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A light pipe guard to prevent iatrogenic retinal injury during vitrectomy

SIR,—Iatrogenic retinal injury has occurred in 38% of eyes undergoing vitrectomy for progressive proliferative diabetic retinopathy.¹ An iatrogenic break worsens the visual prognosis.² It is therefore essential to make every effort to avoid such injuries. One preventable cause is retinal injury due to the fibreoptic light pipe. This can be avoided by using it with a guard to prevent excessive introduction. The light pipe length is excessive, 35 mm, and compares unfavourably with the average chord lengths: from pars plana port to macula of 22 mm, or to the proximal retina 16 mm (if a path parallel to the visual axis is taken).

Figure 1: The (35 mm) light pipe is covered at its proximal end with 20 mm of tarsorrhaphy tubing to guard against excessive introduction of the light pipe into the eye.

In order to minimise the risk to the retina we have restricted the introduction of the light pipe to 15 mm by covering the proximal pipe with a 20 mm length of tarsorrhaphy tubing (Fig 1). In this way it is impossible to introduce the light pipe far enough to injure the macula and yet it goes far enough to remain in view even if the pupil is not well dilated. This precaution will keep the tip 8-10 mm from the retina for most of the tip's arc of movement within the eye.

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BOOK REVIEWS

Clinical Tests: Ophthalmology. By M J E Huber, M H Reacher. Pp 176. £25.00. Wolfe Medical: London, 1990.

This is a beautifully illustrated book, but really I am at a loss to comprehend just at which market it is being aimed. I have not had the

opportunity to look at others in the series of Wolfe Medical Atlases. There are 244 excellent photographs, but, for instance, on gonioscopy (pp. 114-7) there are five pages of non-useful pictures, then two of angles of the anterior chamber, but no legend as to what is being viewed in the angle photographs.

There are 15 pages on field testing – the majority as provided by the instrument manufacturer – and the fields which are printed again have no explanatory caption. Photograph 58 on exophthalmometry has a legend which is somewhat inaccurate, and illustration 16 on infant restraint is hardly likely to commend itself for help in primary care practice.

The presentation is excellent and the printing is superior to many other more useful publications, but I do not really see what addition it is to the voluminous range of titles already available. As claimed on the cover, this is an uncomplicated guide to testing of eye status, but I do not think optometrists would find much in the book of value, and for ophthalmologists there is really no information of use for revision, for practical or theoretical learning, or to recommend to practitioners interested in the specialty.

WILLIAM M DOIG

A Colour Atlas of Ptosis: A Practical Guide to Evaluation and Management. By J J Dutton. Pp 156. No price given. PG Medical Books: Singapore. 1989.

This book sets out to present a simple, concise, and well illustrated guide to ptosis surgery specifically directed at the surgeon who is less familiar with eyelid anatomy and who does not perform such operations on a daily or weekly basis. A logical classification based on the aetiology of ptosis is first presented with excellent photographs illustrating many different causes of it. Surgical anatomy is then covered with very clear, concise diagrams. The third chapter discusses preoperative evaluation, and the next four chapters detail the author's techniques for a modified Fasanella Servat procedure, aponeurosis repair, anterior approach levator resection, and brow suspension. The surgery is presented with a matching series of operative photographs, diagrams, and explanatory captions which are incredibly clear and easy to follow. The actual text is kept to a minimum and supplements the operative series excellently. It is well laid out under the clear headings of anaesthesia, surgical technique, postoperative care, results, complications, and references.

It is extremely difficult to find anything to criticise in this book, and the author is to be congratulated on having produced the most beautifully clear and concise pictorial guide to ptosis that I have ever seen. Surgeons practising a lot of ptosis surgery may disagree with one or more minor details, such as the Iliff modification of the Fasanella Servat procedure, the lack of any mention of posterior approach aponeurosis and levator surgery, or the use of a buried non-absorbable suture for securing autogenous fascia lata used in a brow suspension operation. No book can cover all aspects of a subject, and this book has undoubtedly achieved the aim of being a simple, clear, illustrated guide to the main ptosis operations that any surgeon may want to use. It is without doubt the best guide to the subject that has yet been produced and cannot be warmly enough recommended to everybody who proposes to start ptosis surgery or who practises it infre-

quently and wants to refresh their memory prior to doing an operation.

J R O COLLIN

Ophthalmic Surgery: Principles and Practice. Edited by George L Spaeth. Pp. 755. £90.00. Saunders: London, 1990.

Edmund Spaeth, an ophthalmologist who practised general and ophthalmic plastic surgery in Philadelphia, USA, also wrote a surgical ophthalmic text which can now be seen as a precursor to that edited by his son George. The baton of this father and son team could have been said to have been handed over in 1971, when in a unique event in British ophthalmology both appeared on the same programme at the Oxford Congress.

Since that time Spaeth Jnr has continued to delight his ophthalmic audiences with both his spoken and his written word. We in the audience have come to expect to be educated both in the science but also in (a much less frequently tilled pasture) the philosophy of our craft. One achievement has been to bring both these facets together in this comprehensive text. The first edition appeared in 1982, and now, eight years later, the second.

This book sets out to cover all aspects of the surgeon's craft, from fundamental principles to basic elements of individual surgical procedures. In updating it the editor has kept the book at the same length as the first edition. New sections have been added on keratorefractive and laser surgery, while others have been either updated or extensively rewritten. It is copiously illustrated by means of black-and-white photographs and line drawings. Compactness of the text is maintained by means of numerous tables. Finally, chapters are concluded with (largely) up to date references.

The book represents the current practices of the American writers of the text. Even in a rapidly shrinking world some differences in practice still remain between colleagues on the American continent and elsewhere. The British reader should bear in mind that not all the possible approaches to a problem are necessarily listed, but can rest assured that those that are will be tried and tested and actually work. The book is affordable at today's prices, practical, and a worthwhile addition to every ophthalmologist's bookshelf.

R HITCHINGS

NOTES

Fourth Eupo course

The fourth Eupo course (European Community Professors of Ophthalmology) will be held in Turin on 20-22 June 1991. Details from Organising Secretariat, CIC Srl, C.so Stati Uniti 3, 10128 Torino, Italy.

Duke spring symposium

The Duke Eye Center Spring Symposium will be held on 16-18 May 1991 at the Omni Durham Hotel and Convention Center, Durham, North Carolina, USA. Further information from George Andrews, Duke Eye Center, Box 3802, Durham, NC 27710, USA.