Needle holder with gap joints

Sir. Although very fine sutting usually requires suture tying forceps, there are many circumstances when time can be saved by the use of the needle holder, especially, for example, in tying sutures used for closure of conjunctival or skin wounds and in operations for squint and retinal detachments. Sometimes the suture material is entrapped in, or even cut by, the joints of the standard needle holder.

Fig. 1 shows the modification of the joints which avoids this entrapment. There is a generous gap between the shoulders, which are also rounded off to prevent snagging (which may occur even when entrapment has been avoided). Box joints have also been incorporated, partly to reduce the height of the shoulders on each side but mainly to improve stability of the joints: box joints are not essential to the principle.

The basic needle holder we have chosen for this modification is the Barraquer pattern with curved jaws which has been such a fundamentally original contribution to ophthalmic and other surgery. Other needle holders could be adapted in the same way. We have used this modified needle holder successfully in many operations, particularly for squint, eyelid surgery, and dacryocystorhinostomy.

The needle holder has been specially made by Dixey Instruments Ltd, 19 Wigmore Street, London W1A 4DU.

Graeme I S Mackintosh
Calbert I Phillips

Ophthalmology Unit,
Department of Surgery (RIE),
University of Edinburgh,
and Princess Alexandra Eye Pavilion,
Royal Infirmary, Edinburgh.

Correspondence to Professor C I Phillips.

References