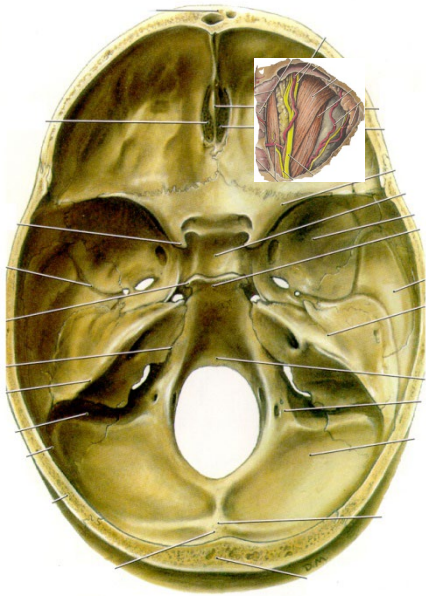


**ORIENTATION/INSTRUCTIONS TO  
ORBIT DISSECTION  
2025**

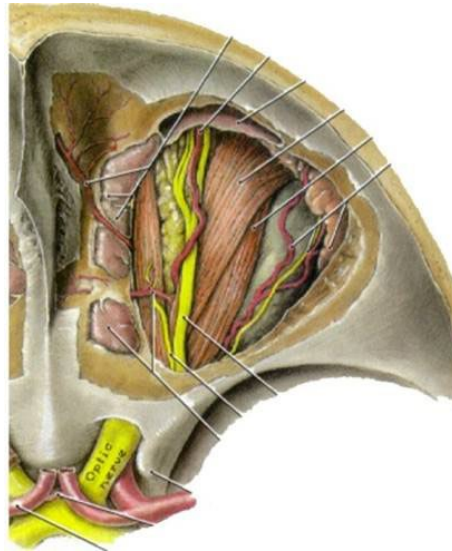
# ORBIT DISSECTION: OVERVIEW

## APPROACH (BOTH SIDES)



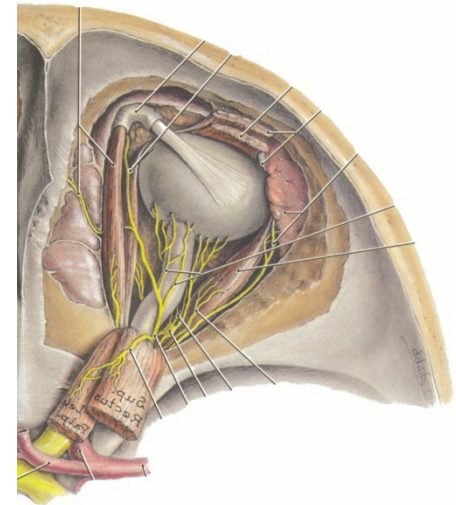
REMOVE BONE  
OF ROOF OF  
ORBIT

## SUPERFICIAL DISSECTION



SEE  
