UTILIZATION OF OPHTHALMIC SURGICAL INSTRUMENTS



Utilization of Ophthalmic Surgical Instruments

DISCLOSURES

Requirements for Successful Completion

- View the activity in its entirety
- Complete the Evaluation Form
- Achieve at least the minimum score on the Post-Test

Conflict of Interest

The authors have no conflict of interest to declare. The activity has been reviewed to ensure that content meets the requirement for continuing nursing education. One author is the owner of Terri Goodman & Associates, the approved provider of continuing nursing education.

Commercial Support

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OBJECTIVES

- 1. Describe at least four approaches to naming surgical instruments
- 2. Identify four categories of ophthalmic instruments
- 3. Discuss characteristics that differentiate instruments of the same type
- 4. Explain the characteristics of different materials for surgical instruments

Nomenclature

1. Surgical instruments are often named for the surgeon who designed the instrument, or the hospital where it was designed

2. The instrument name may identify the purpose of the instrument or the specific area of the eye where it is used

INSTRUMENT CATEGORIES

Eye instruments are organized into groups that describe the purpose for which they are used

- Retracting
- Grasping
- Cutting
- Miscellaneous

RETRACTORS SPECULA | RETRACTORS | HOOKS

- Retractors are designed to retract or hold open various tissues or incisions during eye surgery
- Retractors vary in design and size
- Retractors are selected according to the object or tissue on which they will be used

SPECULA

- An eye speculum is used to spread the eyelids and holds them open during various eye procedures
- There are many designs available
- Specula come in various arm styles including adjustable, locking, and wire



SPECULA

Solid Blades

 Solid blades keep lids covered and prevent lashes from entering the operative field

May obstruct instruments during the procedure

Wire Blades

- Reduce bulk around lids
- Are lighter in weight and offer increased exposure



SPECULA

Fenestrated Blades

 Provide rigid retraction while reducing bulk around the cornea



Maumenee-Parl Speculum

Iris Retractors

- Iris retractors are used to retract the iris during cataract extraction
- Some offer the advantage of irrigating and retracting simultaneously





Graether Collar Button - on Handle

Lid Retractors

 Lid retractors are used to hold the eyelid open during surgeries, exams, suturing procedures, etc.



Lachrymal Sac Retractors

- This retractor is used to retract the incision during lachrymal surgery
- While similar to a speculum, it retracts a wound rather than the eyelids



Stevenson Lacrimal Sac Retractor

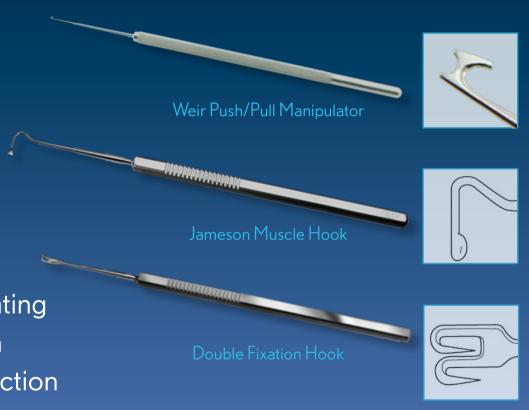
Orbital Retractors

- Orbital retractors are used to retract the globe during orbital surgery
- The slot provides control of the globe and can be used to span the optic nerve



Hooks

- Hooks are used to push and pull and/or manipulate various structures (iris, capsule, muscle, etc.)
- Hooks are placed on cannula hubs or handles
- Some hooks have both irrigating and aspirating capabilities, in addition to the "hooking" function



GRASPING INSTRUMENTS

FORCEPS | NEEDLE HOLDERS

- Grasping instruments hold tissue or equipment such as suture needles
- Instrument design is dependent upon the type of tissue or object held



FORCEPS

- The function of forceps is to grasp an object or tissue
- Forceps are selected according to the object or tissue on which they will be used
- Many types of forceps have been designed for use in and around the eye
- The forcep is considered an extension of the surgeon's finger tips



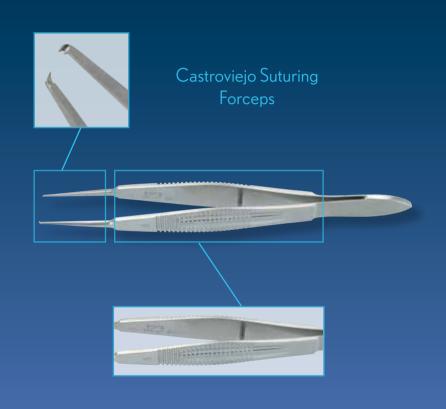
FORCEPS

Working End

 Distinction between forceps can best be made by inspecting the working end (tips) of the forceps

Handle

 Forceps handles vary in design and size



Toothed Tip



Tying/Platform Tip



Serrated Tip



Capsulorhexis Tip



Beaked Tip





Cupped Tip





Smooth Tip





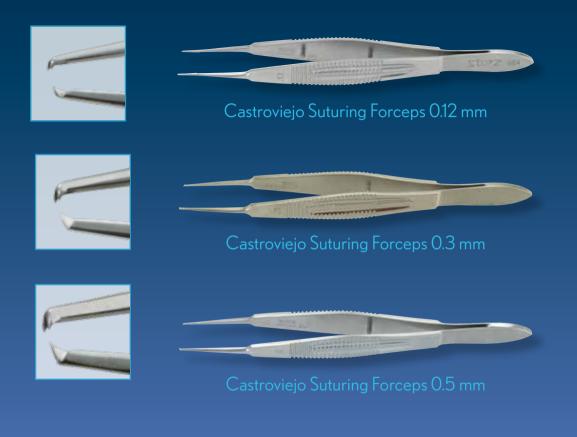
Utilization of Ophthalmic Surgical Instruments

Toothed

- Forceps with teeth are used to pick up or fixate tissue
- These forceps may be designed with a single tooth on either shaft or numerous teeth which meet or intermesh, set at various angles
- The teeth will vary in size according to the tissue they will be fixating
- These forceps are usually identified by size in millimeters, 0.12 mm, 0.3 mm, 0.5 mm, or the number of teeth and intermesh such as 1x2, 2x3, etc.

