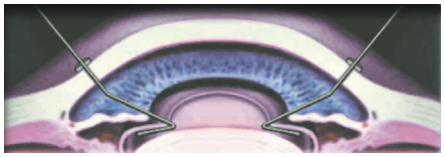

MACKOOL CATARACT SUPPORT SYSTEM

DIRECTIONS FOR USE

The following technique is recommended for use of the above:

1. Staining of the anterior capsule with an appropriate dye will make it easier to recognize the location of the capsulorhexis during the procedure. Therefore, it is recommended that this be done whenever possible.

2. A relatively small capsulorhexis is desirable (approximately 4 mm). The system can be successfully used with a larger capsulorhexis, but the positioning and security of each retractor is more reliable when a greater amount of anterior capsule is present.

3. Each retractor should be inserted through a small vertical (i.e. not beveled) incision at the peripheral limbus. The incision length should be approximately 1.5 mm, and the retractor will deform as it passes through the incision. Prior to inserting the retractor, the stop should be raised so that it is near the end of the retractor (at its furthest location from the intraocular portion).

4. Place retractors at 90° intervals for diffuse zonular laxity, and at 45° intervals when no zonule is present in any region.

5. Do not over tighten any retractor! The retractors should essentially maintain the position of the capsulorhexis, pulling it slightly into the periphery but not greatly distorting it. This is important as placing too much traction on the capsulorhexis could cause it to tear. It is unnecessary to place a good deal of force on the capsulorhexis, and only a slight distortion of its curvature is necessary in order to adequately secure the capsule and its contents.

6. After the completion of nucleus and cortex removal, an endocapsular ring should be inserted prior to removal of the retractors, assuming that it is appropriate to do so in the judgment of the surgeon. An IOL can be inserted into the capsular sac before or after removal of the retractors. Of course, if the zonule is judged to be extremely weak, consideration should be given to insertion of either an anterior chamber lens or sutured PCL.

7. Each retractor can be removed after first removing the stop, freeing the capsulorhexis margin from the retractor, and then pulling the retractor through the incision through which it was inserted. Alternatively, the stop can be removed and each retractor can be pulled through the phaco incision using either forceps (capsulorhexis forceps work well), or 2 instruments (a spatula and Sinskey hook can be used; the spatula is placed beneath the distal end of the retractor and the Sinskey hook engages the curved portion. The retractor is then pulled through the primary phaco incision through which the 2 instruments were inserted.)

8. The incisions through which the retractors were inserted normally do not require suturing, although stromal hydration may be advisable.

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