Serendipitous use of light source of operating microscope in endoscopic dacryocystorhinostomy

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Key words: Endoscopic dacryocystorhinostomy, light source, microscope

Instrumentation failure during any surgery creates a panicky state and triggers our reflexes. A 46-year-old male with right nasolacrimal duct obstruction was undergoing endoscopic dacryocystorhinostomy as per described standard technique under general anesthesia. While making the lacrimal sac flaps, the endoscopic light source (120 W, Hospiline Equipments Private Limited, Delhi, India) suddenly got extinguished and stopped working. With no standby light source, we thought of using surgical microscope's (Carl Zeiss Meditec AG, Germany) LED light source. The light cable could be easily detached from microscope and plugged into 0° telescope after removing its black tip at the end of the cable [Fig. 1a and b].

Comment

There was no overheating of telescope with the use of light cable. Operating microscope's light source consists of 100 W light bulb and has 1600 lumens intensity, which was comparable to LED light source used in our endoscopic system (120 W light bulb). Surgery could be completed with the help of light source assistance uneventfully [Fig. 1c and d].

Conclusion

In an emergency situation with no standby LED source, operating microscope's light source may be used to attach to nasal endoscopes and thus continue with surgery

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be

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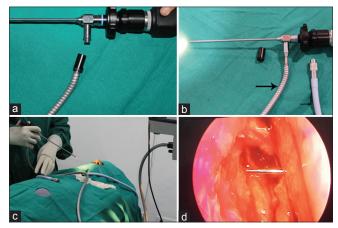


Figure 1: (a and b) Telescope with microscope's light cable attached (big arrow) after removing its black tip manually and adjacent optical cable of nonworking LED light source (small arrow). (c) Telescope with microscope's light source and its input system. (d) Endoscopic view of the right nasal cavity with visible probe of lacrimal intubation set

reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

Reference

 Ali MJ, Psaltis AJ, Murphy J, Wormald PJ. Powered endoscopic dacryocystorhinostomy: A decade of experience. Ophthal Plast Reconstr Surg 2015;31:219-21.

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