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Sir,

Use of a Glass Rod in Argon Laser Suture Cutting after Trabeculectomy

Poor bleb formation and raised intraocular pressure in the early post-operative period after trabeculectomy are often due to tight closure of the scleral flap. The argon laser can be used to lyse the flap sutures through intact conjunctiva to improve the drainage of aqueous humour.¹ This is especially easy if 10/0 or 9/0 black nylon suture has been used to close the scleral flap.

The scleral flap can be more tightly sutured at the time of surgery reducing the risk of overdrainage and then sutures can be cut sequentially with the laser, titrating the degree of aqueous humour drainage.²

Various lenses have been used in this procedure,^{1,3} with Hoskins and Migliazzo even designing a lens for the purpose.⁴ Having heard of the idea whilst a Fellow in the Department of Ophthalmology in Madison, Wisconsin, I

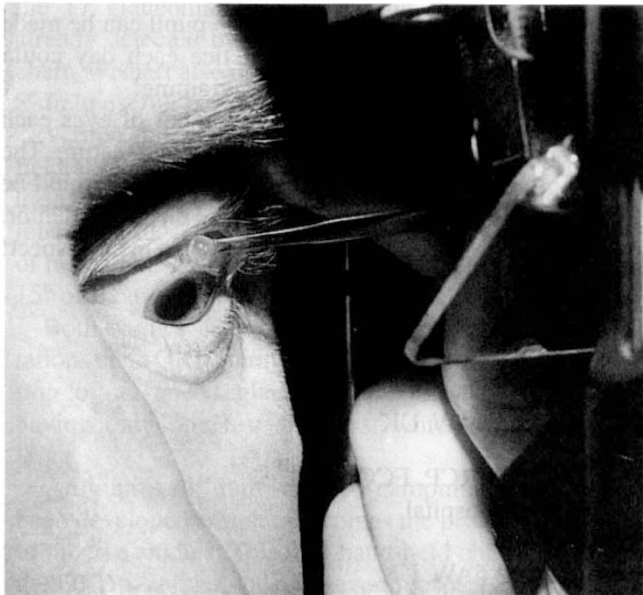


Fig. 1. Use of the glass rod to flatten the conjunctiva and magnify the trabeculectomy suture for cutting with the argon laser.

have found that a simple glass rod, as found in most ophthalmic departments, provides an effective and inexpensive 'lens' for argon laser suture cutting. I have used a glass rod in this way in many patients and have encountered no complications.

Topical anaesthesia is used and the bulbous tip of the glass rod pressed over the suture to flatten the tissues and blanch any blood vessels (Fig. 1). A magnified image of the suture is seen within the tip of the rod with the slit lamp. I have found one or two shots of 300-500 mW at 50 µm spot size for 100 ms will usually cut the suture. Light pressure on the globe will open the flap and encourage outflow.

Sutures can be cut with useful effect up to 2 weeks after surgery when healing of the scleral flap seems to be too advanced. If antimetabolites are used sutures can be cut with good effect for a much longer period.

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Sir,

A Model Eye To Practice Indentation During Indirect Ophthalmoscopy

Indirect ophthalmoscopy with indentation is an important skill to learn when examining the peripheral retina, and the dynamic aspects of indentation movement are particularly important when a retinal tear is being localised prior to scleral buckling. However, during the early learning stages excessive indentation pressure may be applied with resulting unnecessary discomfort on the part of the conscious patient.

We have developed a model eye which can be used to practice the technique of indentation. The eyes are sold as cheap toys and have a 'scleral' rigidity that closely simulates that of the human eye. Partial thickness cuts in the inner aspect of the model eye serve as retinal tears, and their behaviour during indentation is remarkably realistic. 'Dialyses' can be created in the same way.

Materials and Methods

The model eye is shown in Fig. 1. It is somewhat larger than the human eye, having a diameter of approximately