

Carly Hildebrandt, Amy Kim, Ruby Phung, Adam Strebel  
 Client: Dr. Leslie A. Wei, Ophthalmology Facial Plastic Surgery  
 Advisor: Pr. John Webster, Department of Biomedical Engineering

## Abstract

Intraocular foreign bodies (IOFB) account for nearly 40% of open-globe ocular traumas. When they penetrate the eye, they are subject to surgical removal. However, removal is complicated when the IOFB are round, smooth, and non-metallic, such as air soft pellets. Currently, no surgical instrument exists specifically to remove these IOFB. An instrument, with a locking grasp mechanism was designed to remove air-soft pellets six millimeters in diameter. A retractable claw prototype device was fabricated and tested for user comfort and reliability.

## Background

### Intraocular Foreign Bodies (IOFB)

- Penetrate ocular tissue
- Retained inside eye
- Range in size and composition variably
- Subject to surgical removal [1]

### Human Eye Anatomy

- IOFB penetrates:
  - Cornea (65%)
  - Sclera (25%)
- IOFB retained by:
  - Vitreous Body (61%)
    - Gel-like fluid
    - Pressurizes eye
  - Anterior Chamber (15%)
  - Retina (14%)
    - Optic nerves
    - Delicate [3]

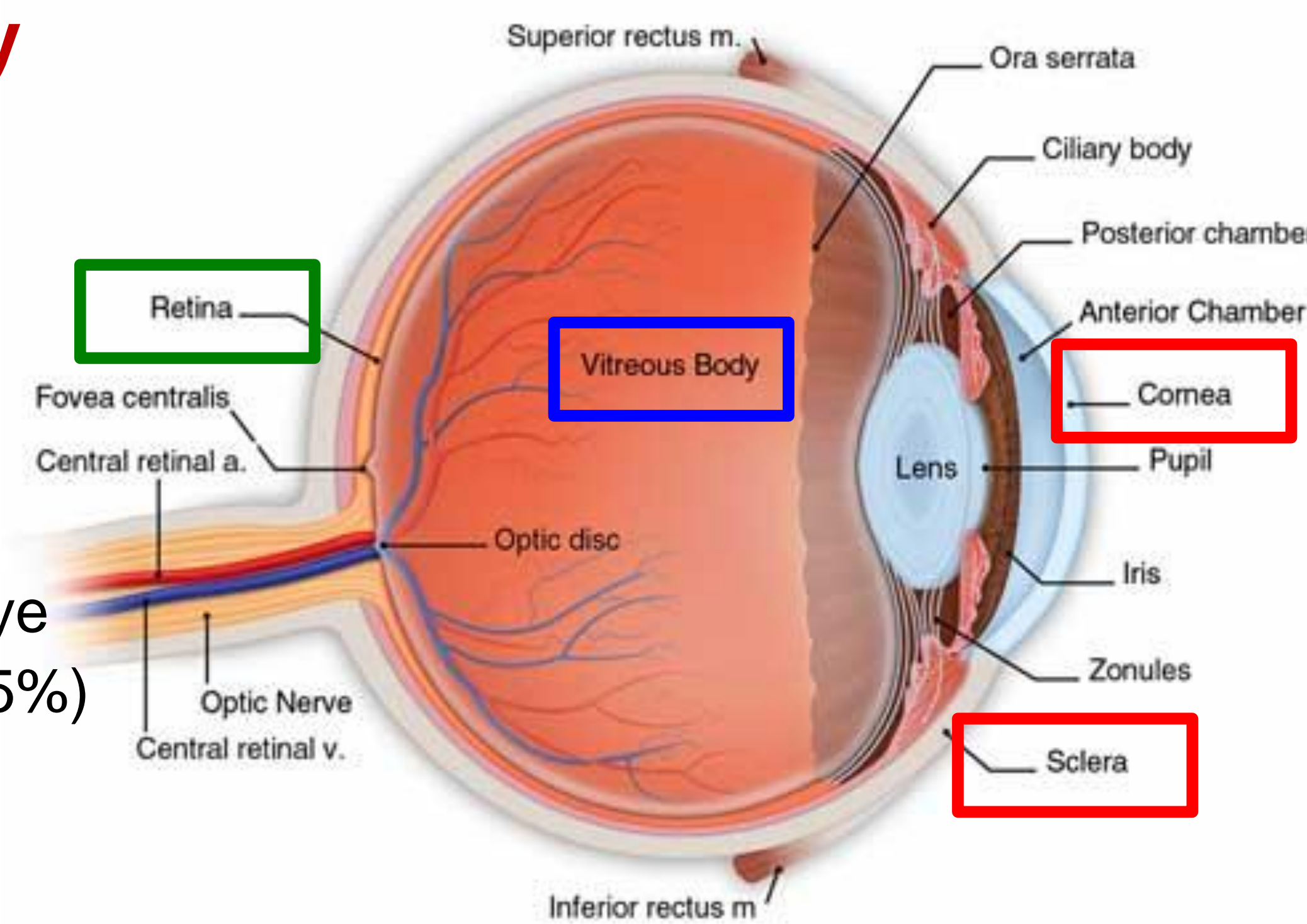


Figure 1: Anatomy of Human Eye.[2]

