DEVICE FOR EXTRACTION OF NON-METALLIC INTRAOCULAR FOREIGN BODIES

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Client

- Dr. Leslie A. Wei, MD
- Ophthalmology Facial Plastic Surgery
- UW-Madison Hospital





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Problem Statement

- Traumatic intraocular foreign bodies (IOFB)
 - Smooth, round, non-metallic foreign bodies are difficult to remove
 - Ex. Airsoft pallets
- Currently no specific instrument



Retrieved from bbgunreview.com

- Goal: design an intraocular instrument
 - 1. Minimizes enlarging the wound
 - 2. Easily handled with precise movements
 - 3. Successful in removing the IOFB

Background: Human Eye

IOFB enter through:

- cornea (65%)
- sclera (25%)
- Etc.
- IOFB end up in:
 - Vitreous body (61%)
 - Anterior chamber (15%)
 - Retina (14%)
 - Etc.¹
- Vitreous body
 - Gel-like vitreous fluid
 - Pressurizes eye²
- Retina
 - Optic nerves
 - Sensitive



Figure 1. Anatomy of a human eye³

Background: IOFBs

• **IOFB** = intraocular foreign bodies

Penetrate into ocular tissue⁴

- Common types causes:
 - Metal hammering
 - Plastic BB guns
- Commonly injured sites
 - Lens and retina⁵





Figure 2. Hammer & Nail⁶

Figure 3. BB gun and plastic BB bullets⁷

Background: IOFB

- Our target:
 - Round, plastic
 - Maximum diameter 8 mm
 - In posterior segment (vitreous body)





Figure 3. Anatomy of removing IOFB⁸

Figure 4. Image of samples of air soft pallets of 6 mm diameter⁹

Procedure: Pars Plana Vitrectomy

Steps¹⁰

- Remove vitreous (vitrector)
- Sever IOFB-vitreous attachment (vitrector)
- Insert instrument for grasping
- Grasp IOFB
- Move IOFB to sclera
- Extract IOFB



Figure 5. 25 gage-Vitrector designed by Alcon Surgical¹¹



Figure 6. Diagram of Pars Plana Vitrectomy: An animated cross-section of the eye including the components used during a vitrectomy procedure ¹²

Current devices¹³

 Currently, no instrument designed specific for removing smooth, round, and non-metallic IOFB



- Commonly used:
 25+gage Forceps
 - Various kinds of tips
 - Difficult if non-metallic IOFBs



Figure 7. Examples of currently used forceps with various kinds of tips for IOFB removal. Designed by Alcon Surgical

Product Design Specification

Size

- Maximum diameter: 8 mm
- Length: 32 mm
- Safety
 - Biocompatible
 - Disposable or autoclavable
 - Not harmful to inner-eye
 - Minimize entrance wound

Ergonomics

- One-handed operation
- Comfortable no-slip grip

Reliability

Locking mechanism

Design #1: Ice cream scoop

- Two half-spheres encapsulate foreign body
- Spring and gear mechanism rotates half-sphere
- Autoclavable
 - stainless steel



Figure 8. Model of an ice cream scoop¹⁴

Design #2: Fish net

- Spring embedded in handle
- Mechanism:
 - Push
 - Compresses the spring
 - Pushes out the net
 - Release
 - Relaxes the spring
 - Pulls in the net
- Disposable
 - Polymer



Figure 11. Currently in use Roth Net Retriever for grabbing objects in digestive tract¹⁵



Figure 10. Image showing the mechanism of Fish Net design

Design #3: Claw

- Four prongs to grasp foreign body
- Spring-loaded mechanism to release claw
- Relaxing spring tightens claw
- Autoclavable
 - Stainless steel



Figure 11. Example of a claw design currently in use¹⁶

Design Matrix

Design:	Ice Cream Scoop		Fish-net		Claw	
Criteria (weight)					Annual	
Reliability (30)	5	30	4	24	3	18
Size (25)	4	20	5	25	3	15
Ergonomics (15)	5	15	4	12	3	9
Safety (15)	3	9	5	15	3	9
Feasibility (10)	3	6	5	10	4	8
Cost Effective (5)	4	4	3	3	5	5
Total (100)	84		89		64	

Summary: Final Design

- Design #2. Fish net
 - Highest relative score
 - Size
 - Safety
 - Feasibility



Future Work

- Material Selection
- Order materials and components needed
- Fabricate a prototype
- Testing
 - Model: cow/pig's eye
 - Ease of use and controls
 - Successfully removes
 - Does not enlarge the wound

Acknowledgement

- Client: Dr. Leslie Wei
- Advisor: Dr. John Webster

References

1. Rathod, R., & Mieler, W. (2011). Retinal physician . An Update on the Management of Intraocular Foreign Bodies, Retrieved from http://www.retinalphysician.com/ articleviewer.aspx?articleID=105554

2. human eye. (2014). In Encyclopaedia Britannica. Retrieved from http://www.britannica.com/EBchecked/topic/1688997/human-eye

3. http://www.eyesandeyesight.com/2009/02/anatomy-of-the-eye

4. Mete, G., Turgut, Y., Osman, A., Gülşen, U., & Hakan, A. (2011). J ophthalmic inflamm infect. *Anterior segment intraocular metallic foreign body causing chronic hypopyon uveitis*, *1*(2), 85-87. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3102852/

5. Rathod, R., & Mieler, W. (2011). Retinal physician . An Update on the Management of Intraocular Foreign Bodies, Retrieved from http://www.retinalphysician.com/ articleviewer.aspx?articleID=105554

6. http://www.golfeneur.com/hammering-a-golf-ball-by-hammer-nail-analogy/

- 7. http://www.guns.com/2012/08/28/california-bb-gun-law/
- 8. http://www.nwkec.org/005rd170.htm
- 9. http://www.airsplat.com/Items/B1-2000.htm

10. R. Rajiv, A. Gupta, S. John, T. Sharma. Intraocular Froeign Body; Primary goal in management: Comprehensive anatomical reconstruction to ensure the best possible visual rehabilitation Retreived from http://theidos.com/intraocular-foreign.aspx

11. http://www.alconsurgical.com/25-gauge-vitrectomy.aspx

12. D.A. Brinton, "Pars Plana Vitrectomy," East Bay Retina Consultants, Inc. 2012. http://eastbayretina.com/vitrectomy#/page-6/

- 13. http://www.alconsurgical.com/25-gauge-vitrectomy.aspx
- 14. http://help.solidworks.com/2011/english/SolidWorks/sldworks/LegacyHelp/Sldworks/UI/Example_of_Ambient_Occlusion.htm

15. http://www.endoscopy.com/store/pc/viewPrd.asp?idproduct=36#axzz2tWjiIYxV

16. http://aa661bw648der1346.blogspot.com/2012/03/permaflow-pf0401-na-grabeasy-easy.html

Questions?