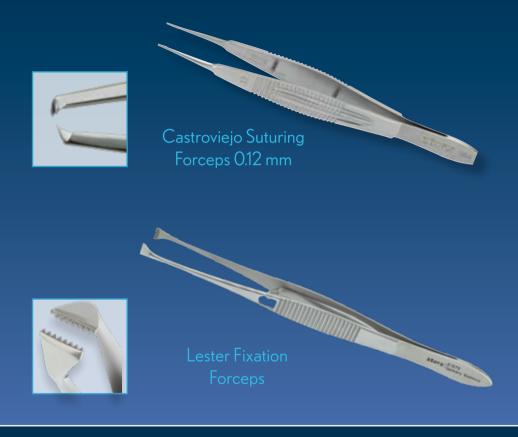
Toothed

Size in millimeters



Toothed

- Number of intermeshing teeth
- Comes in various sizes



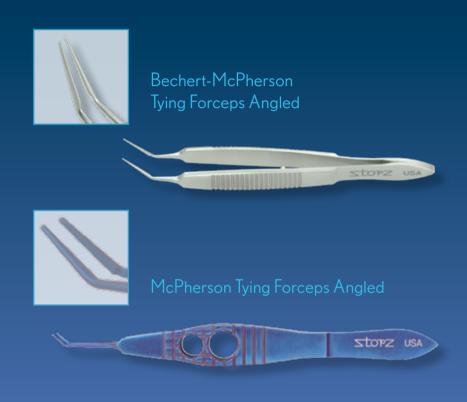
Toothed - Angles

- The types of teeth used and the angles at which they are set may also vary according to their intended use. For example, a fixation forceps may feature intermeshing teeth set at 30-40° angles
- Other forceps have intermeshing teeth set at a right angle to the shaft.



Tying/Platform

- Features platforms used for tying, usually with very fine tips and shanks
- The platform is designed to grip very fine sutures and allow the physician to maneuver easily
- For best functionality the platforms should be light-tight



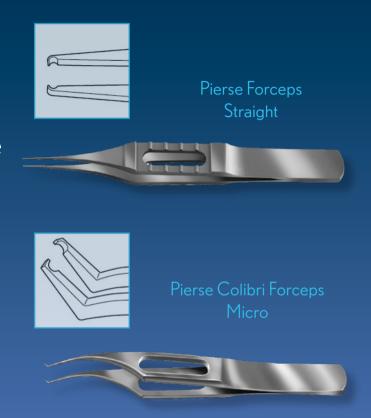
Serrated

- Serrated tips are most common on dressing forceps but may also be found on iris, cilia, utility or tying forceps
- The serrations provide a good grip on sutures, cilia, iris or other objects



Beaked (Open Cup) Forceps

- Found on Pierse type forceps and designed to fixate structural but moldable tissues such as the cornea and sclera
- The tissue is held by being molded into the cup between opposing tip surfaces, much as hands might grasp a soft balloon
- This design produces less tissue trauma than toothed forceps



Cupped

- Cupped tips may be found on fixation and iris forceps, but are most common on capsule forceps
- They provide atraumatic but secure tissue handling when used on fixation forceps
- They provide a firm grip on the iris from any direction, without tearing the delicate tissue

Cupped

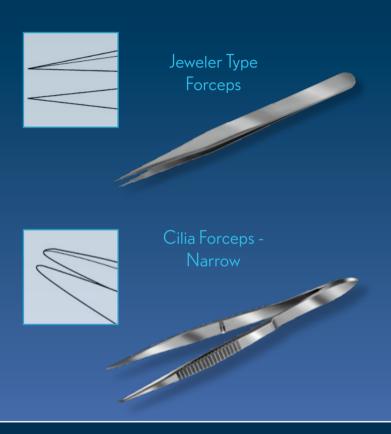
 The cupped tips of a capsule forceps are designed to provide a firm grip on the lens capsule





Smooth

- Smooth tip forceps are most common on tying, utility, cilia and jewelers forceps
- Jaws must meet accurately to provide a good grip on sutures, cilia or tissue



Forceps Handles

- Forceps handles vary in design and size
- It is not uncommon to find identical tips on three or four different handle styles, each designed for the same purpose
- Most forceps have a spring action handle to ensure that all working ends return to the open position when not in use

Castroviejo

Wide with a heavy, grooved serration



Colibri

- Has a deep swale to provide greater visualization at the tip
- Characterized by its small, delicate size and shape



Colibri Forceps 0.12 mm

Cross-Action

 Crosses itself and works with a scissors-like action

Round Handle

 Can be rolled in the fingertips when closed, to improve control of the forceps tips



Squeeze Handle

- Incorporates a squeeze
 action, to control the grasping
 function at the tip
- The squeeze handle is utilized in instrumentation such as Intraocular or Posterior Segment forceps



