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CATARACT

Tools & techniques

The Singer Fixator

by Richard S. Hoffman, MD



This column was created with the thought that most surgeons would benefit from an in-depth step-by-step approach to learning useful techniques. Adding new procedures to our armamentarium, in my view, is the responsibility that each one of us takes on to make us better surgeons and offer our patients the best possible surgical outcomes. Learning a useful new technique and applying it in the operating room is one of the most satisfying aspects of our profession. The ability to constantly improve our skills and develop as

Although I routinely use a Fine-Thornton ring for creation of bimanual microincisions and the main temporal IOL incision, I have mostly abandoned its use for IOL insertion. I have found that better traction can be achieved for inserting an IOL cartridge into the main incision when a blunt cyclodialysis spatula or similar device is placed in the side-port incision and used as countertraction while the cartridge tip is inserted into the eye. This maneuver aids in IOL injection while limiting potential corneal epithelial or conjunctival trauma from the tines of the Fine-Thornton ring if adequate purchase of the globe is not achieved. I have recently been evaluating the Singer Fixator (Mastel Precision, Rapid City, S.D.), a handy instrument designed by the late Jack Singer, MD, that offers many of the benefits of the Fine-Thornton ring and a side-port fixation spatula.

The device has a thin metal prong emanating from a block with dull fixation tines underneath (Figure 1). Placing the device 180 degrees from the location of the side-port or left-handed microincision, the metal tines function as a mini-fixation device in order to aid in placement of the side-port incision (Figure 2). Placing the prong into the side-port, with the metal tines pressed against the underlying globe, a second microincision (biaxial phaco) (Figure 3) or a larger temporal incision (coaxial phaco) (Figure 4) can be safely created. The device can be especially helpful during creation of the capsulorhexis in an uncooperative patient undergoing surgery with topical anesthesia. The eye can be fixated and maneuvered into the most ideal position to ensure a complete rhexis is done without any



Figure 1: The device has a thin metal prong emanating from a block with dull fixation tines underneath.

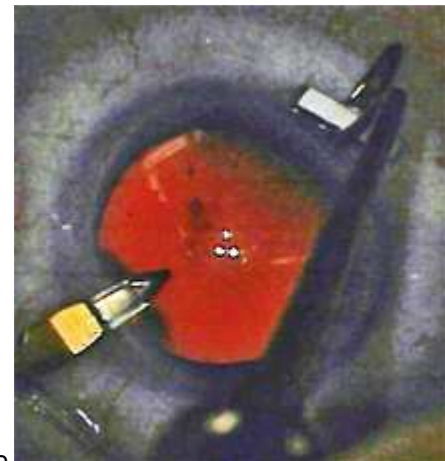


Figure 2: The metal tines function as a mini-fixation device to aid in placement of the side-port incision.



surgeons is what ultimately distinguishes us from a "technical chimp."
Although techniques have their allure, sometimes it is the simple new tool that brings us the most joy. Microincision forceps and scissors, a pupil expansion ring, a suture snare—these are the Legos, Hot Wheels, and Erector Sets for grown-up ophthalmologists. In this month's column, I briefly review some of the benefits of my latest toy. How long I use it before it breaks ... time will tell.

Richard Hoffman, MD,
Tools & techniques editor

sudden contributions from the patient. By using the prong and fixation block, rather than a fixation ring or forceps, the patient is usually more comfortable during the maneuver and there is less likelihood for tearing the conjunctiva or the corneal epithelium. Finally, the device can be placed in the side-port incision during insertion of the IOL cartridge injector and function as a countertraction spatula with additional traction supplied by the metal tines (Figure 5).

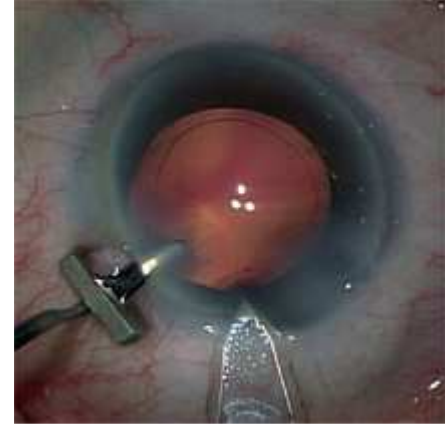
In an extremely uncooperative patient, the potential for seriously detrimental eye movement exists with the Singer Fixator and it is probably best to utilize a Fine-Thornton ring. However, in most routine cases, the Singer Fixator offers the advantage of fixation and countertraction with one practical instrument.

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Placing the prong into the side-port, with the metal tines pressed against the underlying globe, a second microincision (biaxial phaco) (Figure 3 on left) or a larger temporal incision (coaxial phaco) (Figure 4, right) can be safely created.



Figure 5: The device can function as a countertraction spatula with additional traction supplied by the metal tines.

Source (all): Richard Hoffman, MD

