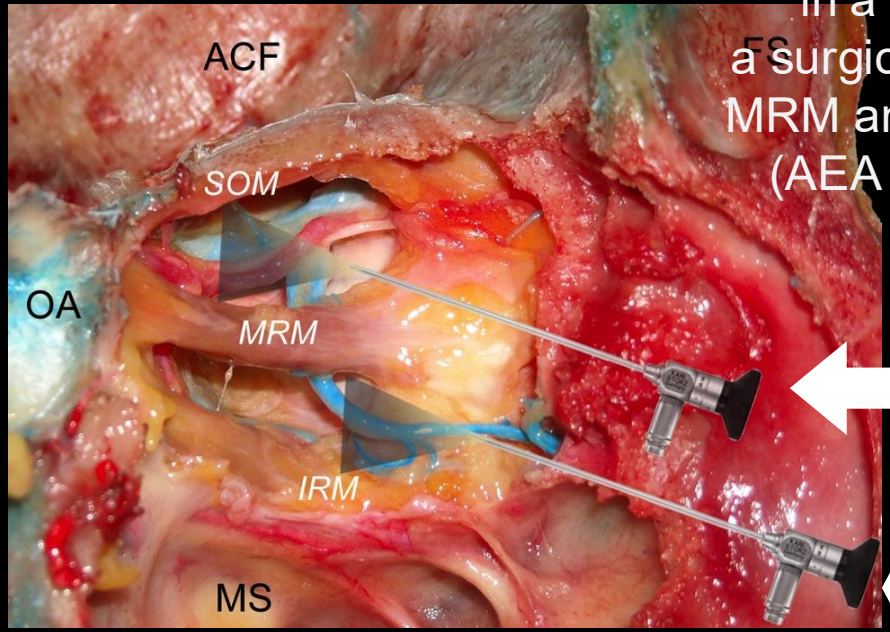
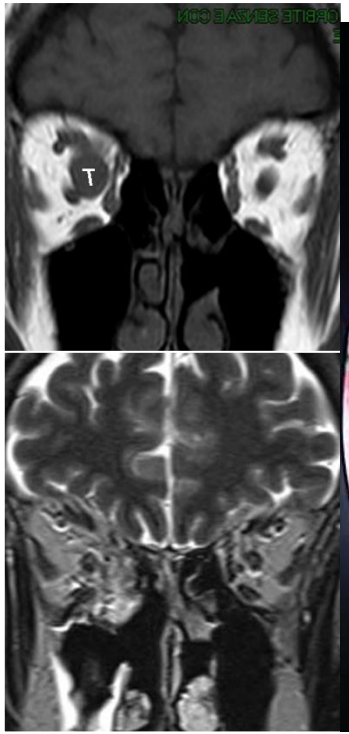


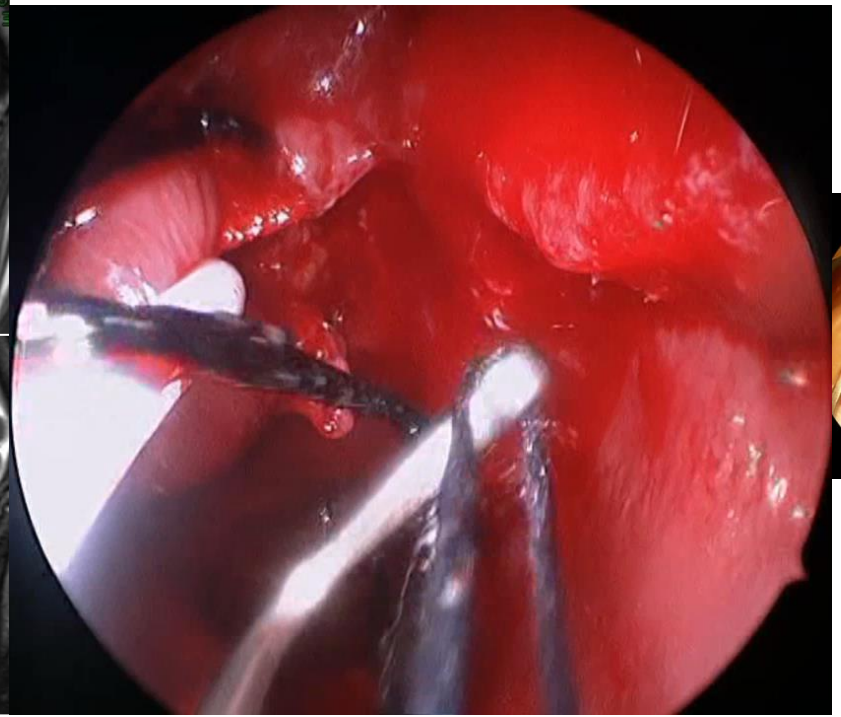
For lesions localized
posteriorly in the orbit
in a supero-medial area,
a surgical corridor between the
MRM and the SOM is preferred
(AEA is cauterized and cut)