McPherson

- Narrow, flat handles with serrations
- Characterized by its short length usually about 3" (85mm) overall

Harms-Tubingen

- Moderate-width, flat handles with serrations
- Length approximately the same as the Castroviejo handle



Utilization of Ophthalmic Surgical Instruments

FORCEPS HANDLES

Smooth w/Holes

- Usually found on Bishop-Harmon forceps
- Has a smooth finish, with holes to provide fingertip control



Bishop-Harmon Straight Tissue Forceps

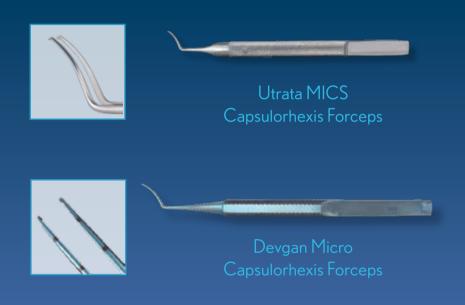
Forceps are often categorized according to their intended use

- Capsulorhexis
- Chalazion Forceps
- Cilia Forceps
- Corneal Forceps
- Dressing and Tissue Forceps
- Fixation Forceps
- Intraocular Lens (IOL) Forceps

- Iris Forceps
- Jewelers Forceps
- Muscle Forceps
- Suturing Forceps
- Tying Forceps
- Utility Forceps
- Vitreoretinal Forceps

Capsulorhexis Forceps

- The tips are sharp to puncture the capsule during capsulorhexis
- The inner surfaces or "hexis" of the forceps tips are textured to facilitate grasping of the delicate capsule tissue



Capsulorhexis Forceps

 A capsulorhexis is the making of a continuous circular tear in the anterior capsule during cataract surgery in order to allow expression of the nucleus of the lens



Chalazion Forceps

- This forceps (or "clamp") is designed to grasp and evert the eyelid while a chalazion is curetted
- This forceps is available in many sizes and shapes according to the size of the chalazion and its location on the eyelid



Cilia Forceps

- Cilia forceps are used to grasp and remove ingrown cilia (eyelashes)
- It is imperative that the jaws of this instrument meet accurately and grasp the lash tightly
- Some ophthalmologists use a very fine needle holder or jewelers forceps for this purpose



Corneal Forceps

- Designed to grasp cornea
- Corneal forceps normally have very small teeth (no larger than .12mm)









Corneal Forceps

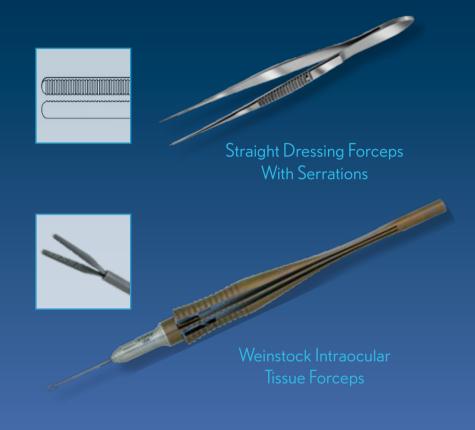
• Some corneal forceps are specially designed for corneal transplant procedures, including: Descemets Stripping Endothelial Keratoplasty (DSEK), Descemet's Membrane Endothelial Keratoplasty (DMEK), Deep Anterior Lamellar Keratoplasty (DALK) and Penetrating Keratoplasty





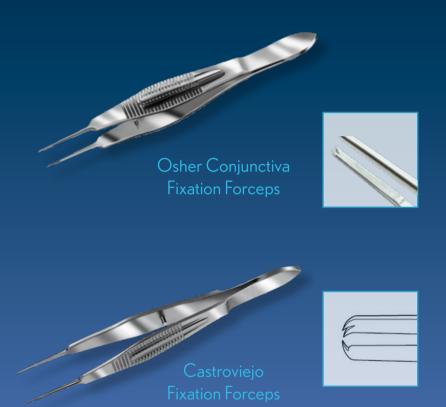
Dressing and Tissue Forceps

- Dressing forceps are designed to pick up eye dressings, sponges, etc.
- Dressing forceps usually have serrations
- A tissue forceps usually has teeth



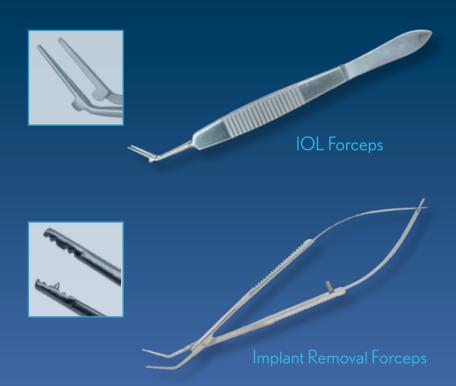
Fixation Forceps

- Fixation forceps are used to fixate, hold or pick up various tissues in the eye
- Most have teeth or serrations
- The design of the tips will vary according to the tissue on which it will be used



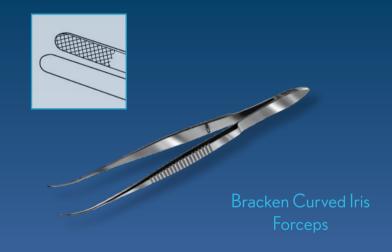
Intraocular Lens (IOL) Forceps

- Designed to grasp, insert or remove the intraocular lens from the eye
- Tips vary in design to match lens styles



