Spatula for trabeculotomy

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The idea of reducing the intraocular pressure by fistulizing Schlemm's canal into the anterior chamber has been suggested by Redmond Smith (1960, 1962), Allen and Burian (1962), and Cairns (1968). These writers have detailed the procedure for identification and exposure of Schlemm's canal by a subconjunctival limbal incision. The spatula (Figure) has a tapered blade 5 mm. in length curved to the circumference of the globe. The tip and edges of the blade are blunt, and the handle is short so it can easily be manipulated under the operating microscope. The top Figure shows the actual

size, and the lower Figure an enlargement of the blade.

After exposure of the canal from its outer aspect, the blade is slid for its full length along the lumen of Schlemm's canal on one side. The trabeculum is cut simply by rotating the blade 90° into the anterior chamber. It is then withdrawn, slid into the opposite side of the canal, and rotated as before. The canal is thus opened into the anterior chamber for some 10 mm. The scleral incision is closed by a single 7/0 catgut suture and the conjunctival flap replaced.

It is not claimed that this procedure alone is successful in normalizing the intraocular pressure in more than 50 per cent. of cases in which it has been tried, but it causes remarkably little trauma to the eye and can be used in conjunction with external fistularizing procedures and in cases in which peripheral anterior synechiae are present.

The instrument was made for me by Mr. Stanley Hoskin in cooperation with Messrs. C. Davis Keeler.

References

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