In order to manage
the infero-medial
intraconal spaces,
the best corridor lies
between
the MRM and IRM

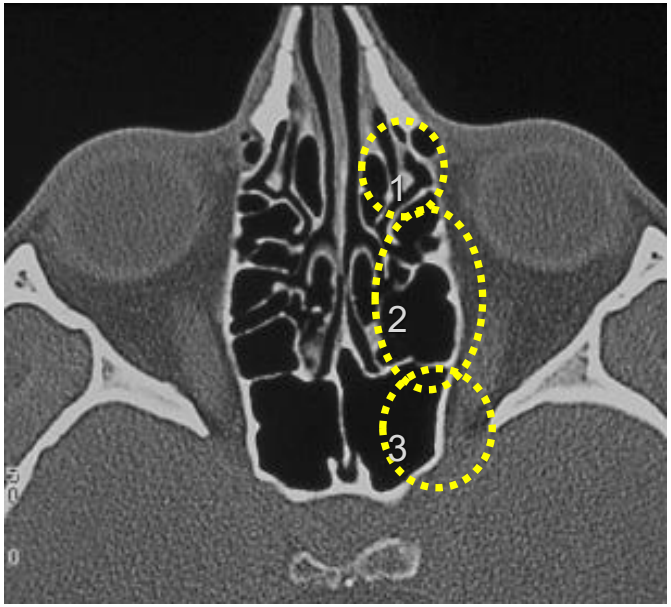
INTRACONAL HAEMANGIOMA

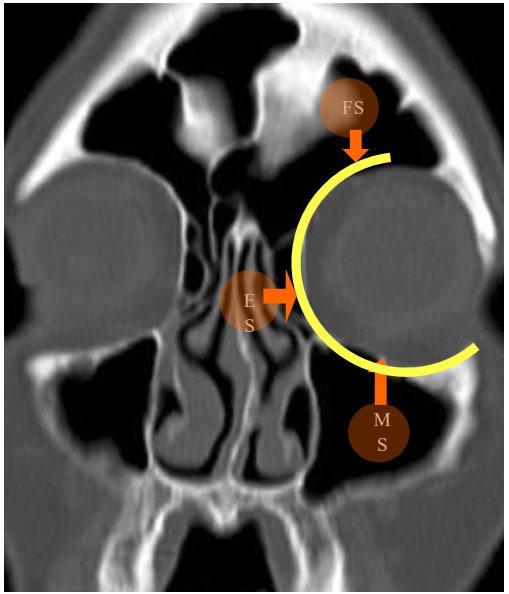
SUPEROMEDIALLY LOCATED





Endoscopic endonasal approaches: targets





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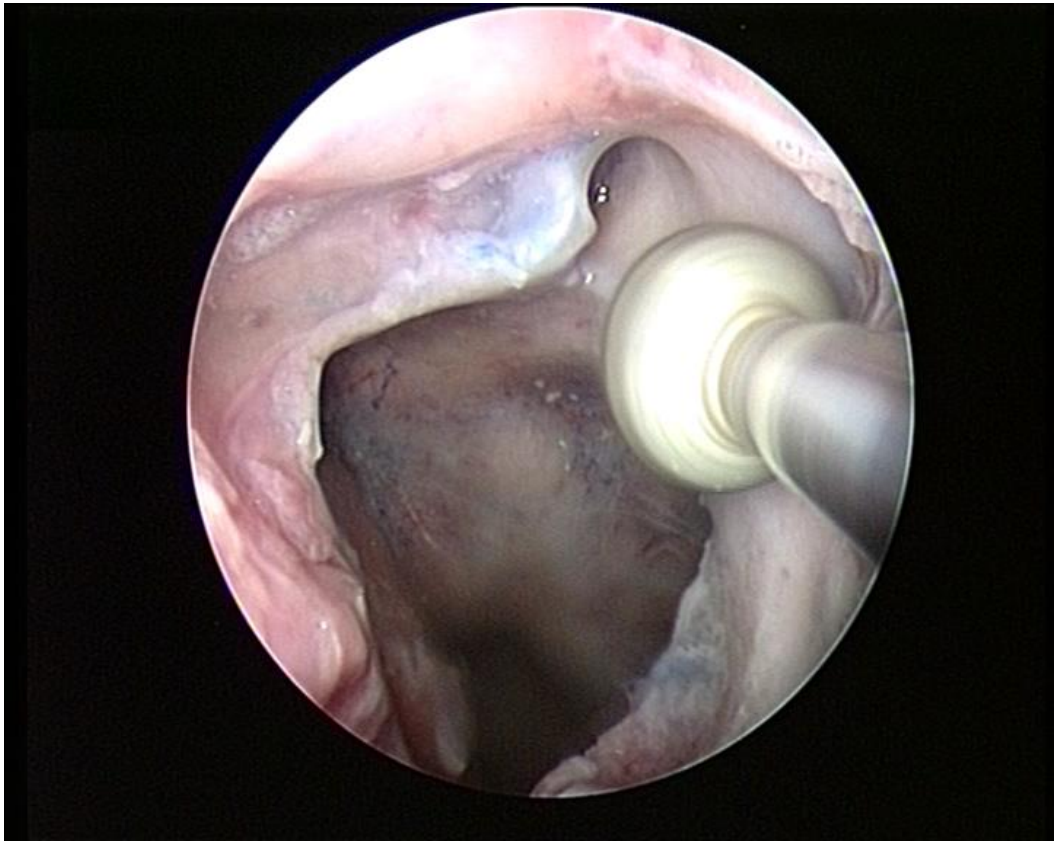

