

Dr. Jones is a relatively new user of Mastel products. When we asked him for some feedback, this is what we received.

Turns out he has quite the story to tell.

PHACO TIPS-

I can tell when the tip I'm using has been polished by Mastel. It is not only brighter and more reflective but it cuts better as well. Having our phaco tips polished by Mastel not only helps to extend the lifespan of this expensive semi-disposable product but actually makes it feel better than factory new.

MASTEL SUPERSTEALTH VS. RHEIN 3D™-

I have used the Rhein 3D keratome for over two years. It is an excellent diamond and gives a clean reproducible incision that seals well. What I prefer about the Stealth keratome is that it has those same properties (clean reproducible incision that seals well) in addition to an improved feeling of directionality as it cuts through the corneal stroma. **The thinness of the diamond allows for less tissue distortion and few wounds that have an internal gape postoperatively.** Because I feel there is a better sense of control during the incision I can create consistent tunnel length and therefore feel more certain of wound sealing at the conclusion of a case.

PARACENTESES-

I have been using an ASICO diamond for side port creation for a number of years, and before I tried the Mastel Fine Triamond and Fine ParaTrap I had preferred a 0.8mm diamond. At the conclusion of the case I would always hydrate the side port to ensure closure; despite this technique I would spend 15 to 30 seconds on each side port either re-hydrating or firmly holding pressure over the incision roof. I meticulously dried the incision edge, and if I still had even small leakage I would place a 10-0 nylon suture (approximately 1.5-2%).

Most recently I have been using a Paratrap in one instrument set and a Triamond in another set. My other two sets have 0.8mm ASICO diamonds. What I found was just amazing: **I don't even have to hydrate the paracentesis when I use a Mastel blade.** I have had zero leaks in over 600 cases with these diamonds, and I have not had to suture one yet. My surgery day goes faster because I don't spend the extra time at the end of the case trying to get the paracentesis to seal. **Postoperatively these side ports look much cleaner with little edema. I feel more assured that the side port is not going to be an issue on postop Day 1 for my patients.** I also like the ability to titrate the paracentesis size with the Triamond; it works great for a second instrument or iris hooks (like for a Flomax case or pseudoexfoliation). Because these incisions seal so well I think they would be advantageous for accommodating IOL cases because most of those lenses require an absolutely stable chamber to allow the IOL to remain in the intended location to achieve accommodation.

Jason Jones, MD
Jones Eye Clinic
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Dear Doug:

May I share with you my ongoing impression of the diamond side-port blades that you have made for me. As you know, I am very fussy about wound construction, and that holds true for my side-port incision. First, I feel that **it must be just as carefully crafted as the main phaco incision in order to prevent unnecessary leakage** and, hence, chamber instability; a commonly overlooked consideration.

In addition, to my surprise, I have consistently found that at the end of a case the side-port wound will leak more than the main incision. Actually, this should not be unexpected given the torque and stress that the side-port undergoes with today's chop techniques.

When you convinced me to switch to a dedicated side-port diamond instrument, **there was a noticeable decrease in wound leakage and need to perform stromal hydration.** In addition, I was overjoyed to have a properly angled knife that would permit facile access to the side-port location. This is of particular value when the side-port is located inferiorly and in deeply set eyes.

Most recently, I found myself in the unexpected position of having to use a conventional steel blade, albeit a high-quality one, to create this important incision. I must admit that I had forgotten, and perhaps become a bit complacent about, the enormous advantage that this diamond offers. **Each case that I used the steel blade showed significant leakage that required repeated attempts at hydration in order to achieve a truly water tight closure.** Very frustrating, indeed.

Personally, I suspect that some of the recent reports of **increased endophthalmitis** is actually originating from leaky side-port incisions. Surgeons really need to begin to place more attention to this incision and confirm its integrity and lack of leakage.

Doug, I thank you for creating such a useful and exquisite instrument.

Louis D. "Skip" Nichamin, MD
Laurel Eye Center

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