Central Capsulary Iridectomy

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There are several desires and demands to be made in the construction of an artificial pupil:
Optically good functioning.

An aperture that has a reasonable chance of staying open.

A method with few changes of complications.

A reasonably good cosmetic result.

Fig. 1 gives a survey of the most current methods. From left to right:

1. Making an opening with a Graefe knife or possibly with a lancet + Wecker scissors or punching apparatus. An objection to

the knife is that the opening often coalesces later, while the introduction of a punching apparatus involves the risk of loss of vitreous.

Wilmer and Elsnich's method is theoretically excellent, but in practice it is difficult and involves great risk of complications.

Franceschetti's two methods can be applied only to a lifted pupil and the cosmetic result is often poor.

Another method to be mentioned is that of Meyer-Scluvicke-rath, applicable to a pigmented membrane and very good looking, but requiring a costly apparatus.

The method I have used is simple and efficient. It divides itself into two parts:

Fig. 2: If the membrane is thin, one penetrates the limbus cornea in such a way as to obtain two parallel incisions centrally in the membrane, thereupon withdrawing the lancet with a twist, whereby the bordering tissue is decussated (see sketch).

Fig. 2 Fig. 'i

Fig. 3: If the tissue is tough and hard, after the lancet has been withdrawn, the tissue bridge must be dissected with Wecker scissors.