

## A new lid clamp

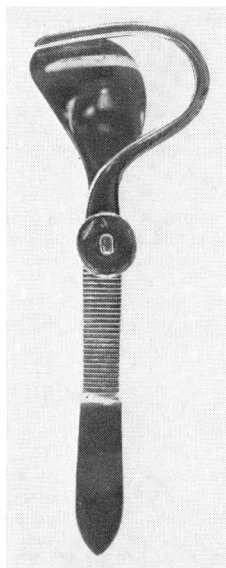
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A new lid clamp (Fig. 1) has been devised mainly for the upper lid—though it may also be used for the lower lid—to facilitate surgery when the total area of the lid has to be exposed. It will thus have a use in such procedures as entropion correction involving grey-line splitting with or without grafting (mucous membrane or skin), excision of tumours when partial or total resection of lid becomes necessary followed by plastic reconstruction of the lid, and any plastic procedures in which the whole lid must be available for unimpeded manipulations. It may also be used in ptosis surgery by the anterior approach.

The clamp has a subsidiary use as a lip clamp to remove buccal mucous membrane.

The essential advantage of the clamp is that the whole lid (upper or lower) is fully exposed and held in position from the medial to the lateral canthus, both canthii being easily and fully accessible, unobstructed by the instrument. Vertically the lid becomes available to any width desired right up to the orbital margin. The clamp can be fixed at any height on the lid, and the skin of the lid may be stretched and held as needed. Further, the lid margin may be everted and exposed for grey-line surgery. The eversion may even facilitate some procedures from the conjunctival surface for entropion correction. Complete access to the whole lid, including both canthi, is possible because of the lateral arch



of the anterior blade and the absence of a vertical limb at the medial end.

Other functions of the clamp are to provide effective control of bleeding so that a bloodless field is available during surgery, which in turn facilitates a neat and quick procedure. It also gives complete protection of the cornea and the eyeball even when working at the ends of the lid; the posterior plate of the instrument covers the eye ball completely both horizontally and vertically. The posterior plate stretches the lid, facilitating correct procedures. Though the clamp was originally designed for the upper lid, it may well be used for surgery on the lower lid simply by using the right clamp for the left eye and vice versa.

The clamps are designed for right and left lids. There are two versions: large, to be used for large and horizontally long lids; small, for small eyes and in children. Each clamp has anterior and posterior blades which can be tightened to any desirable pressure by the screw on the handle. The anterior blade is sickle-shaped with a curve arching outwards (laterally) to allow easy access to the lateral canthus. The horizontal bar continues parallel with a minimal curve to conform to the superior orbital rim and reaches to the medial end of the lid along the orbital margin. This curve of the horizontal bar allows application of the clamp as far upwards as desired, thus exposing the anterior lid surface maximally. The horizontal bar does not bend down the medial end, so that the instrument does not obstruct the medial part of the lid, and complete access is provided. The posterior blade, which goes under the lid on the conjunctival surface, extends the entire length and breadth of the lid, so that it stretches the lid sufficiently and fixes it to facilitate operative procedures. The blade has a concave posterior surface to align with the cornea and the globe, so that the cornea and the globe are effectively protected during the whole surgical procedure even when the surgeon is working at both ends of the lid.

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