LEVATOR  
PALPEBRAE  
SUPERIORIS,  
EYE MUSCLE

## DEEP DISSECTION



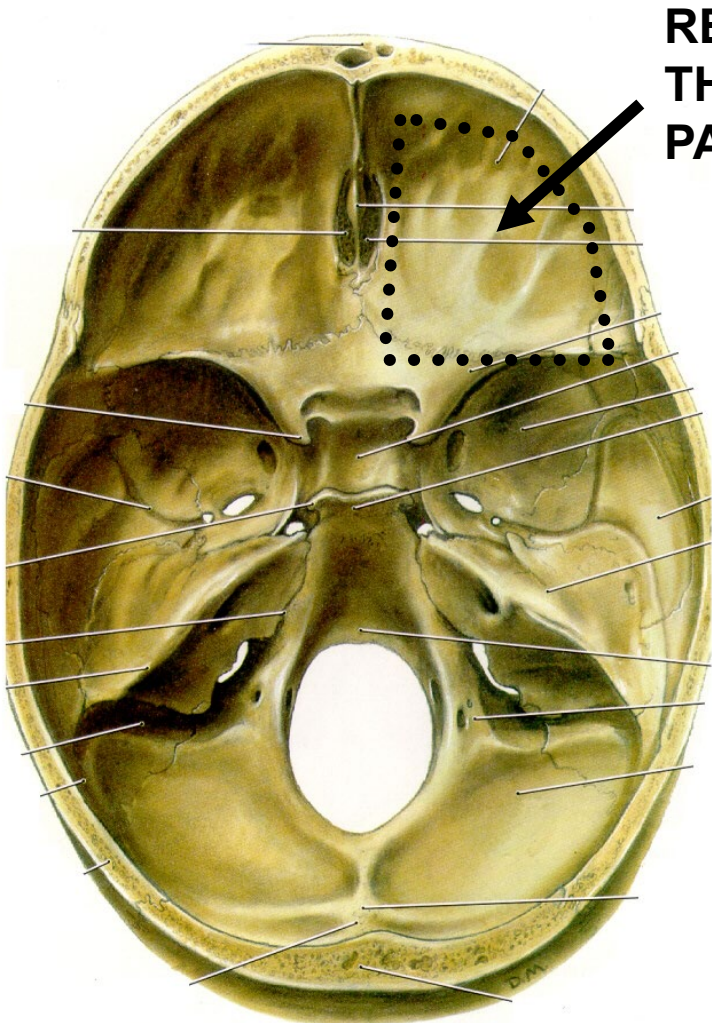
CUT  
LEVATOR PALPEBRAE,  
SUPERIOR RECTUS  
SEE OPTIC NERVE,  
CILIARY GANGLION,  
ETC.

# GUIDE TO ORBIT DISSECTION

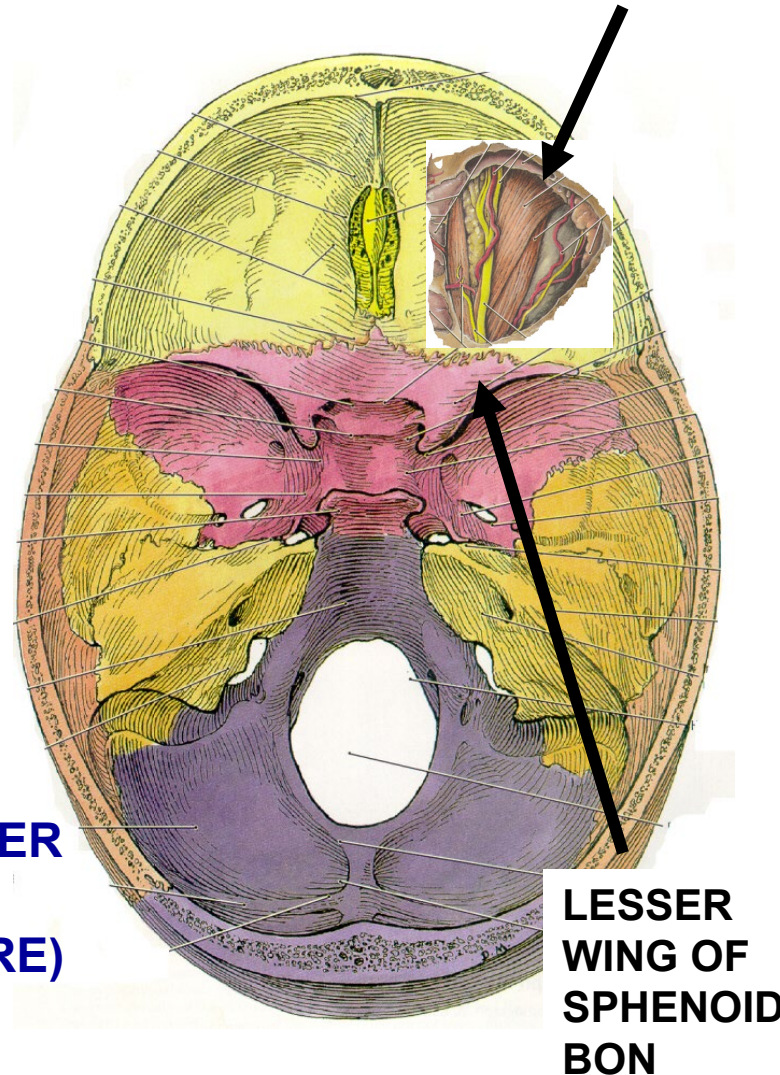
## 1. REMOVE FRONTAL BONE OVERLYING ORBIT -

