

Tarsorrhaphy lid clamp

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SUMMARY The successful use of a tarsorrhaphy lid clamp is reported. It is a new device which eliminates the necessity for an assistant, and it also achieves a perfect haemostasis at the raw surface. The eversion of the lid margin is excellent.

Tarsorrhaphy is finding increasing indications because of the resultant improvement in corneal metabolic activity and also the protective cover given to the cornea. Different techniques¹ have been described for performing the tarsorrhaphy, but the basic principle remains the same. It is to produce adhesions between the 2 lid margins by creating a raw intermarginal strip on the 2 lids. Tarsorrhaphy is considered to be the best treatment in conditions such as recurrent herpetic keratitis with corneal anaesthesia, lagophthalmos (mild), neuroparalytic keratitis, mild degrees of exophthalmos, and in reconstructive surgery of ocular adenexa and contracted socket.

During the standard procedure of paramedian or lateral tarsorrhaphy an assistant is needed to raise the lid margin with the help of 2 hooks and to bring it forward so as to evert the margin. Secondly the raw area of the intermarginal strip oozes freely, and it has to be checked by firm pressure with a swab.

A tarsorrhaphy lid clamp (Fig. 1), designed by and available through the author, has many advantages. It makes tarsorrhaphy a simpler procedure which can be accomplished in a much shorter time with better

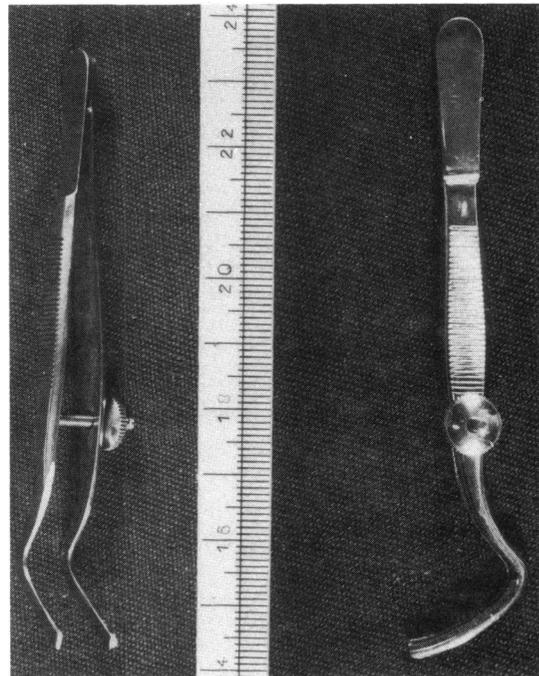


Fig. 1 Tarsorrhaphy lid clamp.



Fig. 2 Tarsorrhaphy lid clamp in position for upper and lower lid, showing a firm grip and eversion of the lid margin.

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healing on account of haemostasis. The clamp eliminates the need for the assistant, since it gives an easy manoeuvrability of eversion of the lid margins (Fig. 2) along with a perfect haemostasis. It also permits easy insertion of 2 vertical mattress sutures while it is in position. Slipping of the clamp is avoided by serrating the inner surface of the clamp limbs.

I have been using this instrument successfully to do tarsorrhaphy in all patients wherever it is indicated.

Reference

- 1 Roper-Hall MJ. *Stallard's Eye Surgery*. 6th ed. John Wright: Bristol, 1980: 142.