A Useful Variant of Lancaster's Stitch in Muscle-Advancement

H.

Weve

From the University Eye Clinic Utrecht [Director: Prof. Dr. H. Weve]

Of the different methods of suturing the muscle to the sclerotic in muscle-advancement operations Lancaster's stitch has given me the greatest satisfaction. (See fig. I.) Nevertheless, it

has one drawback. The knotting of the suture is not always simple and as much depends upon this final act, I have tried in different ways to improve this part of the procedure.

Here is a solution to this problem that I found most effective. (See illustrations 2, 3 and 4.)

Apart from the Lancaster stitch A.B. a second stitch is used. It is inserted through the sclerotic at the muscle insertion. Whilst

Ophthalmologies, Vol. 96, No. 4/5 (Jan./Febr. 1939). 15

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the assistant pulls slightly at B' the surgeon knots A to A'. Hereupon B is knotted to B'.

We use silk number 1 and burrow the sutures beneath the conjunctiva! Mostly they can stay there forever. In case they should after some months cause irritation they can easily be taken away without endangering in any way the effect of the operation. Patients should however be warned that this may occur. Otherwise they might believe that the surgeon forgot to take the suture away. As the figures show, we fix the muscle in two forceps, this enables us to tear the muscle sufficiently without it slipping from our grip.

In case the angle of squinting is about 15 degrees, one advancement will mostly be sufficient. If it is bigger it should be combined with a partial tenotomia of the antagonist. As a rule we incise

the tendon from both sides until only a part of the tendon not broader than $\frac{1}{8}$ mm is left untouched.