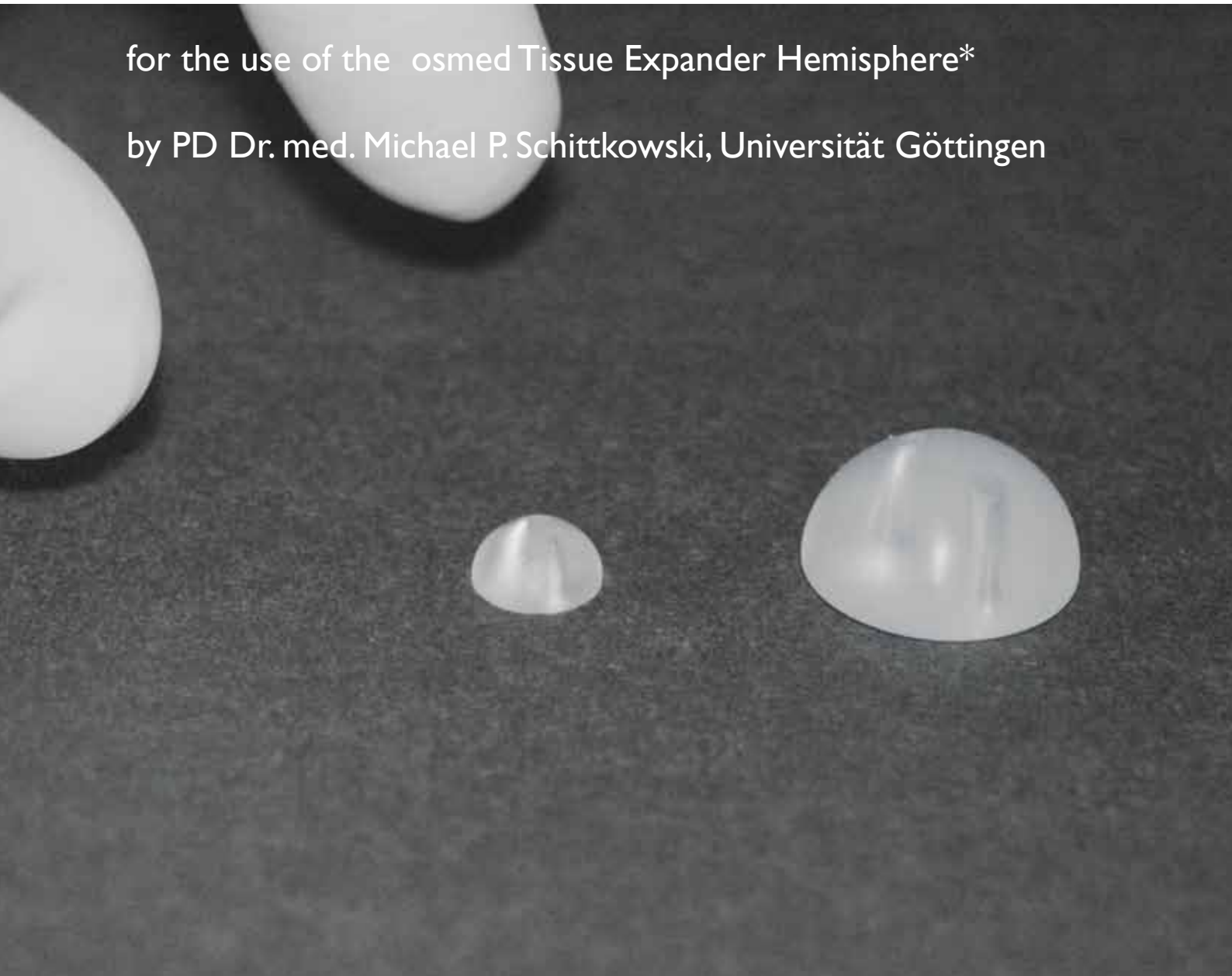


Tips for success

for the use of the osmed Tissue Expander Hemisphere*

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* also known as Tissue Expander Socket

| Indications

- ↷ Expansion of the conjunctival sac at clinical anophthalmia.
- ↷ Augmentation of the surface of the mucous membrane.
- ↷ Creation of a fold as counter bearing / support of prosthesis

| Contraindications

- ↷ Local infection at the area of the conjunctival sac.
- ↷ Extreme cicatrization of the conjunctival sac after presurgery (relative contraindication – at minor cicatrization surgery possible; at pronounced/entire cicatrization not recommend).

| Operative criteria

Well-proven is a beginning of treatment until the age of one year, preferably at the age of 4 months. An earlier beginning of treatment might involve a higher risk of cicatrization of the conjunctival sac and seems not to be medically necessary according to today's state of knowledge.

| Anaesthesia

Due to the age of the patient a general anesthesia is necessary.

| Implantation

1. Disinfection of the skin.
2. Disinfection of the conjunctiva.
3. Insertion of a lid lock or an assistant keeps palpebral fissure opened with appropriate wound hooks (e.g. Desmarres retractor).
4. Preparation of positioning thread (e.g. Prolene 6/0) for fixation of the hemisphere/socket expander in the centre of the conjunctival sac.
5. The thread is run into the provided drill holes of the hemisphere/socket expander so that the convexity of the expander points forward.
6. Insertion of the socket expander into the conjunctival sac.
7. Final tying of the positioning thread.
8. A temporary tarsorrhaphy suture (e.g. 4x0 Greenfill or Prolene) in the centre of the lid.
9. Tarsorrhaphy suture remains until explantation of expander, because of a risk of loss of the expander due to manipulation of the expander by patient.
10. While expander is implanted, a prophylactic local antibiotics via broad-spectrum eye drops is recommended.

| Explantation

1. Disinfection of the skin.
2. Opening and removal of tarsorrhaphy suture.
3. Cut of the positioning thread of the expander.
4. Removal of socket expander.
5. Insertion of a glass prosthesis or preferably implantation of an osmed Tissue Expander Sphere into the orbital soft tissue in combination with a preliminary glass prosthesis.