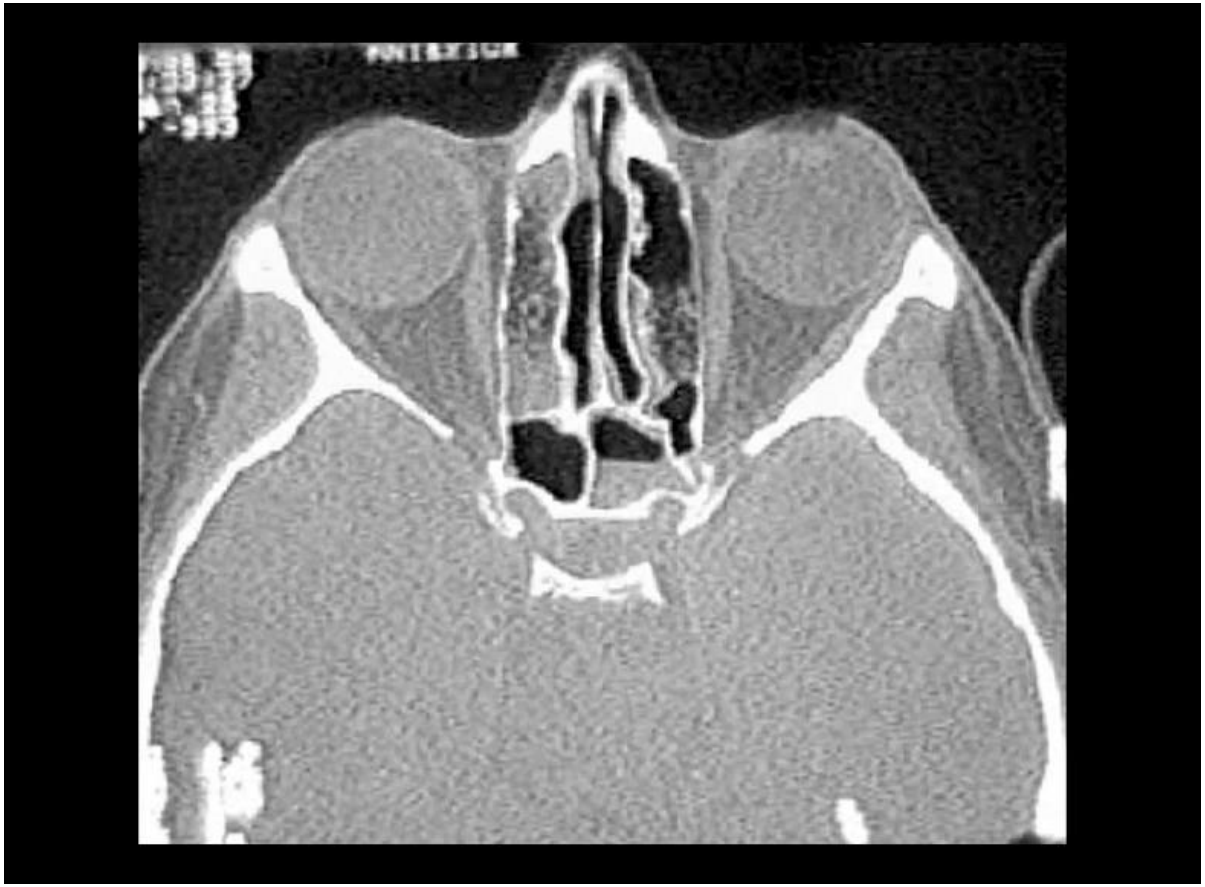

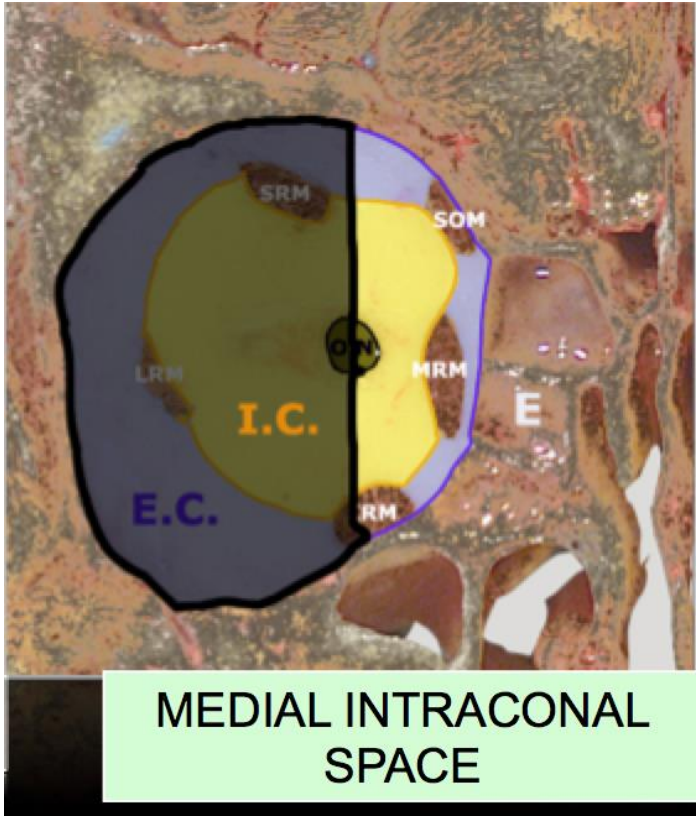
SRM
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ON
LRM
MRM
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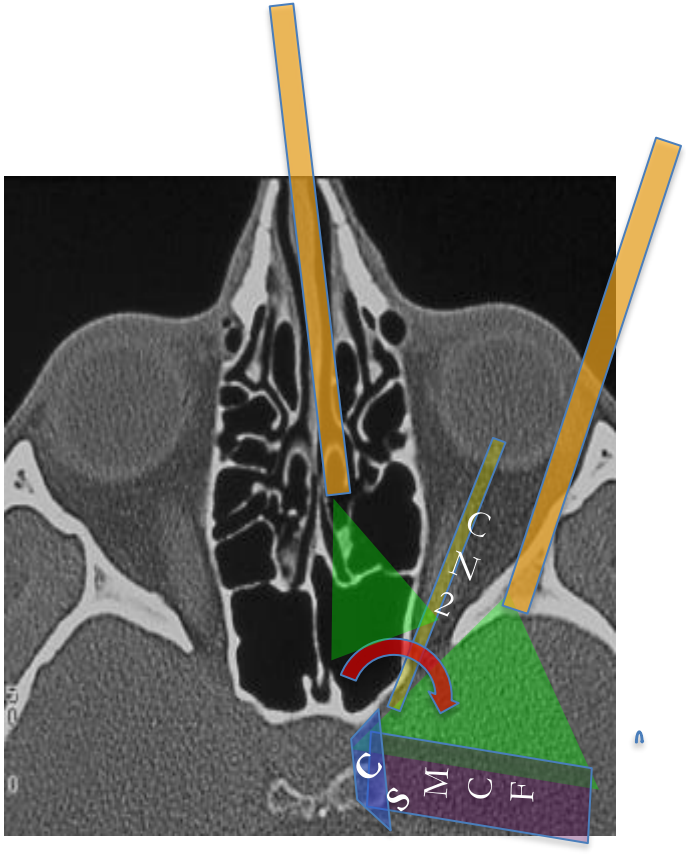
