"BIRD-BEAK" OPHTHALMIC FORCEPS*

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The design of the forceps illustrated below† ensures great gripping power with the minimum of tissue trauma.

Two principles are utilized: (i) great stability and pressure between the tips of the jaws is secured by bringing the fulcrum forward in the manner of a needle-holder, and (ii) the fulcrum is designed so that the extreme tips of the forceps engage first and as pressure is increased they press together even more firmly and never splay outwards as the blocks engage.

The non-toothed variety (Figs a and b) is the most generally useful and the opposing surfaces have very fine diagonal serrations which enhance the grip which is obtained primarily by the extreme tips. This forceps is valuable in, for example, direct suturing of corneal grafts, in fixing the lips of sclerotomy openings, and wherever a very firm hold is required without damage to the tissues.

Fig. a.—Bite of non-toothed forceps. × 2. Fig. b.—Non-toothed forceps (¼ actual size). Fig. c.—Bite of toothed forceps. × 2.

The toothed variety (Fig. c), which is a 1–2 similar to, but smaller than, the St. Martins forceps, is less frequently required; it is used for fixing overhanging wound edges or traumatized tissue, as for example in the direct suture of corneal lacerations.

The non-toothed model also makes an almost perfect epilation forceps.

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