APPLIANCE

MODIFIED PTOSIS SPATULA*

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THE instrument shown in Fig. 1 (a) and (b) is a spatula in two sizes, one smaller for children and the other larger for adults, curved to conform with the forward convexity of the tarsal plate in the upper eyelid; the upper edge of the spatula is rounded and curved to be accommodated in the superior fornix. That part of the spatula which projects below the upper lid margin, after its insertion between the lid and the eye, is drilled with four pairs of holes 1 mm. in diameter near each edge (Fig. 1 a, b).

FIG. 1(a).—Modified ptosis spatula, anterior view showing two sizes, one for adults and one for children.

FIG. 1(b).—Lateral view of two sizes of ptosis spatula.

Sutures of No. 1 black silk are passed through the lid margin at the junction of the middle third with the medial and lateral thirds of the upper lid, and thence through one pair of the three holes on the corresponding side of the spatula. The three pairs of holes in the middle of the spatula are thus arranged to allow for various vertical lengths of the upper lid in stretching it over the spatula. For a vertically short upper lid the upper pair of holes will be used for the sutures, and for vertically longer lids the lowest pair of holes will accommodate the sutures

*Received for publication April 12, 1955.

which secure the lid margins to the spatula. Sutures are now passed through the pair of holes at the lower end of the spatula and then through the edge of the towel, which has been fixed with mastisol to the cheek, and tied (Fig. 2). When the sutures are tied the lid is held stretched over the spatula which is anchored securely in position. The spreading of the lid structures facilitates surgical exposure and protects the eye during the dissection of the levator palpebrae superioris from the conjunctiva of the upper fornix, a procedure which can be done leaving the conjunctiva intact without being button-holed.

FIG. 2.—Spatula in place beneath upper lid. The upper lid margin is secured at junctions of middle with medial and lateral thirds to the perforated edges of the spatula by No. 1 black silk sutures. The lower end of the spatula is secured to the head towel by sutures.

MacCallan's lid spatula, with its concave vertical curve, has to be held in position by the assistant, whose hand frequently obstructs the surgeon's work. Moreover, it is difficult to keep it constantly in the correct place, and the inevitable movement may injure the corneal epithelium. The new instrument avoids all these disadvantages.