

Management of traumatic hyphema with anterior chamber maintainer

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Purpose: To describe the technique for the removal of bulky fibrin in persistent traumatic full hyphema by using anterior chamber maintainer (ACM). **Methods:** The ACM was used to reform and maintain the anterior chamber, and to flush out the clotted blood. The ACM cannula was inserted at the 6 o'clock position, then a 2 mm width contra lateral limbal incision was made. Slight pressure applied at the posterior lip of the incision facilitated the evacuation of the clot from the anterior chamber. Visible adherence of the clot was separated using the Sinskey hook, and firm fibrosis between fibrin and intraocular structure was cut by Vannas scissor. **Results:** All liquefied blood was removed through corneal incision. Any clot caught at the incision was removed by cutting the clot into smaller fragments with a Vannas scissor. **Conclusions:** ACM is a safer and affordable alternative compared to Simcoe's cannula or vitrectomy in the removal of persistent traumatic hyphema.

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