ADAPTATION OF THE SLIT LAMP FOR PATIENTS WITH LARGE BREASTS

Sometimes patients with large breasts, by pressing against the stage of the slit lamp, make the examination difficult. Recently we have been using a hard plastic board which clips onto one of the metal posts that supports the chin rest of the slit-lamp assembly (Figure). This board prevents breasts from pressing against the slit lamp's stage, thus allowing it a full range of motion.

Besides aiding during slit-lamp examinations, we have found this board useful during tonometry, laser procedures, and photography.

REFERENCES

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MODIFIED CAPSULORHEXIS FOR EXTRACAPSULAR CATARACT SURGERY

The significant advantages of continuous tear capsulotomy (capsulorhexis) need not be lost if an extracapsular cataract extraction instead of phacoemulsification is required in a particular case.

The structural support afforded by capsulorhexis has been amply demonstrated by Gimbel et al. and Harris et al. In fact, inadvertent unplanned intracapsular extraction can occur if a continuous tear capsulorhexis is followed by planned extracapsular cataract extraction, since the integrity of the capsular rim is stronger than the zonules.

When I am unable to perform phacoemulsification in a particular case, I incorporate at least a partial capsulorhexis to retain the architectural stability of the continuous tear opening as follows:

The capsulorhexis is begun at the 2 o'clock position, using a bent 25-gauge needle to initiate the tear. Then, using an Ultrata capsulorhexis forceps, it is continued in the standard fashion extending inferiorly, and then in a clockwise direction towards the 10 o'clock position. At this point, conversion to a standard can-opener technique using the bent 25-gauge needle is performed to complete the capsulotomy and the anterior capsular flap is removed. The presence of the superior can-opener punctures allows radial forces to be directed in a controlled manner, enabling the nucleus to be extracted by an extracapsular technique, while preventing zonular dehiscence and unplanned intracapsular surgery. Several punctures are necessary to ensure that no significant radial tear extends to the equator of the lens capsule.

A further lesson from phacoemulsification, which can