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ELLIOT'S TREPHINE OPERATION—A VARIANT

BY

GEORGE BROOKES, F.R.C.S.(Eng.)

HON. OPHTHALMIC SURGEON, R.S.S.H., SYDNEY, N.S.W.

THE question of the non-operative versus the operative treatment of glaucoma is now more than ever engaging the attention of ophthalmic surgeons, especially those who operate frequently for this complaint. Much ink is being spilt to vaunt the efficacy of injections and drops. In these circumstances any little help to improve the operative technique in the direction of ensuring a good filtering scar is welcome. I have in the past, along with many others, been under the necessity of trephining an eye more than once, in order to secure a really satisfactory tension. Recently I have adopted the following plan:—

After rather less than the usual cocainizing by drops, the conjunctiva is seized as high up as possible and lifted well off the eye-ball.

Three quarters of a cubic centimetre of a sterile solution of novocaine and adrenalin is then injected into the loose areolar tissue, the needle entering half way up the side of the tent (so to speak).

After releasing the forceps and withdrawing the hypodermic needle, the bleb is massaged gently but firmly downwards over the limbus.

After this one does not wait, for this allows infiltration and consequent brittleness of the flap, but opens immediately into the superior side of the bleb with one large cut of very blunt pointed scissors.

These are then inserted closed into the wet pocket and opened laterally; a couple of side cuts allow the flap to be turned down over the cornea.

After the field is mopped dry, it is surprising how little splitting of the cornea remains to be done with a metal instrument.

The above is no doubt little more than a slight variation of the usual method, but I consider it to be of supreme importance, in so far as the permanent and successful bleb is more likely to occur in Nature's plane of cleavage which the injection produces, than in any deeper or more superficial one, however gently made. The oozing too is minimal.

Elliot (Glaucoma, page 536) instructs that the flap be made as thick as possible at its base. This in my opinion is wrong. A plane of tissue dissected by a metal instrument is more likely to heal down again; it is artificial, and resented by Nature.

In the past some of my trephine holes have been rendered ineffective, not by plugging, but by becoming, as it were, papered over; and this even in the absence of any sepsis demonstrable by the slit-lamp. Now, however, I am securing good blebs.