### IOFB Removal: Pars Plana Vitrectomy



- Remove vitreous
  - Vitreoractor
- Retrieve IOFB
  - Forceps
  - Magnet
- Extract IOFB from sclera



Figure 3: IOFB Removal.[5]

Figure 2: Pars Plana Vitrectomy.[4]

## Design Requirements

- Disposable or autoclavable
- Biocompatible
- Minimal entrance wound
- Comfortable no-slip grip
- Intuitive one-handed operation
- Locking grasp around IOFB

## Final Design

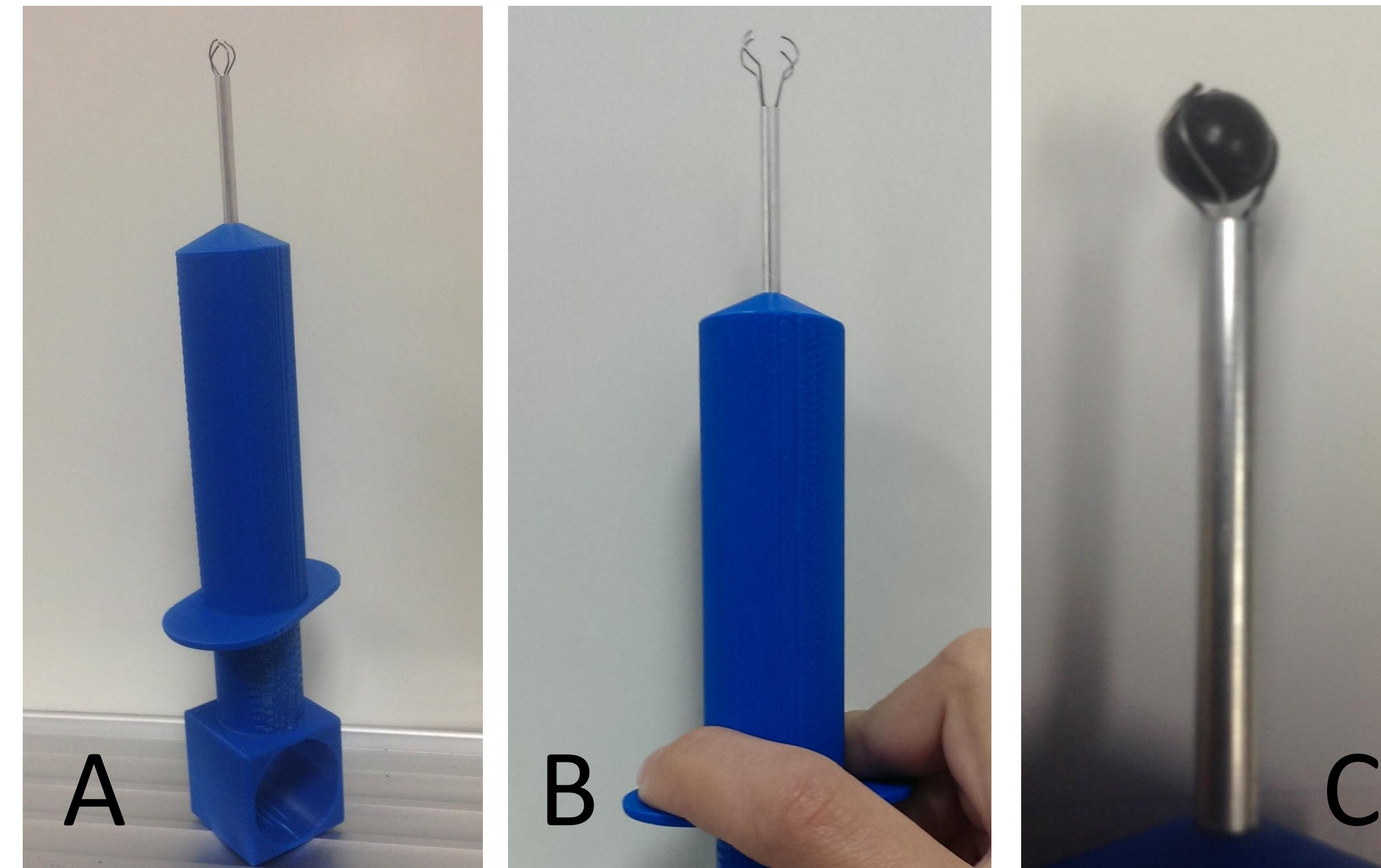


Figure 4:  
 (A) Final prototype with claw retracted (closed)  
 (B) final prototype with claw released (open)  
 (C) claw grasping airsoft pellet

