two patients who demonstrated bifoveal fusion on the Randot and operant tests was cautionary. We recognize that the sensory function of these two patients is not equivalent to that of children who have had no history of strabismus and we did not wish to mislead our readers by presenting only the random dot data. Nonetheless, we feel that their performance on the random dot tests provides a tantalizing glimpse of what may be achieved in the treatment of infantile esotropia and hope that these data provide a motivation for continued research on optimal treatment protocols for enhancing sensory outcomes.

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REFERENCES

Combination hook

The “Triple Muscle Hook” is a double hook which has, on the opposite end, a Stephen’s single hook.

I have found this to be useful in strabismus surgery when the single and double hooks are used alternately.

This instrument is available from:
Sontec Instruments
6341 S Troy Circle
Englewood, CO 80111-6415

(The author has no proprietary interest in this product.)

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Fires caused by hot disposable cauteries

The importance of the Eustis et al’s communication cannot be understated; cauteries are indeed used on a regular basis by most strabismus surgeons (Facial Burn Using Hot Disposable Cautery; 1995; 32:389-391).

I want to confirm, by this communication, two more occurrences of facial burns using the same type of cautery described by the authors.

Indeed, two years ago one of our patients received a second degree burn to the lids during a dermoid cyst removal as the eyebrows caught fire in the vicinity of the hot tip of a disposable cautery used during surgery. A morbidity review at that time revealed another fire occurring in an ENT patient’s mouth when packing gauze caught fire in the proximity of a hot disposable cautery used for a minor palate surgery.

We too went through some experiments to further evaluate the danger of the instrument and compare it with the bipolar cautery frequency used at that time by some of us. The results of our experiments were similar to those of Eustis et al in that in an enriched oxygen environment and, especially in the presence of plastic drapes, the battery powered disposable hot cautery inevitably causes an extensive fire ball if left in contact with an inflammable material, be it hair or plastic. The bipolar cautery was successful in only generating a bright spark but never induced an actual fire.

Because of those results, it was our feeling, unlike Dr. Eustis and his colleagues, that we could not rely on “careful attention to surgical draping and usage of non-flammable material around the cautery to prevent” such accidents and we have banned the use of hot disposable cautery in our operating room to rely only on bipolar cautery units. In fact, when one examines the effect of both cauteries on tissue, the superiority of the bipolar cautery is evident by the lack of extensive tissue damage and necrosis if used in a wet field and without excessive power and undue pressure.

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