- 1) Crack bone with chisel and hammer
- 2) Piece out bone with bone cutters (wire cutters)

AFTER REMOVAL  
LOOK INTO ORBIT  
FROM ABOVE



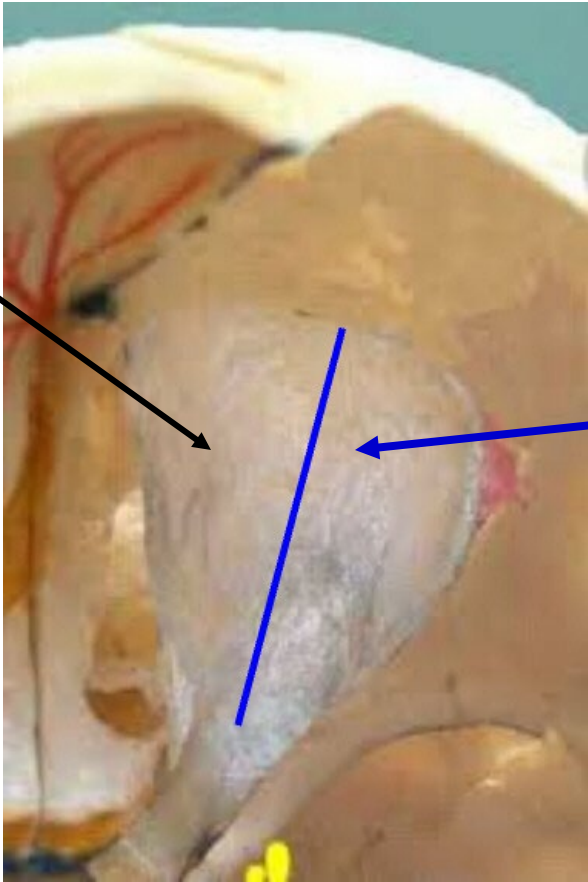
2. REMOVE LESSER WING OF SPHENOID BONE (PART OVER SUPERIOR ORBITAL FISSURE)





