

# Safe and Effective Endothelium Transplant

## Tan DSAEK Forceps: AE-4226



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## Features



*Safely and effectively inserts the donor button with the pull-through technique using a lens glide.*

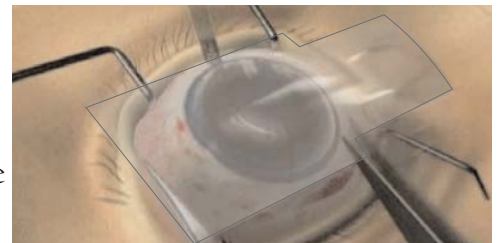


These forceps are 23G, maneuvering easily through the sideport incision. The jaws are specially designed so that only the tips meet, minimizing contact with the stroma. As the forceps pinch only the upper stromal layer of the donor button, no contact is made with the endothelium. Atraumatic ridges on the tips secure grip of the stromal layer in the presence of visco. Other features include an ergonomic handle and an all-titanium body.

## Tan Sheets Glide Technique

### Preparation of Sheets Glide:

- 1) Trim glide to 4mm in width along approximately half to two-thirds of the length of the Sheets glide.
- 2) Perform trial insertion:
  - a) First open the scleral tunnel to its full 5mm width.
  - b) Using Kelman-McPherson forceps, insert the glide into the AC through the scleral tunnel with the right hand, while the AC maintainer is on. The AC should continue to be well-formed, and the glide should be positioned over the iris to ensure no iris prolapse. BSS flow through the AC maintainer may be reduced slightly to avoid excessive flow pressure.
  - c) Insert the Tan DSAEK Forceps through the nasal paracentesis into the AC, over the Sheets glide and advance the forceps through the scleral tunnel, ensuring that the forceps protrude out and that the AC is still well-maintained while this is achieved. Several practice attempts may be useful at this point.
  - d) Once the surgeon is comfortable in performing this two-handed maneuver, instruments can be withdrawn.

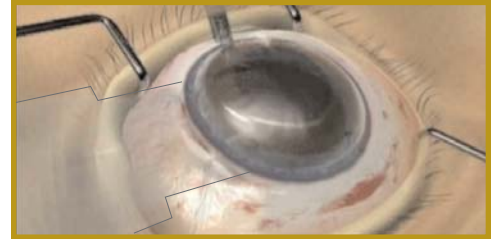


Continued on the back

For the complete procedure, please visit our website: [www.asico.com](http://www.asico.com)

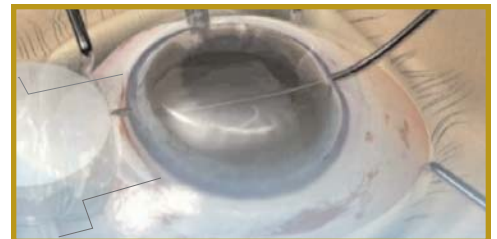
### Glide Insertion of Donor Lamella:

- 1) First, gently separate the anterior cap from the posterior lenticule by irrigating within the layers with a BSS cannula. Then, carefully transfer donor (both lamellae, endothelial side up) onto an Ousley or Paton spatula. At this point, application of a drop of BSS to the edge of the donor will assist in lubrication to ease sliding of the spatula beneath the anterior cap. This maneuver is best performed under the operating microscope by shifting the microscope out from the surgical field.
- 2) Place OVD (Viscoat<sup>®</sup>) over the endothelial surface, taking care not to get OVD on the underlying stromal surface. Unlike the folding technique, copious OVD use is advocated.
- 3) Getting the assistant to hold the spatula and cornea under the microscope, carefully grip the posterior donor lamellar with microforceps, grip the anterior cap with another microforceps, and slide away the anterior cap from the spatula, ensuring that the posterior donor lamellar stays on the spatula and is not distorted or buckle in the process.
- 4) Insert the glide into the AC again, with the AC maintainer on (flow can be slightly reduced if excessive efflux of BSS occurs through the scleral tunnel. Place more OVD on the protruding surface of the glide, and carefully evert the Paton spatula and cornea, endothelial surface down onto the OVD-covered portion of the glide. Gently remove the spatula from the donor, with the help of a drop of BSS. If a Paton spatula is used, the assistant may use the BSS cannula to release the donor from the spatula through the slits in the Paton spatula.
- 5) Slightly reduce the flow of BSS through the AC maintainer at this stage if excess efflux of BSS through the scleral tunnel threatens to wash away the OVD and donor. The glide should be held with Kelman-McPherson forceps just beyond the edge of the donor at this stage to also prevent the donor slipping away.



- 6) With the left hand, pass the Tan DSAEK Forceps through the nasal paracentesis, over the Sheets glide and out through the scleral tunnel. The teeth of the forceps should protrude beyond the wound at this stage.
- 7) The forceps is then used to grasp the leading edge of the donor lamella, preferably on the upper stromal surface to prevent touching the Descemet's layer or the endothelium. The donor at this stage may often be at a

slightly higher level than the forceps, as it lies on a bed of OVD, so an assistant can use a BSS cannula tip to slightly depress the leading edge of the donor down towards to the forceps. Once the forceps grasp the donor edge, pull the donor through the wound in one steady, smooth motion until the donor is fully in the AC. At this stage, do not let go of the donor yet with the forceps.



While still holding the donor in the AC with the forceps (left hand), withdraw the glide, and using your right hand, inject a small amount of air (about 3-4mm in diameter) beneath the donor, through the scleral wound (this ensures that the donor floats up against the recipient cornea rather than descending down onto the iris. Avoid a larger bubble, or it will be more difficult to shift or reposition the donor later).

- 8) After final repositioning of the donor with the forceps, the donor may then be released, and the forceps retracted out of the paracentesis wound (take care to ensure that the end of the donor is fully through the scleral tunnel opening before releasing with the forceps (or else the donor may slip out again through the wound due to the positive pressure of BSS flow).