A light pipe guard to prevent iatrogenic retinal injury during vitrectomy

Sir,—Iatrogenic retinal injury has occurred in 38% of eyes undergoing vitrectomy for progressive proliferative diabetic retinopathy.1 An iatrogenic break worsens the visual prognosis.2 It is therefore essential to make every effort to avoid such injuries. One preventable cause is retinal injury due to the fibrocitic light pipe. This can be avoided by using it with a guard to prevent excessive introduction. The light pipe length is excessive, 35 mm, and compares unfavourably with the average chord lengths: from pars plana port to macula of 22 mm, or to the proximal retina 16 mm (if a path parallel to the visual axis is taken).

![Figure 1: The (35 mm) light pipe is covered at its proximal end with 20 mm of tarsorrhaphy tubing to guard against excessive introduction of the light pipe into the eye.](image)

In order to minimise the risk to the retina we have restricted the introduction of the light pipe to 15 mm by covering the proximal pipe with a 20 mm length of tarsorrhaphy tubing (Fig 1). In this way it is impossible to introduce the light pipe far enough to injure the macula and yet it goes far enough to remain in view even if the pupil is not well dilated. This precaution will keep the tip 8–10 mm from the retina for most of the tip’s arc of movement within the eye.

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**BOOK REVIEWS**


This is a beautifully illustrated book, but really I am at a loss to comprehend just at which market it is being aimed. I have not had the opportunity to look at others in the series of Wolfe Medical Atlases. There are 244 excellent photographs, but, for instance, on gonioscopy (pp 114–7) there are five pages of non-useful pictures, then two of angles of the anterior chamber. There are 15 pages on field testing— the majority as provided by the instrument manufacturer — and the fields which are printed again have no explanatory caption. Photograph 58 on exophthalmometry has a legend which is somehow inaccurate, and illustration 16 on infant restraint is hardly likely to commend itself for help in primary care practice.

The presentation is excellent and the printing is superior to many other more useful publications, but I do not really see what addition it is to the voluminous range of titles already available. As claimed on the cover, this is an uncomplicated guide to testing of eye status, but I do not think optometrists would find much in the book of value, and for ophthalmologists there is really no information of use for revision, for practical or theoretical learning, or to recommend to practitioners interested in the specialty.

WILLIAM M DOIG

**NOTES**

Fourth Eupo course

The fourth Eupo course (European Community Professors of Ophthalmology) will be held in Turin on 20–22 June 1991. Details from Organising Secretariat, CIC Srl, C.so Stati Uniti 3, 10128 Torino, Italy.

Duke spring symposium

The Duke Eye Center Spring Symposium will be held on 16–18 May 1991 at the Omni Durham Hotel and Convention Center, Durham, North Carolina, USA. Further information from George Andrews, Duke Eye Center, Box 3802, Durham, NC 27710, USA.


Edmund Spaeath, an ophthalmologist who practised general and ophthalmic plastic surgery in Philadelphia, USA, also wrote a surgical ophthalmic textbook which can now be seen as a precursor to that edited by his son George. The book of this father and son team could have been said to have been handed over in 1971, when in a unique event in British ophthalmology both appeared on the same programme at the Oxford Congr ess.

Since that time Spaeath Jr has continued to delight his ophthalmic audiences with both his spoken and his written word. We in the audience have come to expect to be educated both in the science but also in (a much less frequently tilled pasture) the philosophy of our craft. One achievement has been to bring both these facets together in this comprehensive text. The first edition appeared in 1982, and now, eight years later, the second. This book sets out to cover all aspects of the surgeon’s craft, from fundamental principles to basic elements of individual surgical procedures. In updating it the editor has kept the book at the same length as the first edition. New sections have been added on keratorefractive and laser surgery, while others have been either updated or extensively rewritten. It is copiously illustrated by means of black-and-white photographs and line drawings. Compactness of the text is maintained by means of numerous tables. Finally, chapters are concluded with (largely) up to date references.

The book represents the current practices of the American writers of the text. Even in a rapidly shrinking world some differences in practice still remain between colleagues on the American continent and elsewhere. The British reader should bear in mind that not all the possible approaches to a problem are necessarily listed, but can also be found, and that those that are will be tried and tested and actually work. The book is affordable at today’s prices, practical, and a worthwhile addition to every ophthalmologist’s bookshelf.

R HITCHINGS

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