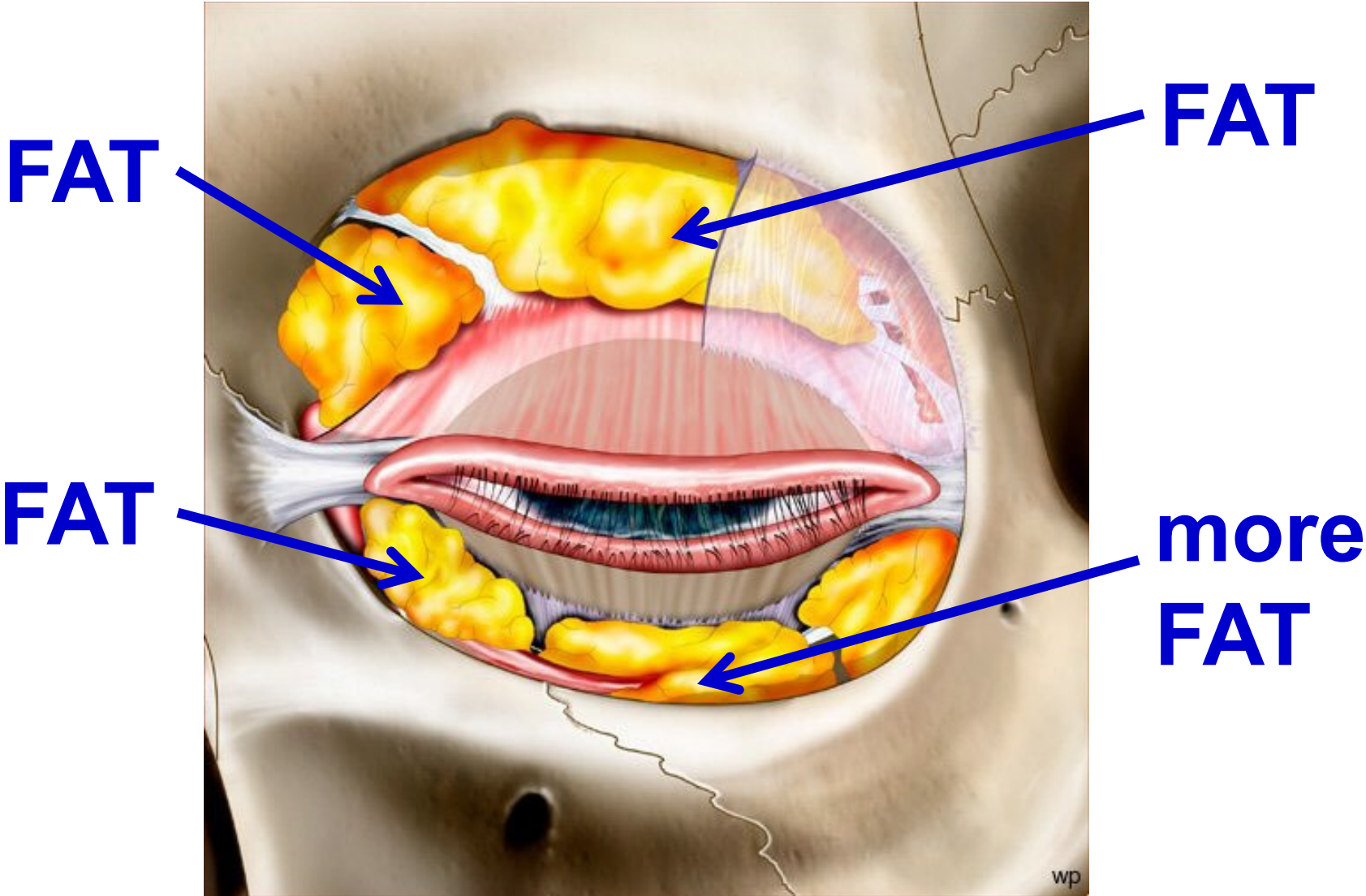
**2- REMOVE PERIOSTEUM LINING ORBIT (PERIORBITA) – Incise white connective tissue layer in midline and cut away from underlying structures. Should now see muscles and nerves surrounded by fat.**