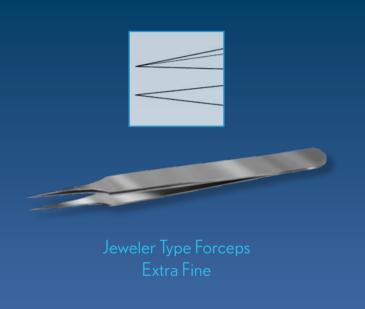
Iris Forceps

- Iris forceps are designed to pick up and hold the iris while performing an iridectomy
- Some have fine serrations for grasping without causing tissue trauma



Jewelers Forceps

- Originally designed for use by jewelers for watch and jewelry repair, they also provide the ophthalmologist an excellent instrument for suture removal, cilia removal, or as tying forceps
- These forceps have very fine pointed tips which enables them to grasp extremely small objects



Muscle Forceps

- Muscle forceps are used to hold the muscle during strabismus surgery
- Most have teeth for a firm grip
- Muscle forceps must have a lock to free the surgeon's hands



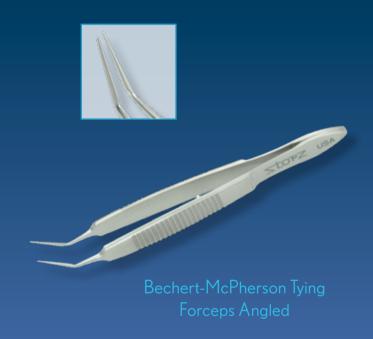
Suturing Forceps

- Suturing forceps are used for both holding tissue in place (fixating) and tying
- They have a tying platform with teeth in a
 1x2 pattern at the very end of the platform
 - The teeth hold tissue while placing sutures
 - The platform may be used to pick up or tie sutures



Tying Forceps

- These forceps are similar to suturing forceps
- They have the same tying platforms but do not have teeth
- Their only purpose is to tie sutures



Utility Forceps

 Most utility forceps have serrated or smooth tips and have many uses



Vitreoretinal Forceps

- Used in posterior surgery to grasp and peel tissue
- Several types of forceps are available with a squeeze-action mechanism to close the tips



- Needle holders are designed to hold the needle firmly and allow ease of manipulation without blunting the tip or edge of the needle
- There are various designs of needle holders selected according to the surgeon's preference

Handles

The handle design is selected according to the surgeon's preference

Round Handles

 The rounded pattern allows the user to roll the needle holder when placing sutures



NEEDLE HOLDERS

Flat Handles

 The flat handle does not provide as much freedom of movement but allows a firmer grip



Ring Handles



Derf Needle Holder

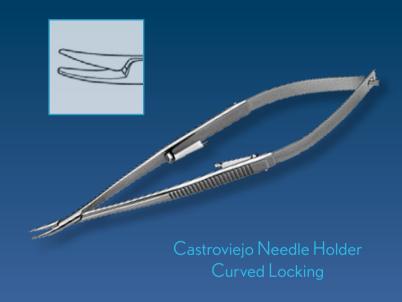
Locks

- Needle holders that do not lock require constant digital pressure to hold the needle in place
- A locking needle holder allows the surgeon to relax his grip while passing the needle through tissue
- A slight pressure is used to close or release the lock mechanism smoothly



Jaws

 Curved or straight jaws are chosen by surgeons depending on personal preference



CUTTING INSTRUMENTS / SHARPS

Scissors | Keratomes | Cystotomes | Dissectors | Blades | Diamond Knives

• Cutting instruments (scissors, knives, etc.) used to make incisions or cut tissue, are often called "sharps"



- The blade is the most important part of the scissors
- The tissue or object to be cut with the scissors determines the type/design of the blade
- There are numerous sizes, shapes, and curvatures of blades
- The handles of the scissors vary according to procedures and preferences

Scissor Handles

There are four basic handle designs used on eye scissors

- Spring Handle
- Ring Handle
- Tab Handle
- Squeeze Handle

Scissor Handles

Spring Handle





Tab Handle



Barraquer Iris Scissors

Squeeze Handle



25 Gauge StableGrip® Vertical Scissors

Utilization of Ophthalmic Surgical Instruments

Function

- Scissors selection is based on the object or tissue for which they will be used
- As is true with all instruments, some physicians will find that scissors designed for one purpose work equally well in another area

Example: A doctor may use a Wescott Tenotomy Scissors as a suture scissors and will most likely call them "suture scissors" when asking for them

There are many scissor types:

- Conjunctiva
- Corneal (Keratoplasy)
- Corneal Section
- Enucleation
- Iris
- Stitch

- Strabismus
- Suture
- Tenotomy
- Utility
- Vannas (Capsulotomy)
- Vitreoretinal

Conjunctiva Scissors

 Used to cut the conjunctiva prior to making an incision in the eye



Scissors

Corneal Scissors (Keratoplasty)

- Used for completing trephine cuts during corneal transplant
- Many models of corneal scissors are available
- Most are available in left or right curved scissors. This enables the doctor to cut 180° in both directions from the 12 o'clock position
- The blades may have sharp or blunt tips, or one sharp and one blunt tip
 - The advantage of at least one blunt tip (lower blade) is to avoid trauma to the endothelium, iris, or lens capsule

Corneal Scissors (Keratoplasty)

- Many corneal scissors will feature a larger lower blade often rounded in the fashion of a spatula
- The longer blade will not remove itself from the incision at the completion of each closure thereby eliminating the necessity of re-introducing the blade



