

THE RIDLEY INTRA-OCULAR ACRYLIC LENS*

A SIMPLIFIED OPERATIVE TECHNIQUE

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RIDLEY'S original operation for the insertion of the plastic lens (Ridley, 1952) involves, in my opinion, a considerable trauma to the delicate iris tissue, as a result of which post-operative tissue reaction is so marked that the exudates deposited on the surface of the implanted lens require a very long time to absorb. The psychological effect of this on an average patient is not good.

To make the Ridley lens implantation operation more popular and easy, so that an average ophthalmic surgeon can perform it without hesitation, a technique has been evolved which fulfils the following requirements:

- (a) It is simple in manipulation.
- (b) It involves no additional trauma to the iris tissue, other than that of a normal cataract extraction.
- (c) It ensures early restoration of sight.
- (d) It requires only a short post-operative period for recovery.

Technique

Anaesthesia.—Facial nerve block and retrobulbar analgesia.

Operation.—The initial steps are the same as Ridley's until the insertion of the plastic lens beneath the lower part of the pupil and the release of the grasp of the forceps. Now the inner corneal suture is tied and cut. The outer suture is also tied, but only the first half of the knot, the free ends being held by the surgeon in one hand.

A fine lacrimal sac irrigation cannula, used with an undine irrigator, is inserted into the anterior chamber, and the iris is very easily brought forward over the plastic lens by means of the fine jet of sterile saline emerging from the cannula. The tip of the nozzle may also be used to manipulate the position of the plastic lens. The final knot of the lateral suture is then tied and the operation completed.

REFERENCE

RIDLEY, H. (1952). *British Journal of Ophthalmology*, 36, 113.

* Received for publication March 20, 1953.