Sclerotomy forceps

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SUMMARY Forceps to facilitate the drainage of subretinal fluid are described.

It is widely accepted that the most frequent complications of retinal detachment surgery are choroidal haemorrhage and retinal incarceration associated with drainage of subretinal fluid. Many techniques designed to minimise these dangers have been described, in particular transillumination at the drainage site, diathermy of the choroid, and dissection under the microscope.

In many instances where subretinal fluid drainage is indicated the use of such methods is made difficult or impossible by thickening and vascularity of the tissues after previous surgery and by the limited choice and posterior location of a suitable drainage site. Several authors have described ways of improving visualisation of the choroid by dissecting triangular scleral flaps or retracting the wound lips with sutures or forceps, while to avoid incarceration Wilson designed a special twist grip fixation device.

The forceps described in this paper are designed to engage the lips of a simple linear scleral wound and retract the opening during drainage of subretinal fluid (Fig. 1). As well as allowing excellent exposure in the depths of the wound while dissecting the sclera they can be used to hold the wall of the globe away from the retina during drainage, avoiding retinal incarceration and maintaining flow.

They have curved blades operating on the cross-action principle as previously advocated by Bovino, while two outward facing teeth are located 2 mm apart at the tip of each blade (Fig. 2). The blades
open to a maximum of 2 mm, and the points of the teeth project outwards tangential to the scleral surface, so there is no danger of accidentally rupturing or perforating the globe. By simply turning the forceps over, the curve of the blades is designed to facilitate their use anteriorly or posteriorly, a separate set of teeth being incorporated on opposite sides (Fig. 2).

The forceps are available from Osborn and Simmons Ltd, 31 Clerkenwell Close, London EC1.

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References

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