**PERIORBITA**



**Carefully cut through CT layer with scalpel**

**ORBIT IS FULL OF FAT**

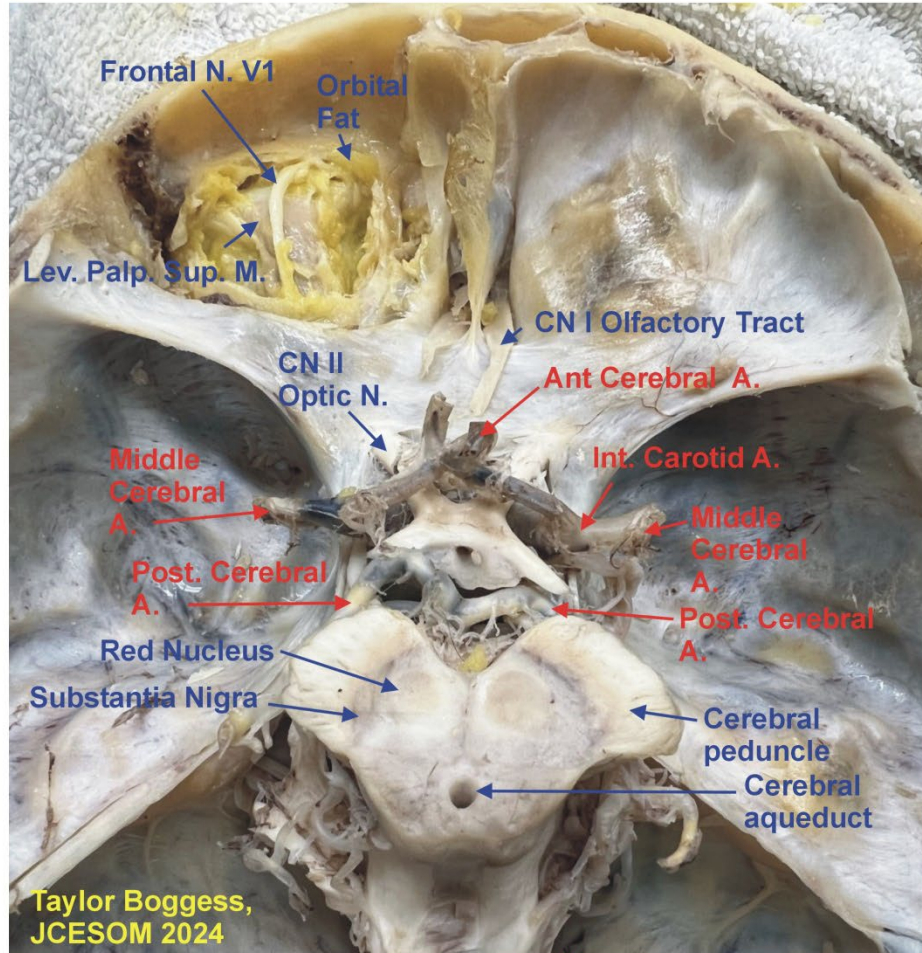


# 116

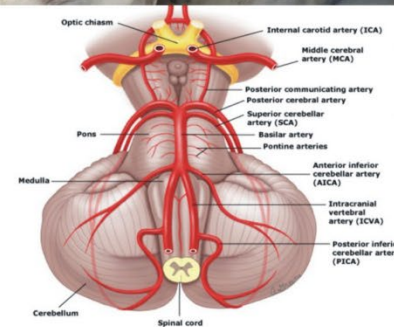
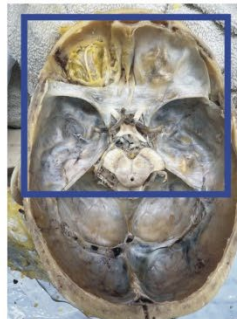
View similar to lab dissections on Friday 2/9/2024 (Cranial Cavity) and Monday 2/12/2024 (Orbit)

