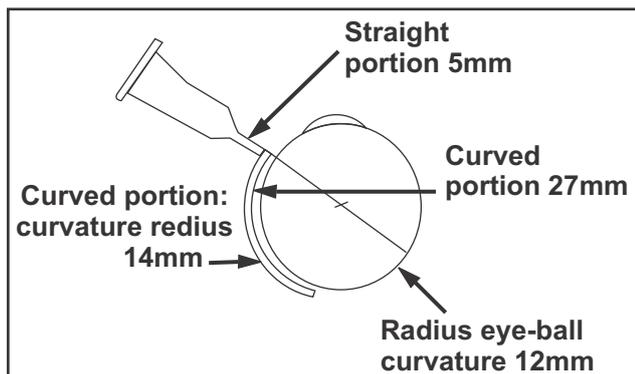


Muthusamy Sub-Tenon's Cannula: An Untold Story - II

Dear Sir / Madam,

For those readers who read with interests the initial story about my cannula, here is the rest of the untold story. A brief description about the cannula:



It has a straight portion and a curved portion, figure 1. The straight portion is 5 mm long and the curved portion is 27 mm long. The straight portion of the cannula is tangentially angled to the curved portion. It is easily visualized while the curved portion of the cannula is completely in the sub-Tenon's space. The junction of the two portions will help the surgeon to know when to stop the entry of the cannula into the sub-Tenon's space and where the tip of the cannula will be.

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The radius of curvature of the curved portion is 14 mm. As the average radius of the eye ball is 12 mm, it makes the cannula to almost hug the eye ball and remains precisely in the sub-Tenon's space. The length of the curved portion is 27 mm long so that it will be about 5 mm away from the optic nerve, and will not damage the optic nerve. The bore of the cannula is 24G, which is sufficiently wide to easily deliver the anaesthetic solution. The tip is blunt and slightly flattened. The blunt tip prevents any iatrogenic injury occurring to the globe. The flat tip facilitates the smooth entry of the cannula into the sub-Tenon's space and thus it is quite easy to use.

This cannula is manufactured by Zabby (<http://www.zabbys.net/>) in India.¹ When Prof David Guyton in John Hopkins started using my cannula, I became confident that my cannula will become famous all over the world. I promoted my cannula with alacrity through my students all over the world. I learned from the manufacturer that he was selling a fair amount to ophthalmologists all over the world. Though my colleagues nudged me to demand royalty, I refrained because Zabby was the only manufacture who took the trouble to manufacture and market it. I felt it was not morally right to make any demand.

While this cannula was gaining popularity, "Topical anaesthesia" for cataract surgery' was reintroduced. At its inception I was very skeptical about it. I hung on to Sub-Tenon for sometime but soon relented because, I found that the "Topical anaesthesia" was magician's wand which transformed

anesthesia for cataract surgery into a painless procedure. It made me to conclude that the era of sub-Tenon was over.

Later, in 2018, All India Ophthalmological Society (AIOS) annual meeting was held in Coimbatore, India. Zabby, the manufacturers, encouraged me to come for the conference to promote my cannula. I assumed that they were prepared to pay for my passage to Coimbatore to Kota Kinabalu, Malaysia. Not wanting to waste money, I explained to him, "There is no point in me going to Coimbatore. After the advent of "Topical anaesthesia, I don't think anyone would be interested in my cannula." He stunned me, "Sir, I am selling thousands of our cannula every year and it is being used all over world."

It never dawn on me that there are other ocular surgeries for which sub-Tenon cannula can be used! I was indeed thrilled and exalted to know that my cannula was not only "alive" but it was also thriving.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Reference

1.<http://www.zabbys.net/ophthalmic/muthusamy-subtenon-anesthisias-cannula.html>