Corneal Section Scissors

- Similar to corneal scissors with wider curvature to cut along the limbus
- This scissors is used to open the anterior chamber for various surgeries



Enucleation Scissors

- Used to sever the optic nerve when removing or enucleating the globe
- Strong curve to reach behind the globe



Iris Scissors

- Used to cut the iris when performing an iridectomy or iridotomy
- Iris scissors are also designed with both ring and spring handles



Stitch Scissors

- Used both during the suturing procedures as a suture scissors or when removing sutures
- The popular spring handle or conventional ring handle scissors may be used
- Stitch scissors have very sharp points to slip under sutures during cutting and removal



Strabismus Scissors

• Used to cut muscle in a muscle recession or resection



Suture Scissors

- Used to cut the ends of sutures after closing and tying the wound
- Designed with an outward curve to conform to the globe of the eye



Tenotomy Scissors

- Used in muscle surgery to make the initial incision through the conjunctiva and to cut a hole in the Tenons capsule to allow access to the muscle
- The tenotomy scissors may also be used to cut the muscle



Utility Scissors

 Used for many functions, and may have blunt or sharp tips



Vannas (Capsulotomy) Scissors

- Designed to incise the lens capsule during an extracapsular extraction
- Also used for iridectomy
- Very fine blades reach through a corneal incision to function in the anterior chamber



Scissors

Vitreoretinal Scissors

 Used to cut firm intra vitreal sheets and membranes and to divide bridges of epiretinal tissue that cannot be safely cut with the vitrectomy instrument



KERATOMES

The keratome is also used to enter the anterior chamber in cataract surgery

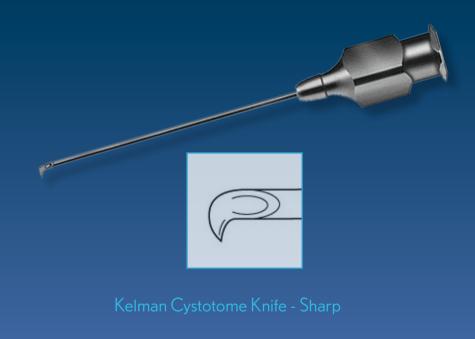


KERATOMES

- The keratome is inserted into anterior chamber at the limbus
- A very narrow bladed keratome may be used to make a very small opening into the anterior chamber for obtaining cultures, performing paracentesis, repairing synechiae, etc.
- A 3.0 mm keratome or smaller is often used to enter the anterior chamber for a phacoemulsification lens extraction

CYSTOTOMES

- Cystotomes are used to tear the anterior lens capsule when performing an extra-capsular extraction
- These very tiny sharps feature a hooked tip which both cuts and tears the lens capsule



DISSECTORS

Corneal Dissectors

 Used in lamellar keratoplasty to dissect the diseased or opaque layers of the cornea from the recipient eye so it can be replaced by a transparent donor graft



DISSECTORS

Wound Dissectors

- Used in femtosecond cataract procedures to open up incisions made with the laser
- Edges are specifically designed to open up laser incisions without cutting to change the wound architecture



BLADES

- Small, pre-broken stainless or carbide blade fragments are available for use in a blade holder
- Although broken blade fragments represent best practice, many physicians prefer to use a blade breakerholder (see Blade Breaker) to break a double-edged blade into small pieces

Stainless Steel Breakable Blades



BLADES

Blade Holders/Blade Breakers

- This instrument is used to break and hold razor blade fragments for various eye procedures
- A small triangular piece of a razor blade is broken from a double edged blade and used in place of a knife



DIAMOND KNIVES

- The diamond knife is designed to make precision atraumatic cuts
- The diamond knife has the sharpest cutting edge possible
- Expertly honed diamonds virtually eliminate problems with stainless steel blades; no resistance to cutting and no "downward dimple" from excessive pressure. The result – more precise wound approximation and lower postoperative astigmatism

DIAMOND KNIVES

45° Angle – Single Edge Blade

- Used in cataract surgery to make the limbal incision, corneal transplants to complete the corneal graft, trabeculectomy to cut flap, for dissecting scar tissue, for making stab incisions at pterygiums
- Used in corneal refractive surgery for incisions from the optical zone to limbus

DIAMOND KNIVES

Asymmetric Blade

Ensures a straight tunnel through the cornea



MISCELLANEOUS

Instruments for Specialty Procedures (Femtosecond, Limbal Relaxing Incisions, DMEK) Trephines | Trephine Blocks & Punches | Choppers & Manipulators IRRIGATING/ASPIRATING HANDPIECES | MARKERS | CANNULAS CANNULA NEEDLES | CURETTES | DILATORS | ENUCLEATION SNARES **ENUCLEATION SPOONS** | PROBES | EVISCERATION SPOONS FLIERINGA RINGS | FOREIGN BODY SPUDS | LENS LOOPS CORNEAL RUST RING REMOVERS | SCRAPERS/POLISHERS | SPATULAS IRIS SPATULAS | CYCLODIALYSIS SPATULAS | CALIPERS **Depressors** | Tonometers

There is an instrument designed for every unique step in a surgical procedure

Utilization of Ophthalmic Surgical Instruments

INSTRUMENTS FOR SPECIALTY PROCEDURES

- As specialized procedures evolve, instrumentation is developed to meet the needs of the surgeon
- Specialty procedures include femtosecond cataract surgery, limbal relaxing incisions (LRI) and Descemet's Membrane Endothelial Keratoplasty (DMEK) procedures