E.C.
RM
MEDIAL INTRACONAL SPACE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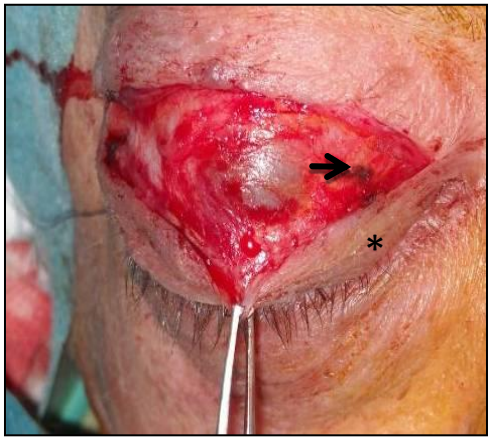
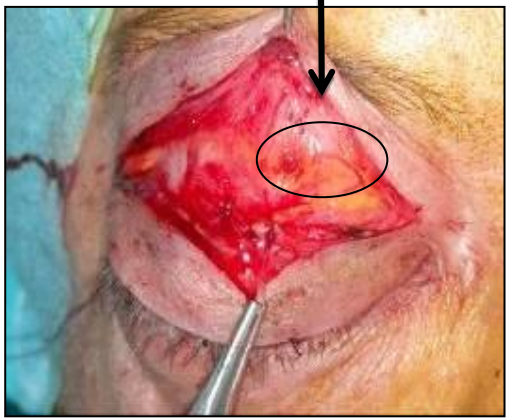
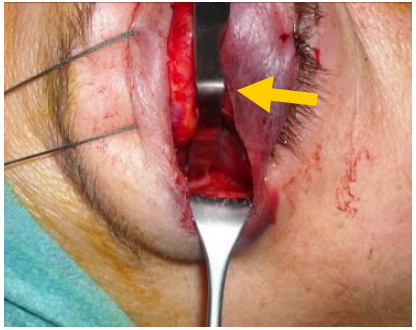


