

SUTURING FORCEPS FOR SCLERAL, CORNEAL AND
CATARACT WORK

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TREPHINES FOR KERATOPLASTY WITH MICROMETRIC
REGULATION

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NEW YORK, N. Y.

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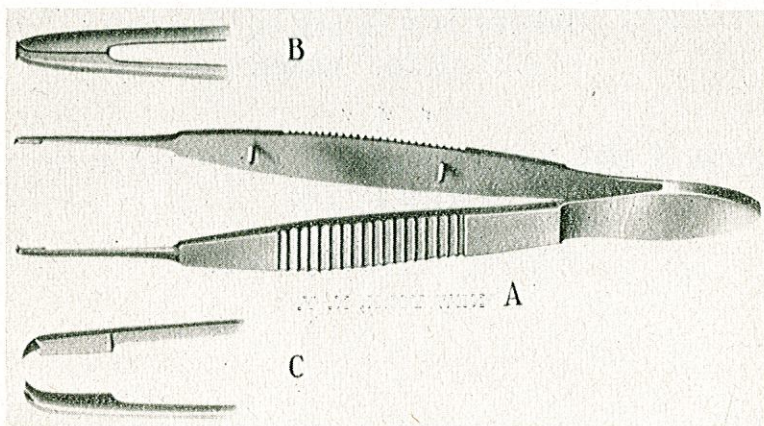


FIG. 1.—Suturing forceps for scleral, corneal and cataract work.

For a long time I have felt the need in scleral, corneal and cataract work of a forceps which would accurately and securely hold the lips of the incision with a minimum of trauma while the needle was being inserted. Different forceps were tried and those with teeth set at an oblique angle gave the best performance. Of these, the Elschmig, O'Brien, Gifford and similar types of fixation forceps were sturdy enough for the desired purpose, but the teeth were too large and caused excessive trauma. The teeth of the Lister conjunctival forceps were somewhat larger than required, and different types of iris forceps tested had to be discarded because the handle or branches were too delicate and a firm grasp could not be obtained. The instrument known as the St. Martin forceps, in France, proved to have the best features, but its branches were too short and delicate and the teeth were larger

than necessary.

I have devised another forceps which retains some of the characteristics of the St. Martin forceps.* The size of my forceps (fig. 1) is approximately that of a scleral fixation forceps. The branches are sturdy. The teeth, 1:2, are set at an oblique angle, and although very small, are strong (fig. 2, C). Near the teeth are two flat surfaces which come in contact when the forceps is closed (fig. 2, B and C). These can be used to manipulate either a needle or thread. Two different forceps are made: the regular type just described and another with extra small teeth particularly suitable for corneal work. For the past year, with the latter forceps and very sharp needles, such as those manufactured by Grieshaber, I have been able to use a border to border suture exclusively in keratoplasty instead of the type of suture which I had previously advocated.

From the Institute of Ophthalmology, Columbia-Presbyterian Medical Center.

Presented as a *New Instrument* at the Fifty-Fourth Annual Session of the American Academy of Ophthalmology and Otolaryngology, Oct. 9-14, 1949, Chicago, Ill.

*This instrument is manufactured by E. B. Meyrowitz, Inc., 520 Fifth Ave., New York 18, N. Y., and Storz Instrument Co., 4570 Audubon Ave., St. Louis 10, Mo.