### Features:

- Four-pronged claw to grasp IOFB
- Claw retracted into middle rod until released
- Syringe-design handle compresses to release and open claw
- Finger loop for comfort and safe retraction

## Prototype Fabrication

### Handle

- 3-D printed using acrylonitrile butadiene styrene
- Main body inspired by syringe
- Spring fitted inside main body, spring stiffness constant ~ 500 N/m
- Plunger placed inside main body to compress spring and release claw

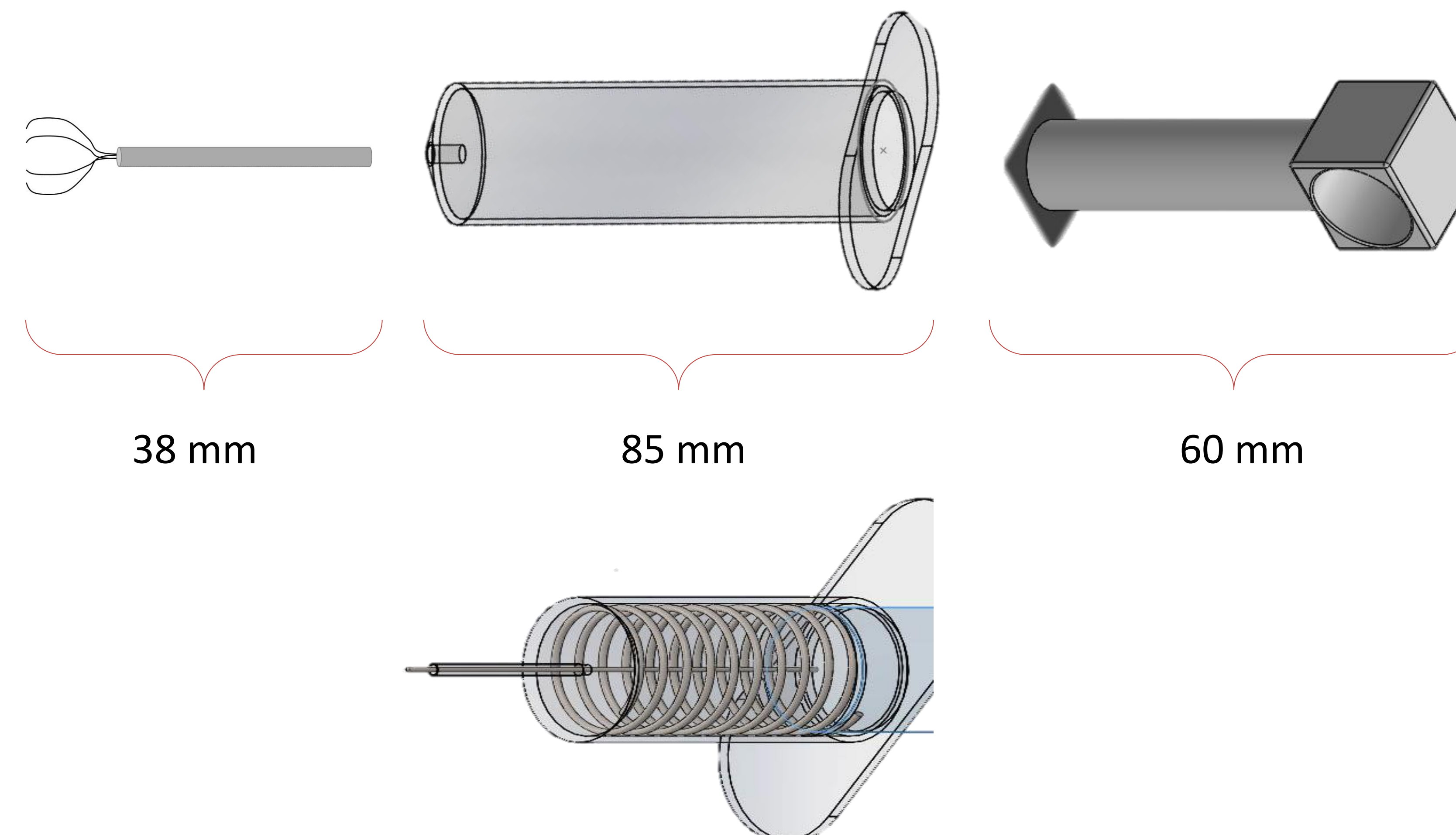


Figure 5: SolidWorks Design of Final Prototype.