Pay attention to the levator palpebral muscle

A “blue color” means that the conjunctiva (*) has been reached





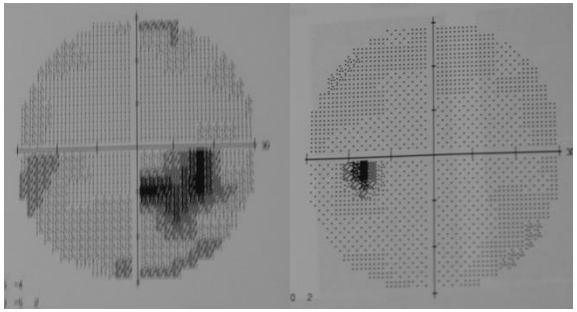
The use of plastic sheets allows us to use smaller malleable retractors, increasing the size of the surgical field

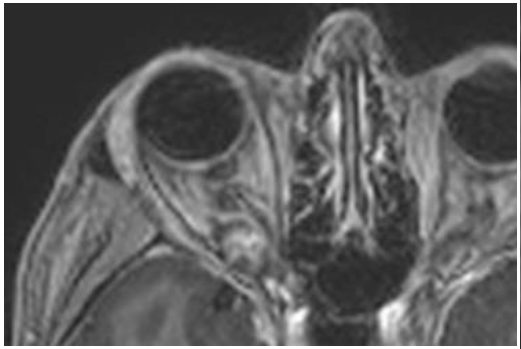
The evolution…

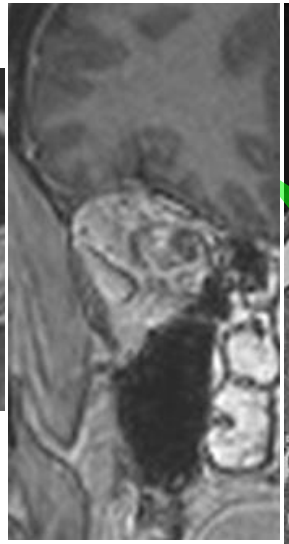
From skull base to…

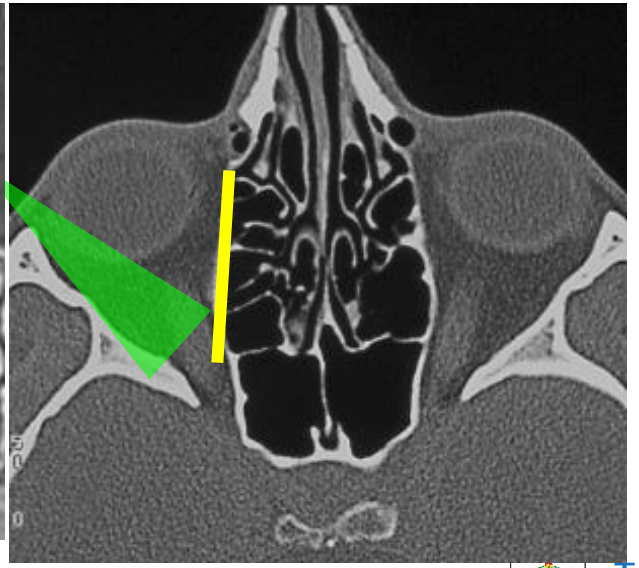
Orbit

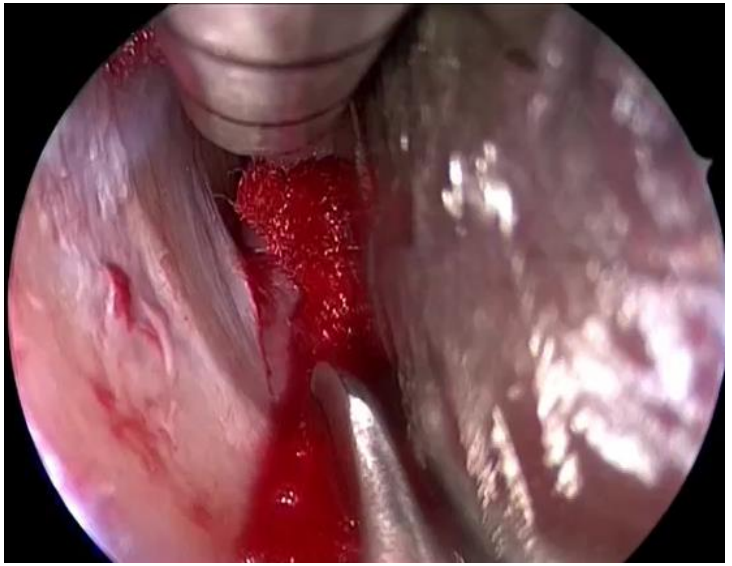
F, 42yo. Since 4 months right eye visual loss