## BRAINSTEM/ORBIT IN CRANIAL CAVITY

116



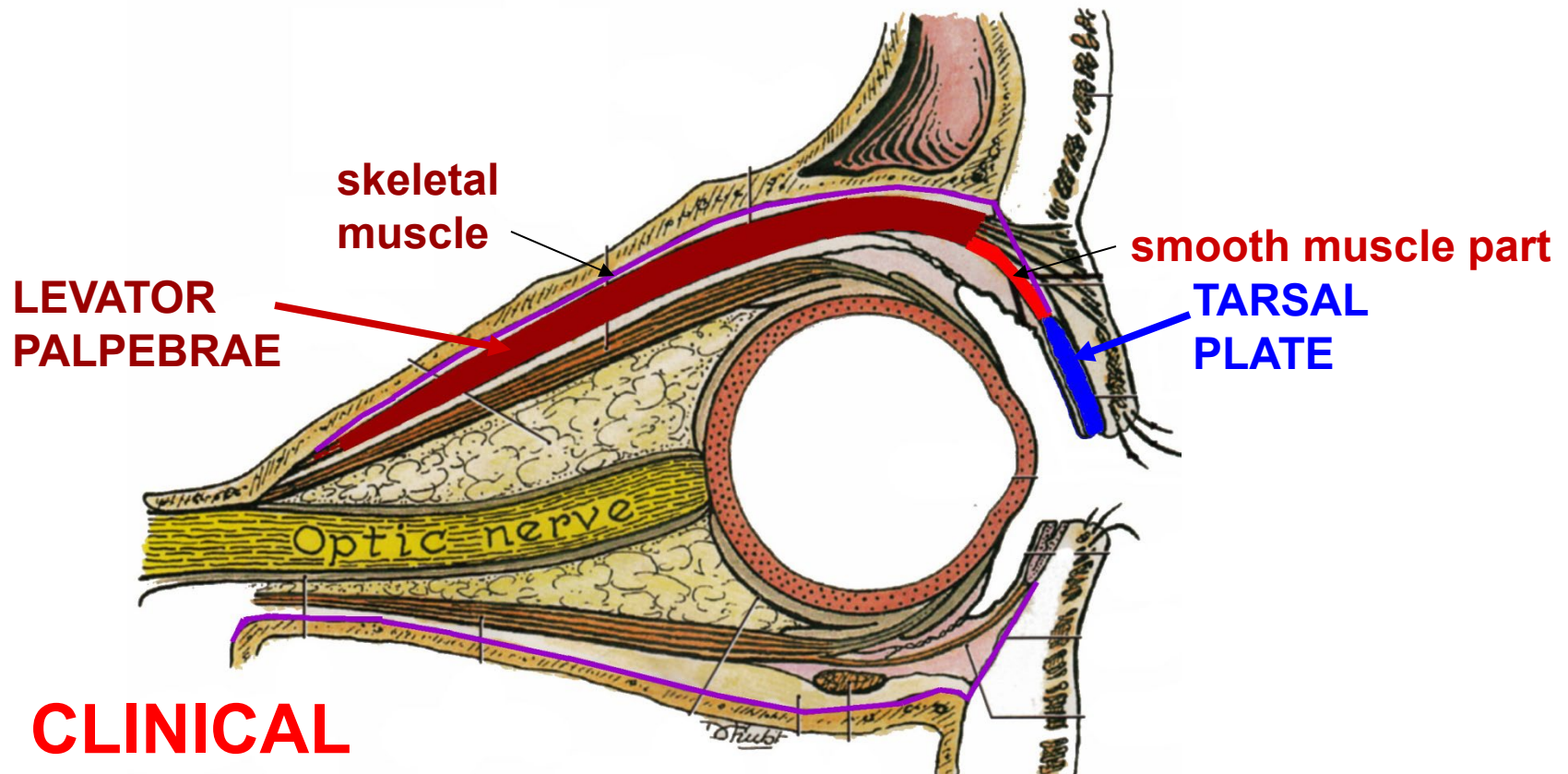
ORIENT



LEVEL OF VIEW



# LEVATOR PALPEBRAE SUPERIORIS



## CLINICAL

**LEVATOR PALPEBRAE SUPERIORIS MUSCLE** - ORIGIN FROM TENDINOUS RING - COMPOSED OF SKELETAL (CN III) AND **SMOOTH (SYMPATHETICS)** MUSCLE PARTS - damage either part:  
**EYELID DROOP = PTOSIS \* \***

**DIFFERENTIAL DIAGNOSIS: DAMAGE III, PUPIL DILATED, DAMAGE SYMPATHETICS, PUPIL CONSTRICTED**





