



## Scharioth IOL Scleral Fixation forceps, straight & curved

(25 gauge / 0.5mm)



"The intrascleral tunnel haptic fixation technique first described by Gabor Scharioth in 2007 was a very significant advance for patients requiring IOL fixation without capsular support. It allows secure and stable 3 piece IOL fixation with reduced risk and complications compared to suture fixation. Some surgeons however have struggled with the technique and in many of these cases it has been because they were using forceps designed for peeling membranes or general purpose crocodile style forceps."

The DORC Scharioth forceps set are custom made for the procedure and in my opinion are key to its successful completion. They come supplied as one long 25g forceps and one short curved forceps. Each has the same grasping platform with a single central axial groove in both of its opposing surfaces. Both forceps have the ability to open widely and close with high gripping strength with the classic DORC pencil grip actuation handle.

An integral part of the technique is the ability to grasp the IOL haptics by the very tip when removing them from the sclerostomy or passing them through the tunnels for fixation. This requires the surgeon to use a bimanual 'hand shake' technique of holding the haptic in one forceps in the correct position intraocularly, to then grasp the tip with the other forceps - I hold with the long straight forceps and remove the haptic through the sclerostomy with the short curved forceps. The curve on the short forceps is critical to permit this, particularly in deeper set globes or those with restricted access with narrow palpebral apertures.

The grooved tips allow secure holding of the haptic whilst removal through the sclerostomy but without a shearing action which can cut the haptic off. Similarly when grasping the haptic tip to push it through the superficial scleral tunnel the groove helps align it with the forceps tip for smooth passage through the tunnel. Again I use the short curved forceps for this manoeuvre which allows me to optimise the angle for finding the tunnel entrance.

The tips are also end gripping in action meaning that the long one can be used to pick IOLs from the surface of the retina by either the haptics or residual adherent capsule."

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**Dr. David Steel, Consultant  
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