## Testing & Analysis

### Testing

#### Performance Testing

- **Task:** Pick up an airsoft pellet from the water with vitreous fluid
- Current device (forceps) vs. our design (Claw)
- Ten trials measuring for:
  1. Required **time** for successful removal
  2. Number of **retries** required until successful removal
- Averaged values and standard deviation

### Results and Analysis

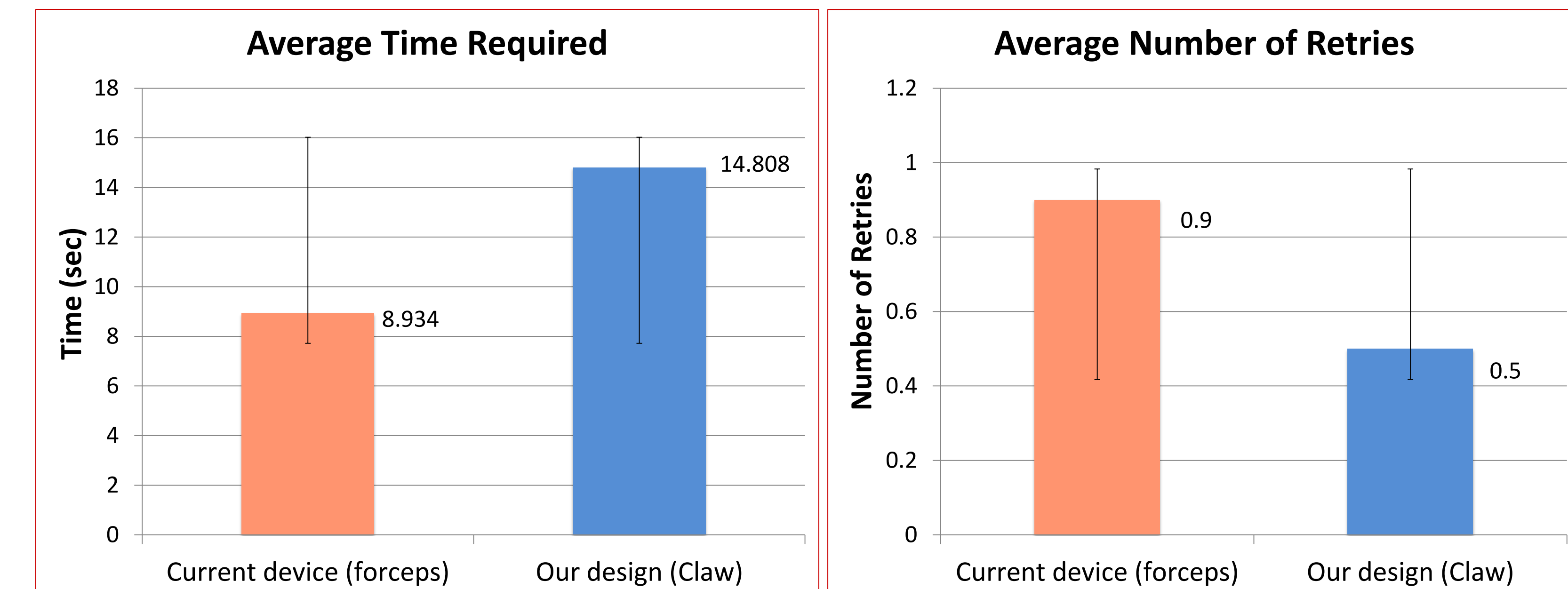


Figure 6: Comparison of Average Time Required for Removal (left) and Number of Retries (right) between Prototype (blue) and Current Device (red).

## Future Work

### Current Design and Testing Alterations

- Scale reduction
- Choice of materials
- Professional industrial fabrication
- Refine the prong's design for better performance
- Additional stop-lock mechanism to ensure the protrusion length
- A smooth release mechanism
- More testing on animals

## Acknowledgements & References

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- COE-Student Shop

[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 Encyclopedia Britannica. Retrieved from <http://www.britannica.com/EBchecked/topic/1688997/human-eye>  
 [3] EyesandEyesight. (Designer). (2009, February 5). Human Eye Anatomy [Web Photo]. Retrieved from <http://www.eyesandeyesight.com/2009/02/anatomy-of-the-eye/>  
 [4] Brinton, D.A. "Pars Plana Vitrectomy." East Bay Retina Consultants, Inc. 2012. Retrieved from <http://eastbayretina.com/vitrectomy/#page-6/>  
 [5] Ehlers JP, DY Kunimoto, S Ittoop, JI Maguire, AC Ho and CD Regillo. Metallic intraocular foreign bodies: characteristics, interventions, and prognostic factors for visual outcome and globe survival. American Journal of Ophthalmology 2008; 146:3:427-33.