

Guidelines to be followed by centres, services and units in order to be designated as Reference Centres, Services and Units of the National Health System. as agreed by the Interterritorial Board.

9. ORBITAL TUMOURS^{1,2,3}

Benign and malignant complex tumours are included since they are intraconal and extraconal retroocular.

Low frequency of these tumours makes difficult to assess the effectiveness, in terms of mortality and morbidity, of the current protocols used in their treatment, since most of the centres treating these conditions have few cases, hence the need to concentrate them in reference units.

A. Rationale for the proposal

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| ► Epidemiological data on orbital tumours (incidence and prevalence). | Incidence rates are unknown. There are numerous types of orbital tumours, all with low incidence rates. |
| ► Data on the use of complex orbital surgery in orbital tumours. | Hospital de Cruces (Vizcaya) has performed 21 orbitotomies (5 intraconal and 16 extraconal) in the last 8 years. |

B. Guidelines to be followed by Centres, Services and Units in order to be designated as Reference Centres, Services and Units treating orbital tumours by means of complex orbital surgery.

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| ► Specific professional experience: - Activity: <ul style="list-style-type: none"> • Number of complex orbital surgery procedures that should be performed in orbital tumours to ensure an adequate | 15 surgical procedures of orbital tumours per year. |
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| <p>care.</p> <ul style="list-style-type: none"> • Number of procedures (minimum and optimal) that should be performed in a year of techniques, technologies and procedures similar to those specific to the designation requested. <p>- Other data: research on the subject, postgraduate teaching, continuing training, etc.</p> | <p>30 orbital surgeries per year.</p> <p>- Accredited postgraduate teaching.</p> <p>- Participation in research projects and publications in the field^a.</p> <p>- Continuing training programs^a.</p> |
| <p>► Specific resources of the Reference Centres, Services and Units:</p> <p>- Human resources required for the adequate implementation of complex orbital surgery in orbital tumours.</p> <p>Professional experience^b:</p> <p>- Specific equipment required for the adequate implementation of complex orbital surgery in orbital tumours.</p> | <p>Existence of a Hospital tumour board with an updated action protocol based on scientific evidence.</p> <p>- Ophthalmologist.</p> <p>- 24 hour continuous ophthalmic care, given the need for postoperative monitoring and the possibility of complications during the first hours.</p> <p>- Nursing staff, surgical auxiliaries and technicians.</p> <p>- Ophthalmologists with experience of at least 5 years in orbital pathology and surgery.</p> <p>- Nursing staff with experience in the care of patients with eye pathologies.</p> <p>- Required resources to perform pre- and post-operative examinations: exophthalmometry, computerized campimetry, colour test.</p> <p>- Specific equipment required for orbital surgery:</p> <ul style="list-style-type: none"> • Palpebral surgery standard equipment. • Malleable separators (used in neurosurgery). • Micromotor system. • Oscillating saw, for orbitotomy with osteotomy. |

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| <p>► Resources from other units and services besides those belonging to the Reference Centres, Services and Units required for the adequate care of orbital tumours.</p> | <ul style="list-style-type: none"> • Biological glue and bone wax. • Frontal lighting source. - Hospitalization unit, since this surgery requires general anaesthesia and hospital admission. - Neurosurgery services. - ENT services. - Endocrine services. - Maxillofacial surgery services. - Plastic surgery services. - Medical and radiotherapy oncology services. - Anaesthesia services. - Intensive care unit. - Image diagnosis: MRI, CT scan, nuclear medicine. - Neurophysiology. - Haematology services. - Anatomical pathology services. |
| <p>► Procedure and clinical results indicators of the Reference Centres, Services and Units ^c:</p> | <p>The indicators will be agreed with the Units that will be designated.</p> |
| <p>► Existence of an adequate IT system: (Type of data that the IT system must include to allow identification of the activity and evaluation of the quality of the services provided)</p> | <ul style="list-style-type: none"> - Filling up the complete MBDS of hospital discharge. - The unit must have a <i>registry of patients</i> with orbital tumours which at least must include: <ul style="list-style-type: none"> - Data required for the tumour registry of the hospital: patient's identity (medical record number), date of birth, sex, address, tumour site (International Classification of Diseases for Oncology), date of diagnosis and recurrence, diagnosis method, tumour histology, stage. If applicable, cause and date of death. - Admission date and discharge date. - Date of surgery. - Diagnosis procedures performed to the patient (ICD-9-CM). - Main diagnosis (ICD-9-CM). |

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| | <ul style="list-style-type: none"> • Injury etiology. • Injury characteristics, size and site. - Number and type of therapeutic procedures provided to the patient (ICD-9-CM): <ul style="list-style-type: none"> • Surgical procedures • Other therapeutic procedures. - Complications (ICD-9-CM). <p>- The unit must have the required data which should be sent to the Spanish National Health Service Reference Centres, Services and Units Appointment Commission Secretariat for yearly reference unit monitoring.</p> |
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^a *Criteria to be assessed by the Appointment Commission.*

^b *Experience will be accredited by certification from the hospital manager.*

^c *Clinical results standards, agreed to by the experts group, will be assessed, initially by the Appointment Commission, while in the qualification process, as more information from the Reference Centres, Services and Units is being obtained. Once qualified by the Appointment Commission, the Quality Agency will authorize its compliance, as for the rest of guidelines.*

Bibliography:

¹ Diseases of the orbit. Jack Rootman. Lippincott Company. 2^a edición. 2003.

² Orbital Surgery. A conceptual approach. Jack Rootman. Lippincott Company. 1995.

³ Patología orbitaria. Pérez Moreiras JV. Edika Med. 2000.