peritomy, scleral groove, tunnel creation, formation of a paracentesis port, injection of viscoelastic, and keratome entry into the anterior chamber.

**a. Step 1**

Once the eye is anesthetized, the first step is the conjunctival peritomy. Although the wound can theoretically be placed anywhere, many surgeons

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**Figure 6-1.** The scleral tunnel wound. (1) A conjunctival peritomy is performed using toothed grasping forceps and Westcott scissors. (2) A blade angled perpendicular to the scleral surface is used to create an approximately half-thickness groove. (3) A pocket or crescent blade is placed into the base of the scleral groove and advanced into the clear cornea with circular motions. (4) A paracentesis port is created with a superblade approximately 2 clock hours away from the scleral tunnel. (5) A keratome is used to “dimple down” into the cornea and enter the anterior chamber. (6) A cross-sectional view of the “dimple down” maneuver performed by the keratome.