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Sir,

Reply: Debris on instruments

We appreciate the interest shown by authors Wadood and Dhillon in our article¹ on the presence of debris on processed ophthalmic instruments. They point out that debris may be retained within fine-bore instruments and go unrecognized. This is definitely a possibility. However, we were able to identify debris extruding from the aspiration channels in 6% of the irrigation and aspiration (I/A) hand pieces. We identified this by engaging the reflux mechanism of the foot pedal before putting the hand piece to use.

Wadood and Dhillon reinforce the various points that we discussed in our article. This further supports our findings and the recommendations made in our article. The summary of our recommendations include:

1. Inspection of instruments under the operating microscope to identify the presence of debris.
2. Checking the aspiration channel of the irrigation and aspiration hand pieces by engaging the reflux mechanism before entry into the eye.
3. Foldable lenses should be laid on fibre-free surfaces when folding. The sheets on the instrument trolley should be made of fibre-free material.
4. Viscoelastic substance from the tips of instruments, especially the intraocular lens introducers, should be removed by soaking the instruments in water and using a soft brush to clean the surfaces and the crevices. This is best carried out in the operating theatre immediately after the surgery, before the instruments are sent for sterilization.
5. Pressure syringing of the aspiration channels of the I/A hand pieces should be carried out at the end of the operation to remove the debris before they dry up.
6. Ultrasonic cleaning of ophthalmic instruments should be a routine to facilitate adequate removal of deposits from the surfaces of instruments.

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Sir,

Giant mucocoele masquerading as chronic unilateral conjunctivitis

Mucocoeles of the paranasal sinuses are relatively uncommon. They generally arise from either the ethmoid or frontal sinus, followed by the sphenoid and maxillary