**PROBLEM:** You need to explant a soft IOL.

**SOLUTION:** With the Katena IOL Cutter you can cut and remove any soft IOL. Many instruments have been designed to cut the IOL but they suffer from one of two problems; either they cut well but are too big for a small incision, or they are small enough to go through the incision but don’t cut well. The blades and narrow shank of this IOL Cutter easily enter through a 3mm incision while the rongeur-style mechanism provides the needed strength to cut the IOL. The delicate serrations on the blades grasp and stabilize the lens while it is being cut.

**PROBLEM:** After inserting a soft IOL with a shooter you realize that the lens is not completely in the bag.

**SOLUTION:** With the Nevyas IOL Manipulator you can easily complete the insertion process. Its textured tip is designed for maneuvering the trailing haptic into the bag and provides the necessary traction for safe manipulation of the lens optic.

**PROBLEM:** You have a patient in the office with a stenotic punctum that needs to be opened.

**SOLUTION:** Insert the thin tapered tip of the Christensen Punch into the punctum to excise a 1mm wide section of tissue in a single action. With this instrument there is no need for multiple cuts, as with scissors, thereby minimizing the amount of bleeding.
Solutions for Cataract

PROBLEM: You need more space to perform a capsulorrhexis but don't want to enlarge the incision.

SOLUTION: The new Alio Micro Capsulorrhexis Forceps, with its 23-gauge shaft, can be used through incisions smaller than 1mm. The thin diameter shaft allows maximum maneuverability while performing the capsulorrhexis. The triangular-shaped micro tips enable you to both create and grasp the capsular tag with the same instrument.

PROBLEM: Just as you enter the anterior chamber to perform a capsulorrhexis the iris begins to prolapse out of the incision.

SOLUTION: You can easily control a prolapsing iris by inserting the concave tip of the Rowen Iris Maintainer through the incision and over the iris. This allows sufficient space to perform a capsulorrhexis and hydrodissection while preventing the iris from prolapsing. The larger end of the instrument is for complete iris coverage; the smaller end allows easier access for other instruments.

PROBLEM: You have a cataract patient with a small pupil and you need to enlarge it.

SOLUTION: The Keuch Pupil Dilator, with its stationary inferior hook and thumb-activated superior hook, can easily stretch the constricted iris. Using the instrument once through the primary incision and then through the paracentesis will enlarge the pupil sufficiently to obtain the visibility you need to proceed with surgery.
PROBLEM: The forceps you use to handle conjunctiva often tears or crushes the tissue.

SOLUTION: The Fechtner Forceps allows you to securely grasp and handle conjunctiva with confidence. Soft conjunctival tissue penetrates through the ring opening, creating traction without cutting or tearing. The addition of tying platforms enables you to use the same instrument to tie extra fine sutures.

PROBLEM: You want to eliminate external pressure on the globe during corneal transplant and glaucoma surgery.

SOLUTION: The Schott Lid Speculum not only retracts the lids but also lifts them up and away from the globe to eliminate any external pressure. Both the retraction and the lifting of each lid can be controlled separately as required for each patient.

PROBLEM: Inserting the tip of a Kelly punch can be difficult because your hand position gets in the way of the microscope.

SOLUTION: The bullet-shaped tip of the Luntz-Dodick Punch allows you to easily insert and precisely engage the trabecular meshwork. By selecting one of the four preset head positions you can change the angle of approach to suit your most comfortable hand position.
PROBLEM: The speculum you currently use does not adequately control redundant lid tissue and lashes.

SOLUTION: The Ginsberg Lid Speculum is specifically designed to address this problem. Its solid upper blades are flared to retain excess lid skin folds and lashes while the bottom of each blade is fenestrated to minimize pressure on the globe.

PROBLEM: During a corneal transplant you have difficulty aligning and stabilizing the corneal graft while suturing.

SOLUTION: Using the double-armed Polack Fixation Forceps, you can stabilize the corneal graft in two locations simultaneously. This allows you to precisely place the needle between the two arms without tissue distortion, minimizing potential astigmatism.

PROBLEM: You’re having problems locating and lifting the flap for LASIK enhancement procedures.

SOLUTION: With the Chu LASIK Flap Relifting Technique* using the Buratto forceps you can locate and lift flaps as far out as 60 months post-operatively. The curved shanks of the forceps are used to depress the cornea to locate the original flap edge. The gently serrated jaws are then used to grasp the flap and peel it back toward the hinge.

*Free Chu Technique CD-ROM available on request.