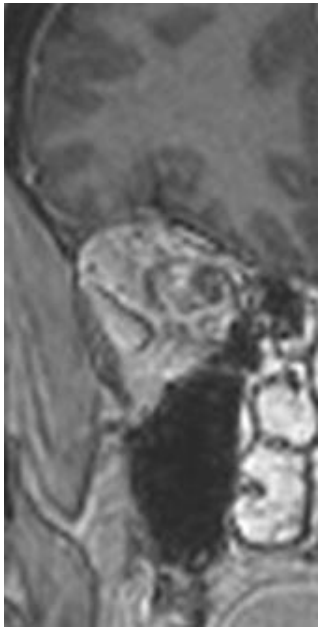


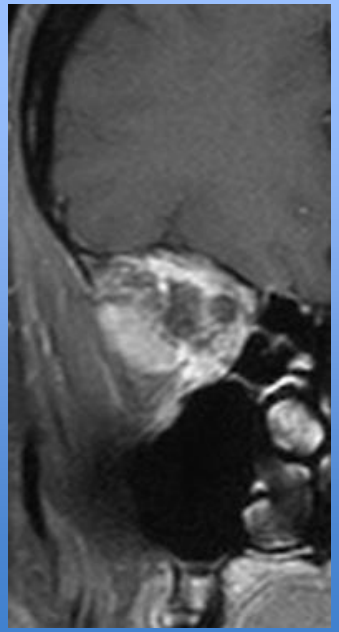


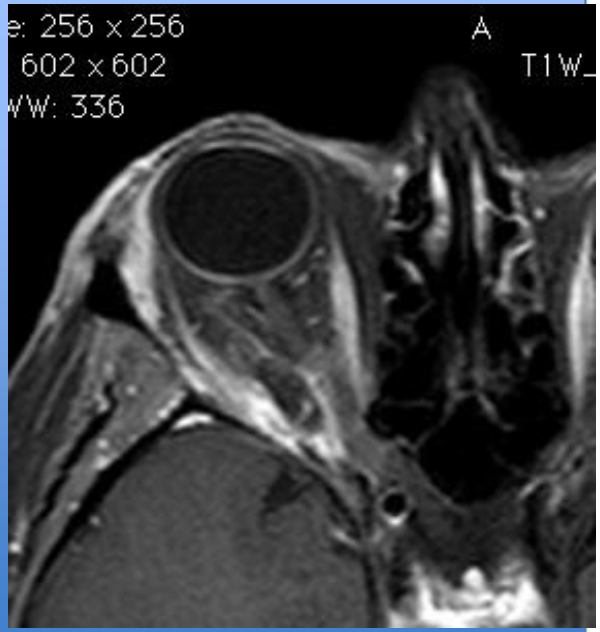


Preoperative examination

II day postoperative control







