Figure 1 Patient A: (i) Left eye, traumatic anterior dislocation of the crystalline lens. (ii) Post-traumatic left choroidal tear temporal to the optic disc with pigment stippling at the macula.

Figure 2 Patient B: left eye, nasal traumatic retinal dialysis-related retinal detachment.

eye protection because of the risk of sprayed debris from the passing racers.³ Although neutral zones outside the track provide safe run-off areas for riders and their machinery to minimise the potential risk of the injury to the spectators,⁴ our cases highlight the risk of ocular injury from flying debris even at these distances. Many spectators are 'one-off' visitors to these events and are not expecting to sustain ocular trauma with the potentially life-changing consequences. We recommend that spectator safety should be improved by offering eye protection.

Conflict of interest

The authors declare no conflict of interest.

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Eye (2012) **26**, 172–173; doi:10.1038/eye.2011.280;
published online 4 November 2011

Sir, Trabeculectomy pearls of wisdom; mitomycin-soaked pledget 'necklace' suture

We read with interest the correspondence from Lindfield and co-authors about a method of placing a mitomycin-soaked sponge so that it would not get lost.¹ We have published on this subject, which we agree is of importance.² It seems likely that one reason why surgeons are reluctant to place sponges in a larger area, 6–10 mm posterior to the limbus, where they are most likely to cause aqueous drain away from the limbal area, and to lead to more diffuse blebs,³ is because the surgeons fear they will not be able to retrieve the sponge.

Our technique avoids taking these risks by using color-tailed sponges (Codman Surgical Patties, available from Codman, Raynham, MA, USA) for antimetabolite application. We like our technique because it does not require an extra step, it is safe and inexpensive, and there is no possibility of the suture becoming detached from the sponge. It is surprising to us that the idea of using a technique to prevent loss of mitomycin-soaked sponges in trabeculectomy does not seem to have caught on. There is no down side, and there are many advantages.

Conflict of interest

The authors declare no conflict of interest.

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Eye (2012) **26**, 173–174; doi:10.1038/eye.2011.281; published online 4 November 2011

Sir,

Response to Melo and Spaeth

May we thank Melo and Spaeth¹ for drawing further attention to the issue of misplaced antimetabolite sponges during glaucoma surgery. Although pledget loss occurs very infrequently, their technique is another option to reduce an avoidable risk. We have no experience of the sponges discussed but find the concept of a high visibility 'tail' on each sponge very interesting. However, we do have some safety concerns following a

recent (August 2010) recall of two product lines of Codman Surgical Patties after reports that the radio-opaque portion of the sponges became detached.² We therefore still utilise the 'necklace' suture for both cost and safety reasons, but welcome Melo and Spaeth's suggestion for a more efficient and pre-packaged alternative.

Conflict of interest

The authors declare no conflict of interest.

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Eye (2012) **26**, 174; doi:10.1038/eye.2011.283; published online 4 November 2011