CORNEAL SUTURING FORCEPS*

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DIFFICULTY has sometimes been experienced in suturing the cornea. When held with the usual types of corneal forceps, the cornea tends to fall away from the suture needle, and the sutures cannot be placed accurately. Because of these difficulties the forceps illustrated in Figs 1 and 2 were made to specification for me.†

FIG. 1.—Corneal forceps (full size).

FIG. 2.—Enlarged view of points of forceps. $\times 4$.

There is sufficient space between the two prongs of the forceps to allow a needle to be passed with ease between them. Consequently the part where the suture is to be inserted is firmly held and the suture can be placed accurately both in position and in depth.

These forceps have been used successfully in corneal grafting, in the suturing of lacerations of cornea and sclera, and in scleral resection.

Not only are the sutures inserted more easily, but by virtue of the fact that the part to be sutured can be held gently away from the globe, sutures can be placed with less pressure upon intra-ocular structures and with less risk of injuring them.

*Received for publication March 11, 1954. † By the Stearman Optical Co., Ltd.