CORRESPONDENCE





A training model for practice of corneal suture tying

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To the Editor:

Corneal suturing is a core competency for all ophthalmology trainees in the United Kingdom. An important component is the construction of knots that exhibit minimal slippage yet rotate easily into tissues. The Royal College of Ophthalmologists has developed a related e-learning module which recommends practice using thicker materials such as cord or rope [1]. These are easier to handle than fine nylon filaments and enable visualisation and understanding of the mechanics of knot formation.

We present a simple inexpensive model for practising suture tying. This is accompanied by a video ([2] and Supplemental Video) demonstrating one of the commonly used knots in corneal surgery [3]. Corneal tissue is represented by pipe lagging and braided polypropylene rope used as 'suture' material (Fig. 1). The use of different coloured rope for each end of the suture enables understanding of knot structure and, importantly, the aspects of its construction that prevent slippage. Hands or suitable implements can be used to substitute suture tying forceps. Materials required are readily available from a variety of sources.

This model has been effective in training registrars and fellows rotating through the corneal firm in our unit. Our corneal suture model delivers sufficient simulation to enhance the user's skills across various suture tying techniques in a convenient and cost-effective manner.

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Fig. 1 Schematic diagram of our training model.

The Supplemental video is available on Eye's website.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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