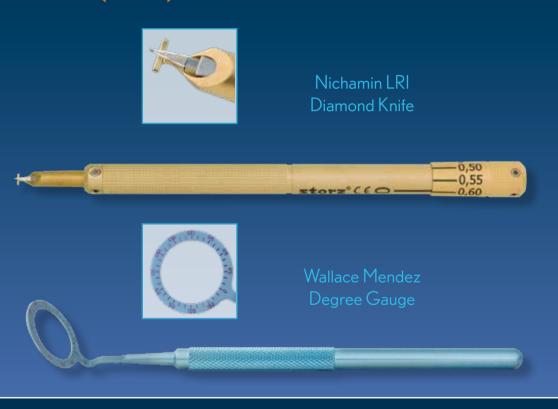
Femtosecond Instruments

- Wound dissectors were developed for opening up the femtosecond incision
- Special cannula designs are used to separate the lens from the capsule
- ZeroPhaco™ Irrigating/
 Aspirating (I/A) handpieces
 are specially designed to remove
 femto dissected nuclei



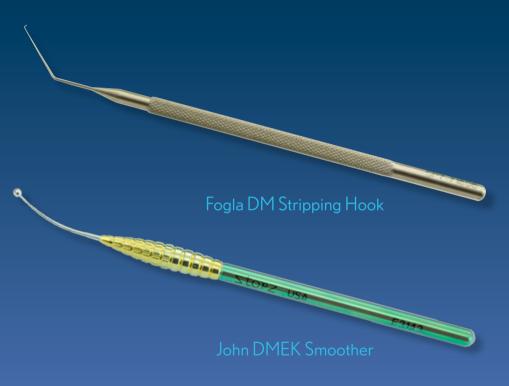
LIMBAL RELAXING INCISIONS (LRI) INSTRUMENTS

- Diamond knife blades are designed with a depthlimiting guard to help the surgeon control how much corneal thickness is cut
- Gauges with degree
 markings assist surgeons
 with the placement of
 the incision



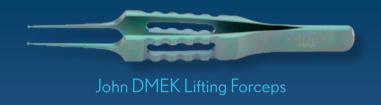
DMEK, CORNEAL TRANPSLANT INSTRUMENTS

- Hooks are designed to score and remove the unhealthy tissue
- Manipulators are designed to maneuver donor tissue into place



DMEK, CORNEAL TRANPSLANT INSTRUMENTS

- Forceps are designed to handle donor tissue while minimizing damage
- Trephines are designed to prepare the donor tissue





TREPHINES

Corneal transplant trephines and cutting blocks are used in corneal transplant procedures



Universal Handle for Blades



Tanne Univ Disposable
Trephine Blade - 8.00mm



Disposable Trephine
Blades - Long - 8.00mm

TREPHINES

To remove the corneal button from the donor eye:

- The trephine placed vertically and centered on the cornea is steadied in position with the index finger and rotated between the thumb and second finger by its handle
- The trephine is withdrawn
- Curved corneal scissors are inserted through the penetrated section and the incision is completed

TREPHINE BLOCKS & PUNCHES

- Cornea is placed in the concavity of a Teflon block
- The block is used with disposable trephine blades
- The trephine is pressed firmly with the thumb to penetrate through the cornea to the backing block



Universal Trephine Handle with Cottingham Punch

TREPHINE BLOCKS & PUNCHES

Some blocks have centering target for increased precision of cut



Brightbill Corneal Cutting Block



John DMEK
Cutting Block

CHOPPERS & MANIPULATORS

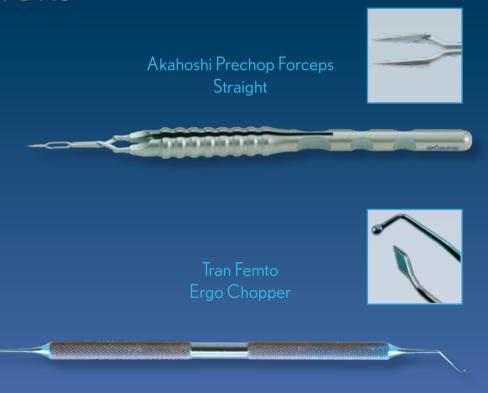
 Most commonly used in cataract surgery to manipulate the natural lens during extraction and IOL after insertion

 A chopper assists with cutting the natural lens while pushing it towards the phaco handpiece during extraction



CHOPPERS & MANIPULATORS

 Designs are specific to procedure techniques such as Stop and Chop, Vertical Chopping, Microincision, Divide and Conquer, and Femtosecond procedures



IRRIGATING/ASPIRATING HANDPIECES

 Designed to irrigate the anterior chamber while removing lens particles and cortex during cataract surgery









IRRIGATING/ASPIRATING HANDPIECES

- Used to remove viscoelastic once IOL has been placed
- Special designs are available for soft nuclei, femtosecond procedures
- Designs with flexible tips protect the capsule



IRRIGATING/ASPIRATING HANDPIECES

Reusable

- One-time purchase of handpiece
- Must follow sterile processing guidelines closely to ensure handpiece is sterile for each procedure



