therefore have been ineffectual at prolonging life, besides causing unnecessary visual loss and mutilation.

The authors have no proprietary interests in relation to the submitted paper.

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Sir,

Use of 18-gauge intravenous catheter needle for frontalis suspension in children with congenital ptosis

We would like to describe a modification of frontalis suspension using an 18-gauge intravenous catheter instead of the Wright needle. It has several advantages: smaller diameter than the Wright needle and hence less trauma (1.1 *vs* 2 mm), disposability, and low cost.

Surgical techniques

A Fox[1] pentagon was used with five stab incisions using no. 11 blade, two in the eyelid, two in the superior eyebrow margin, and one in the forehead. The 18-gauge intravenous catheter needle was inserted through the incision sites. A lid guard was placed between the globe and the eyelid to avoid accidental penetration of the eye by the needle. The 2/0 prolene was introduced through the needle lumen to be placed deep to the orbicularis and frontalis muscles (Figures 1 and 2). The sutures were lifted and tied at the forehead incision to achieve the satisfactory lid height and contour. Only the forehead incision needs suturing with 6.0 Vicryl to prevent protrusion of the suture ends.

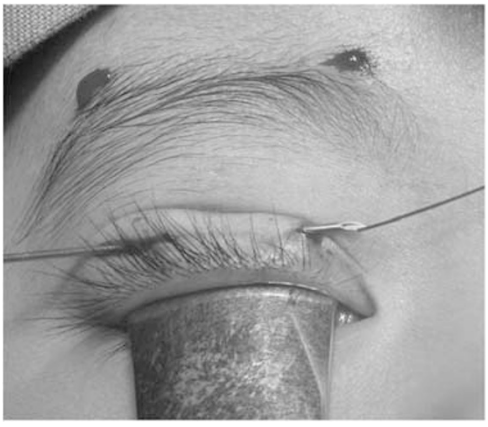

Figure 1 The tip of 2/0 prolene is introduced through an 18-gauge intravenous catheter needle, which has been passed through the eyelid stab incision.

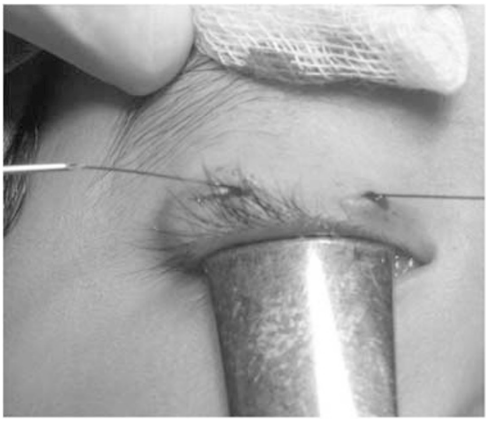

Figure 2 The 2/0 prolene is passed through the orbicularis when the 18-gauge intravenous catheter needle is withdrawn.

Figure 3 A patient with bilateral congenital ptosis before and after frontalis suspension with 2/0 prolene using 18-gauge intravenous catheter needle.

Discussion

Wright introduced the needle that bears his name in 1922 for frontalis suspension using fascia lata.[2,3] Since then the Wright needle has become a standard tool for the management of frontalis suspension in children. The needle measures 2 mm in diameter with an eye at its tip for the introduction of fascia lata to be placed deep in the orbicularis and frontalis. If synthetic materials such as 2/0 prolene were used, an introducer smaller than a Wright needle is advantageous in reducing the incision scars and tissue swelling. Previous writers[4] had proposed the use of epidural needle in place of Wright needle. However, we find the epidural needle has several disadvantages: (a) it is long and very flexible making creation of a straight track difficult and (b) it is many times the cost of an intravenous catheter needle.

Although Wright's needle has a place in frontalis suspension that uses fascia lata, 18-gauge intravenous catheter needle is a cost effective, safe, and superior substitute in children who require frontalis suspension with 2/0 prolene. Smaller scars and less swelling are created using 18-gauge intravenous catheter needle and hence a better cosmetic result (Figure 3).

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We have no financial interest in this product and this case has never been published or presented elsewhere

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