CATARACT EXTRACTION—AN IMPROVED TECHNIQUE*

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THE following method is considered by the author to be an improvement on that normally used for the intracapsular extraction of the lens. It has been used on alternate cases for the last two years (340 cases) and is now in general use.

Method

This method was first used for erysiphake extractions (rubber teat type). The instrument enters the anterior chamber horizontally, i.e., at the 9 to 3 axis instead of the usual vertical or 12 to 6 axis (Fig. 1). The zonule is ruptured in the usual way and an expressor is applied to the limbus from 4 to 8. When the cataract is felt to be free at the lower border and pressure of the expressor starts to lift the lens upward, the erysiphake is rotated around

FIG. 1.—Diagram showing axis at which instrument enters the anterior chamber.

A & B as on normal Capsule Forceps

FIG. 3.—New design for capsule forceps to be used in cataract extraction.

FIG. 2.—To show rotation of the erysiphake and dislocation of the lens.

its axis by rotation of the wrist, and the lens is dislocated out of the eye. The advantage of this method is that the suction pull of the erysiphake is used only to twist the lens, and there is no pull away from the lens as there always is when the erysiphake is used vertically, because of the position of the frontal bone (Fig. 2). Using this method the lens capsule is much less likely to tear and the vacuum suction less likely to give way. The normal capsule forceps can be used in this way, but because of the right-angle bend it is difficult to rotate the gripping surface in the same way. A new design (Fig. 3) overcomes this difficulty and the instrument can be rotated easily, as was the erysiphake, by rotation of the wrist.

Summary

A new technique for intracapsular extraction of cataract by rotation in the horizontal axis is described.

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