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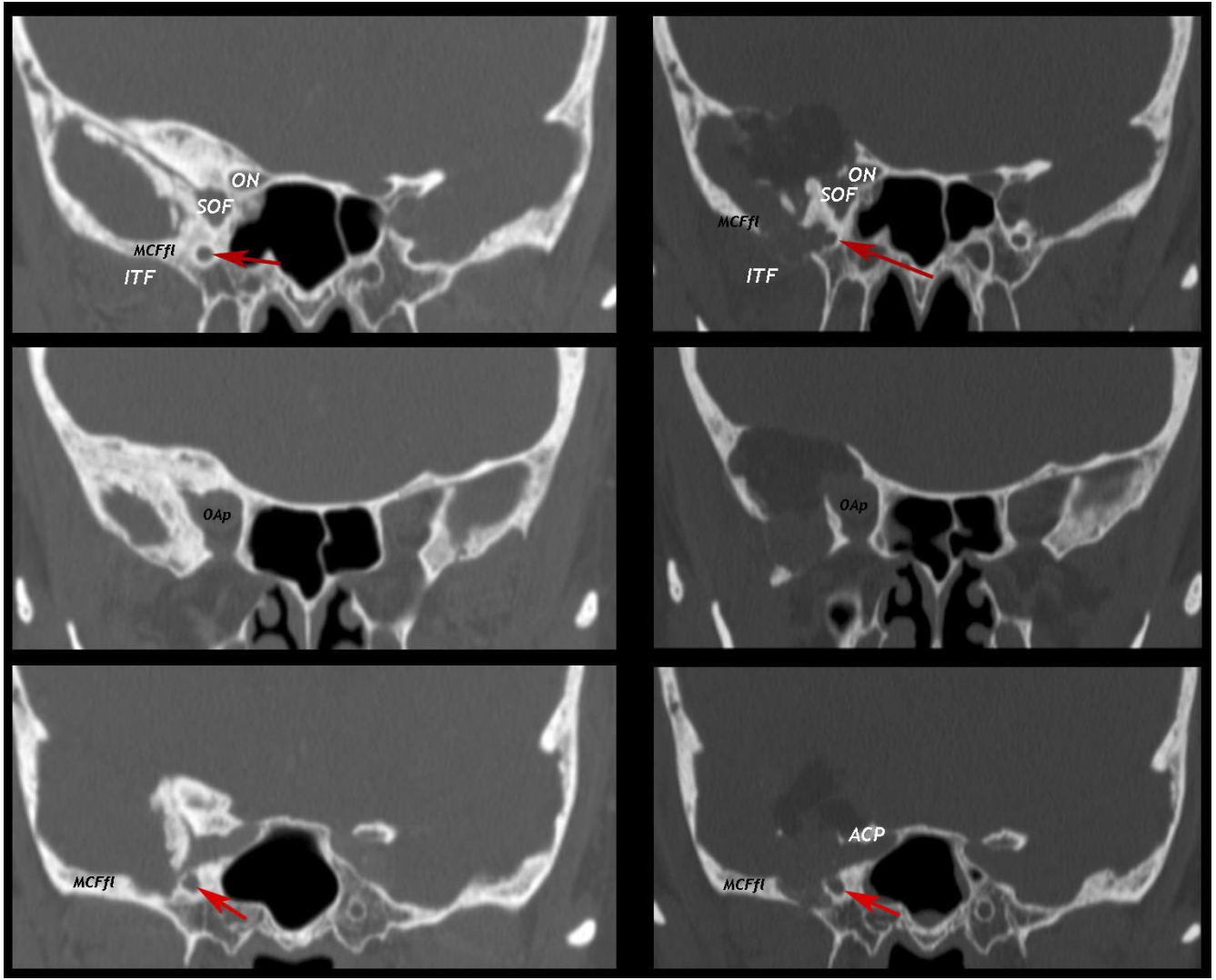
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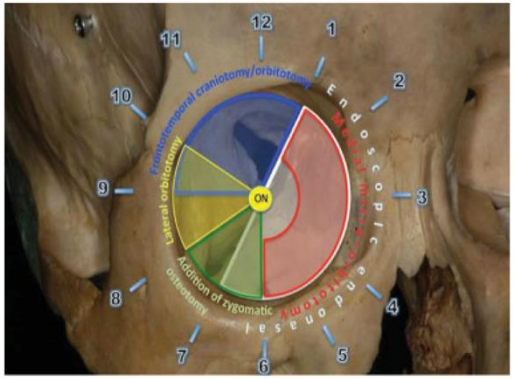
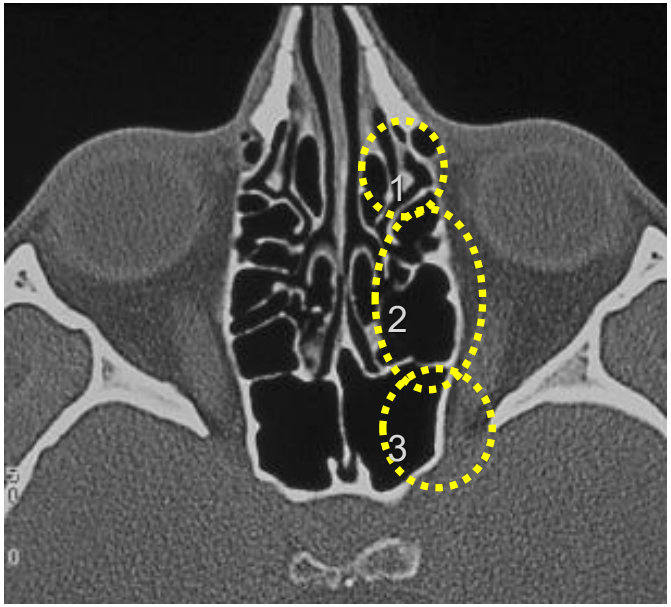


