PATIENT EDUCATION

Orbital inflammatory disease & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this condition?

Idiopathic orbital inflammation (sometimes called orbital pseudotumor) is swelling of tissues behind the eye that is not infection and not thyroid eye disease — though those must be ruled out. It can hurt, push the eye forward, or double vision. Steroids are the usual first treatment. Low-dose orbital radiation is considered when inflammation returns as steroids taper or when steroids are not safe.

What you may notice

- Pain behind the eye, worse with eye movement
- Lid swelling, redness, or a bulging look
- Double vision
- A steroid response that fades when the dose drops

Usual care

An orbit-experienced ophthalmologist must exclude infection, cancer, and Graves disease. Biopsy is sometimes needed. Steroids, other immune medicines, and radiation are sequenced carefully.

Where CureRays may fit. CureRays may deliver low-dose image-guided radiation to the orbit after that work-up, with lens shielding when the plan allows. We will not treat a red eye that has not been fully evaluated. Confirm the diagnosis name on your summary.

What treatment usually involves

- Review of MRI/CT and the eye specialist's note
- Simulation with a mask and eye-position coaching
- A short low-dose course
- Steroid taper planned with the ophthalmologist — do not stop steroids yourself

Immobilization — why it matters

A mask and sometimes a gaze target keep the eye still. You go home each day. Vision changes during the course should be reported the same day.

Side effects you should know about

Low-dose or superficial courses use much less dose than most cancer plans. Effects are usually local. Confirm your list with your clinician — this is not a consent form.

- **Periorbital puffiness or fatigue.**
- **Dry eye.** Use the drops you are given.
- **Rare / serious.** Sudden vision loss, severe pain, or fever — urgent.

What this means for you at CureRays

The aim is to calm inflammation and spare steroid side effects over time. Response is judged by pain, appearance, and the eye exam — not by a percent we invent.

Questions to ask

- Have infection and cancer been ruled out?
- Why radiation now instead of another immune medicine?
- How will you protect the lens and the other eye?
- What is the steroid taper calendar?

How to schedule or learn more

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