A light pipe guard to prevent iatrogenic retinal injury during vitrectomy

Sin,—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 fibroptic 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 length from pars plana 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.

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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NOTES

Fourth Eurocourse

The fourth Eurocourse (European Community Professors of Ophthalmology) will be held in Turin on 20–22 September 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.