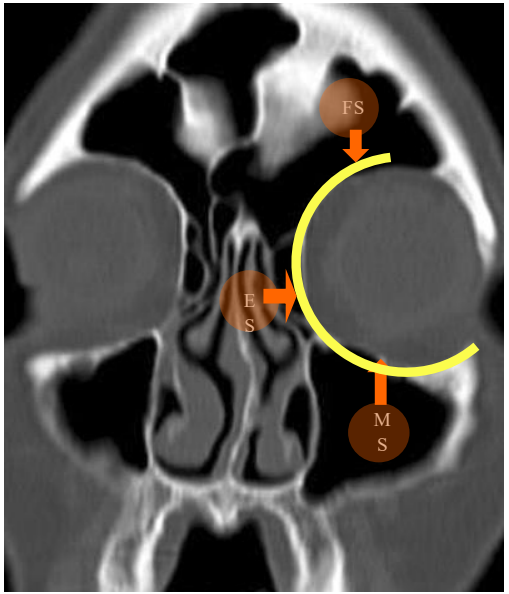
THINK AS: TARGET

DEAL AS: ORBITAL PATHOLOGY | ORBITAL CORRIDOR

ACT AS: ENDONASAL SURGICAL APPROACH | TRANS ORBITAL SURGICAL APPROACH | TRANSORBITAL | COMBINED

Endoscopic endonasal approaches: targets

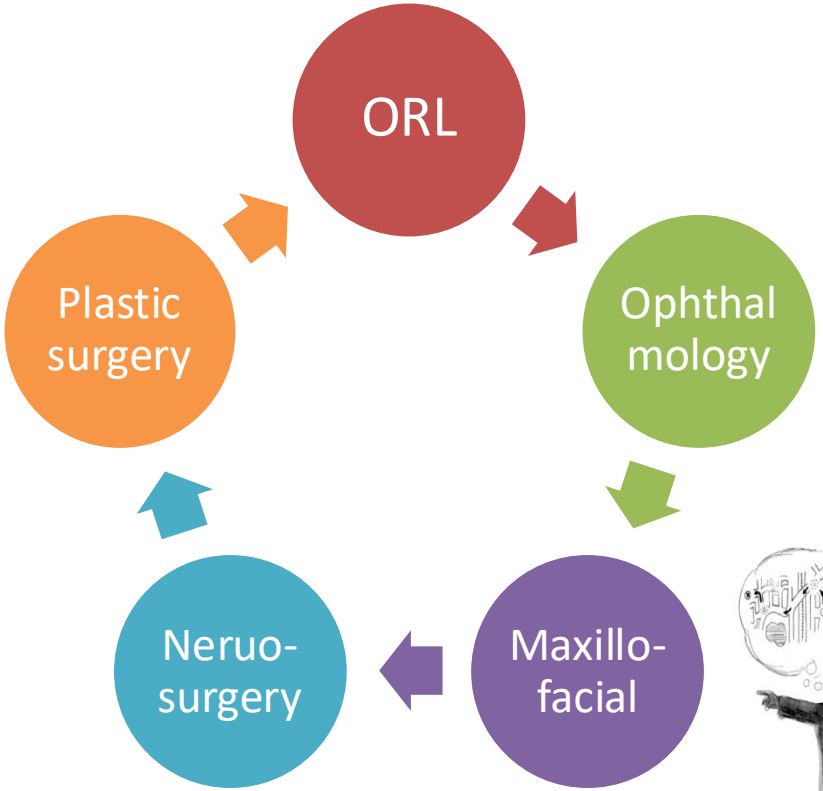




1. LACRIMAL SYSTEM

2. ORBITAL CONTENT-ORBITAL WINDOW

3. ORBITAL APEX



CONCLUSIONS

PREREQUISITES

- knowledge of endoscopic anatomy
- proper training
- advanced instrumentations
- surgical planning & post-op follow-up
- multispecialty team

Tallaght University Hospital