Irrigating/Aspirating Handle Stellaris® System

Single Use

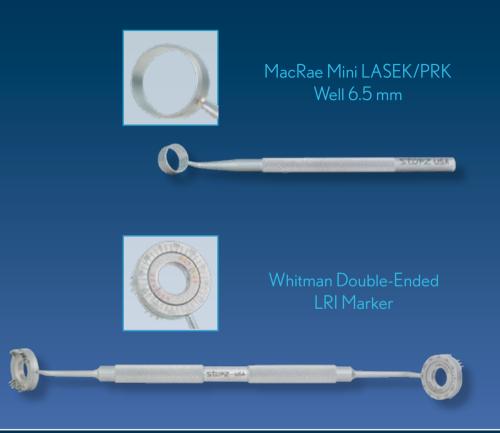
- Packaged sterile for each procedure
- No reprocessing necessary



CapsuleGuard® I/A Handpiece

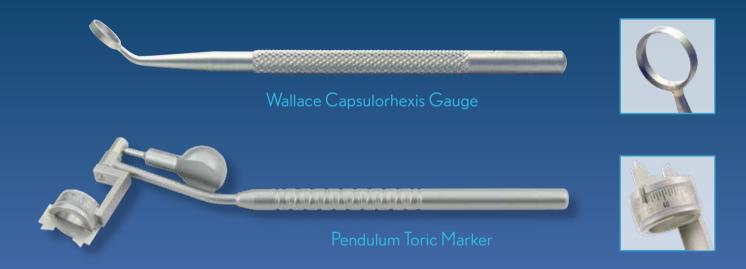
MARKERS

- Designed to mark the cornea in procedures where precise measurements are necessary
- Specific to procedures such as LRI, Premium and Toric IOL placement, LASIK and Corneal Transplant



MARKERS

 Some markers also include gauges to measure degrees and capsulorhexis size for precise placement



Cannulas

Air Injection Cannulas

 For maintaining or forming the anterior chamber with air during surgery

Anterior Chamber Maintainers

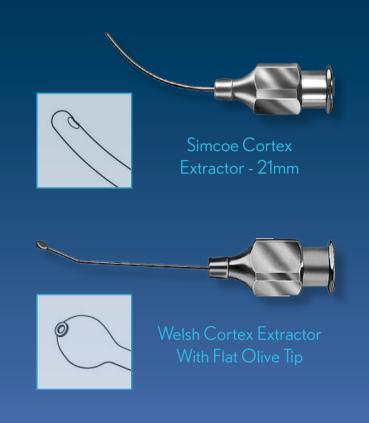
- For maintaining or forming the anterior chamber with air or fluid during surgery
- Disposable is recommended due to viscoelastic clogging



Cannulas

Cortex Extractors

- Used to aspirate the cortex when the chamber is maintained with either a chamber maintainer or viscous material by attaching the cannula to a syringe
- Useful for aspirating the cortex from behind the superior iris between the 10:00 and 2:00 position



Viscoelastic Injection Cannulas

Used to inject viscoelastic into the anterior chamber



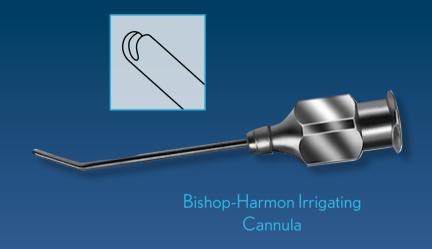
Hydrodissection Cannulas

- Used to separate the lens cortical material from the capsule before phacoemulsification in cataract cases
- These cannulas are designed to direct a focused BSS fluid stream at the edge of the capsulorhexis. This creates a fluid wave that frees the lens and reduces stress on the capsule and zonules during lens extraction



Irrigating Cannulas

 For maintaining or forming the anterior chamber with air or fluid and for keeping the cornea moist during surgery



CANNULAS

Irrigating/Aspirating (Cannulas for Planned Extracapsular Cataract Extraction (ECCE))

 Irrigation and anterior chamber maintenance is provided through the irrigating bottle, connected to the irrigation hub of the irrigating/aspirating cannula



Simcoe Double-Barreled Irrigating-Aspirating Unit

Irrigating/Aspirating (Cannulas for Planned ECCE)

- Aspiration through the tubing connected to a syringe
- The aspiration hub is connected to a syringe or I/A machine
- May be used for aspirating cortical debris, and vacuuming and aspirating viscous material

Lacrimal Cannulas

For irrigating and/or probing lacrimal ducts



Cannulas/Needles

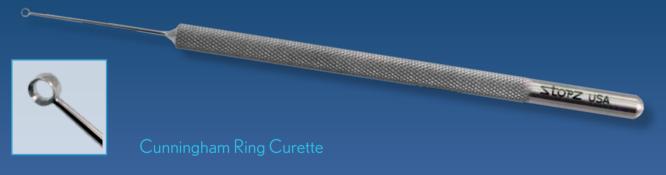
Retrobulbar Needles

- Designed for retrobulbar injection
- Disposables are mainly used due to the need for sharpness
- Reusables can lose sharpness and end up with burs on tips



CURETTES

- Curettes are used to excise a chalazion from the eyelid
- Also used for foreign body removal and smoothing of the corneal epithelium



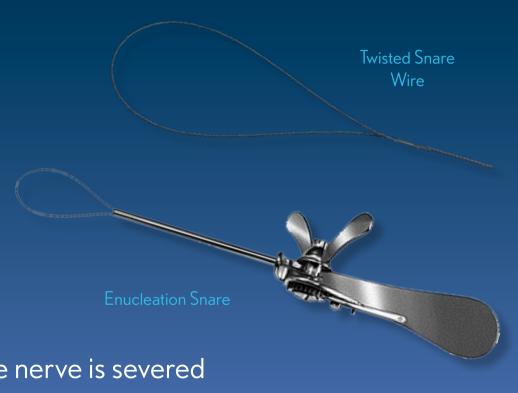
DILATORS

 Enlarges the orifice of the punctum to permit entry into the lachrymal canaliculus of the lachrymal needle



ENUCLEATION SNARES

- This device is used to sever the optic nerve when performing an enucleation
- The rectus muscles are severed and drawn away from the eyeball
- The snare is placed over and behind the eye
- It is then made smaller until the nerve is severed



ENUCLEATION SPOONS

- The enucleation spoon is used to retract the globe from its socket during the enucleation procedure
- The spoon is designed to straddle the optic nerve and pull the globe forward until the nerve can be severed



PROBES

Assist in the probing of tear ducts



Wells Enucleation Spoon

EVISCERATION SPOONS

- An evisceration spoon is used to remove the contents of a diseased eye
- The sclera is left intact and an implant is enclosed inside the globe
- The artificial (prosthetic) eye has greater mobility than when the entire globe is removed



FLIERINGA RINGS

- Maintains rigidity of the sclera during difficult eye surgeries
- Most commonly used in penetrating keratoplasties for young patients and cases with low scleral rigidity



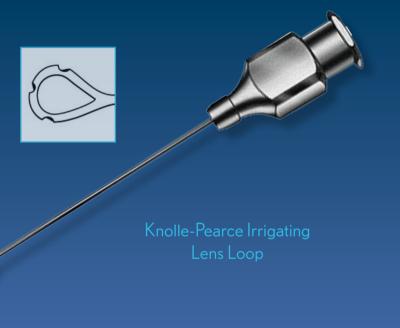
FOREIGN BODY SPUDS

 Spuds are used to remove foreign bodies from the cornea/eye with a dissection or scraping technique



Lens Loops (Vectus)

- The lens loop is used to assist in removing the lens out of the capsule during an extracapsular cataract extraction
- It is often used to engage and remove a dislocated lens



CORNEAL RUST RING REMOVERS

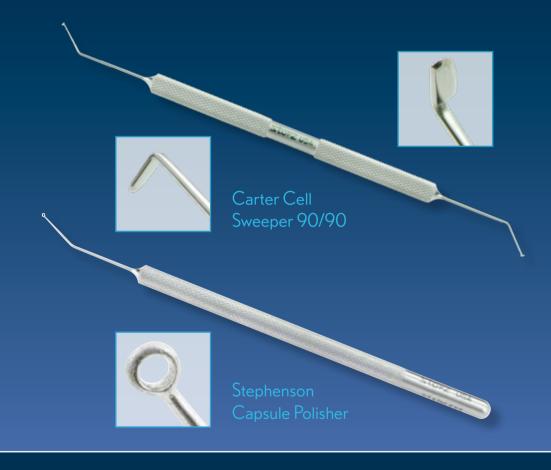
 Motorized burr used to remove rust ring after foreign body has been removed



Algerbrush Rust Ring Remover 1.0mm

SCRAPERS/POLISHERS

- Used to polish the capsule for removal of lens epithelial cells
- Has either a roughed surface to scrub or a sharp edge to scrape lens cells off capsular surface



SCRAPERS/POLISHERS

- Capsule polishing is especially needed in specialty cataract procedures such as premium IOL placement
- Single-use options are available with a flexible tip for capsule protection





CapsuleGuard® I/A Handpiece

SPATULAS

- Spatulas are semi-sharp or dull instruments and are used selectively to pull away, mash or pick up various tissues (vitreous, iris, sclera, cornea, etc.)
- Spatulas are designed with a wide variety of tip and handle designs







IRIS SPATULAS

 Used to reposition and arrange the iris following surgery and prior to closing the wound



CYCLODIALYSIS SPATULAS

This spatula is used to separate the ciliary body from the scleral spur
to produce a drainage channel between the anterior chamber and the
suprachorodial space



CALIPERS

- Instrument for measuring thickness and internal or external diameters inaccessible to a scale, consisting of a pair of pivoted legs, adjustable
- Usually have a sliding or adjustable arm



DEPRESSORS

Instrument used to depress and rotate globe during examination



TONOMETERS

- Designed to measure the intraocular pressure of the eye by indention of the cornea by a plunger
- Accurate measurement of intraocular pressure is the most important single test in the detection of glaucoma

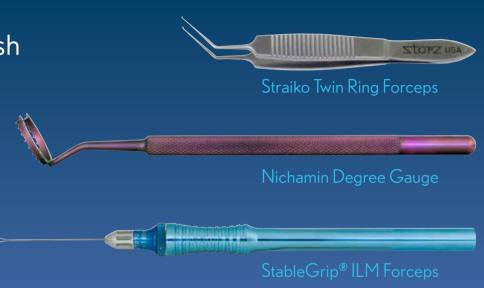


MATERIALS

- Most commonly used materials for surgical instruments:
 - Stainless Steel
 - Titanium
- Metals are properly processed and heat treated to ensure durability of the instruments

MATERIALS

- Instruments finishes include:
 - Bright, smooth polished finish
 - Sandblasted, satin finish that eliminates glare from surgical lights
 - Colored for easy identification



MATERIALS

Stainless Steel vs. Titanium

Stainless

- holds edges
- polishes better
- more affordable

Titanium

- more elastic/flexible
- lighter weight
- color is adaptable

Post-Test

Thank you for completing the educational material for Utilization of Ophthalmic Surgical Instruments.

Click the link below to take the post-test and receive your continuing education certificate (login required).

www.StorzOphthalmicCE.com