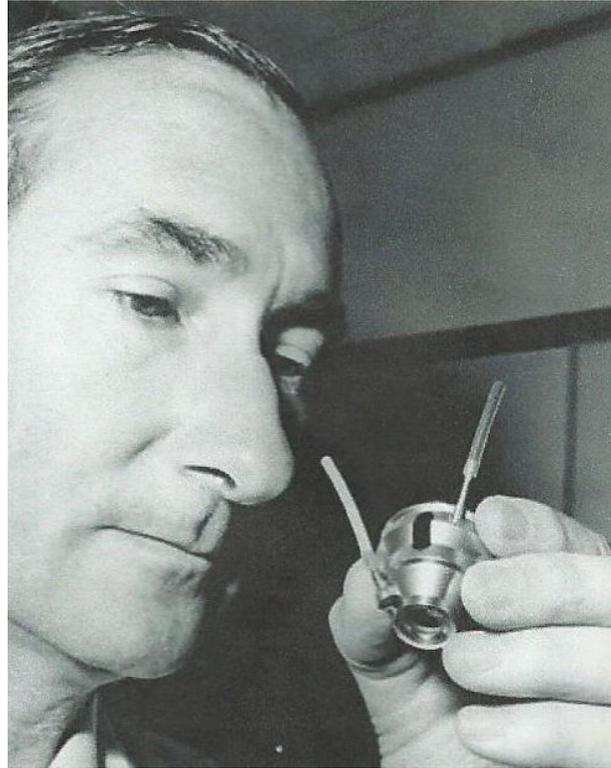


**Excision of a Squamous  
Cell Carcinoma –in- situ  
of the Left Limbus using  
“Gerard Crock’s  
Contact Lens Corneal  
Cutter.”**

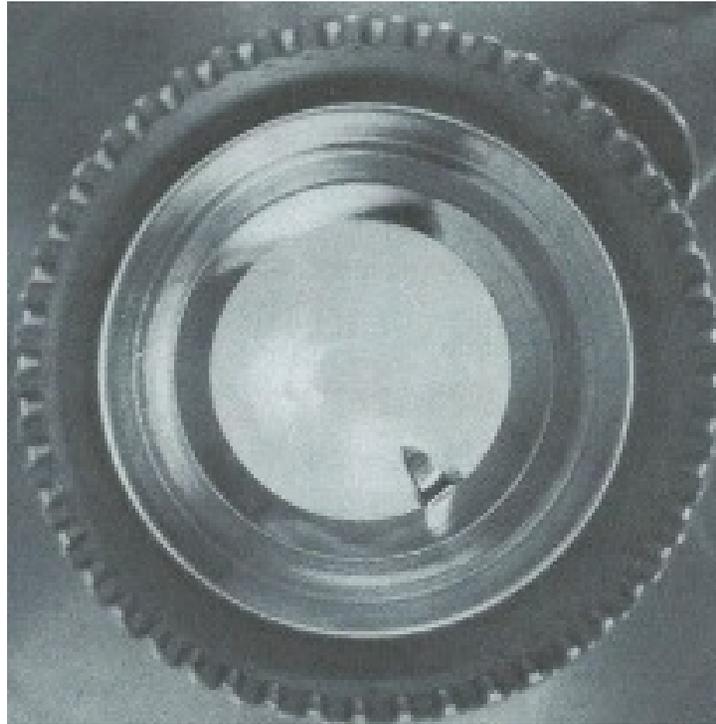
**Dr Henry R. Lew  
FRANZCO FRACS**



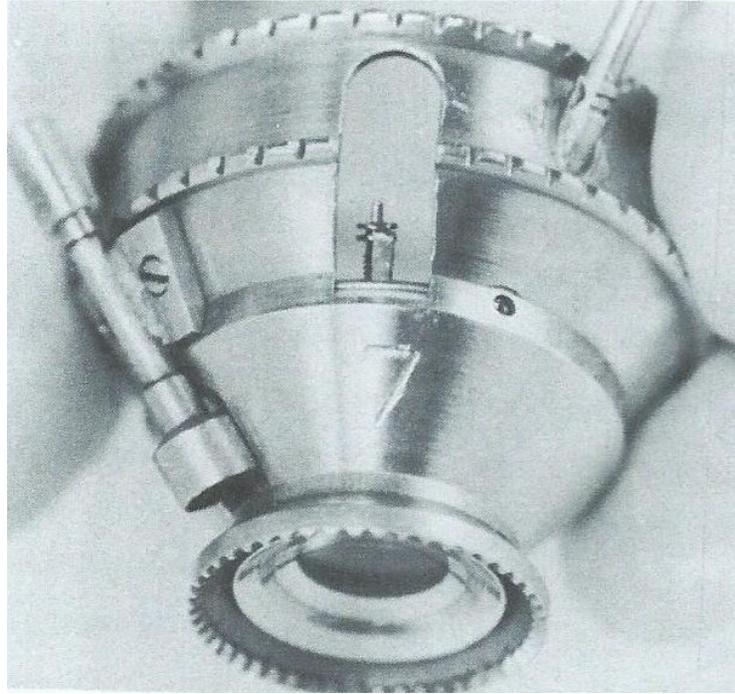
**Professor Gerard Crock (1929-2007)**  
**together with his Contact Lens Corneal**  
**Cutter (CLCC), designed specifically for**  
**Corneal Grafting, & which he started**  
**using in late 1976 or early 1977.**



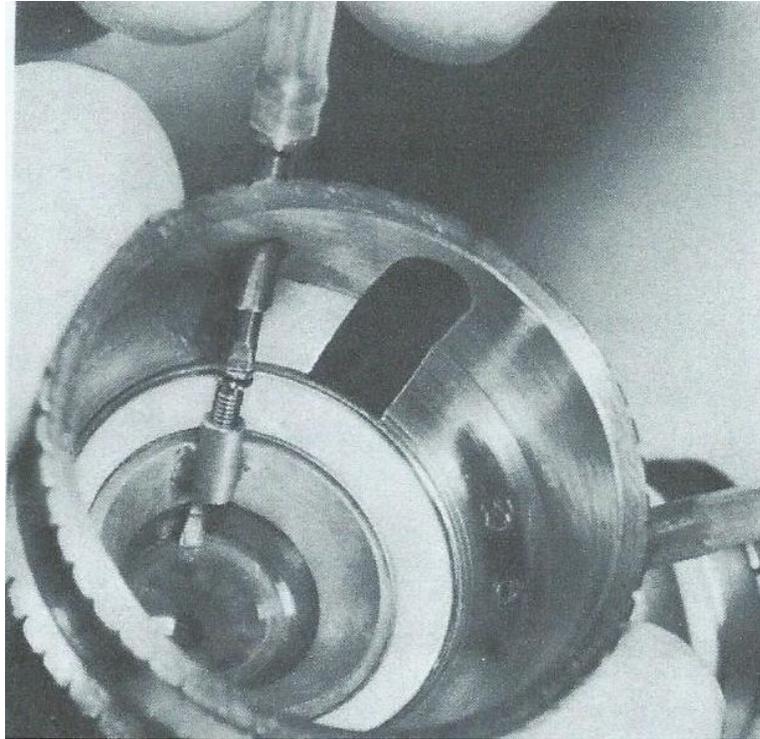
**In 1977 I had the privilege of watching Gerard use this instrument, to remove a corneal button from a cadaver eye, leaving only Descemet's Membrane and Endothelium behind, and these two layers were 100% intact**



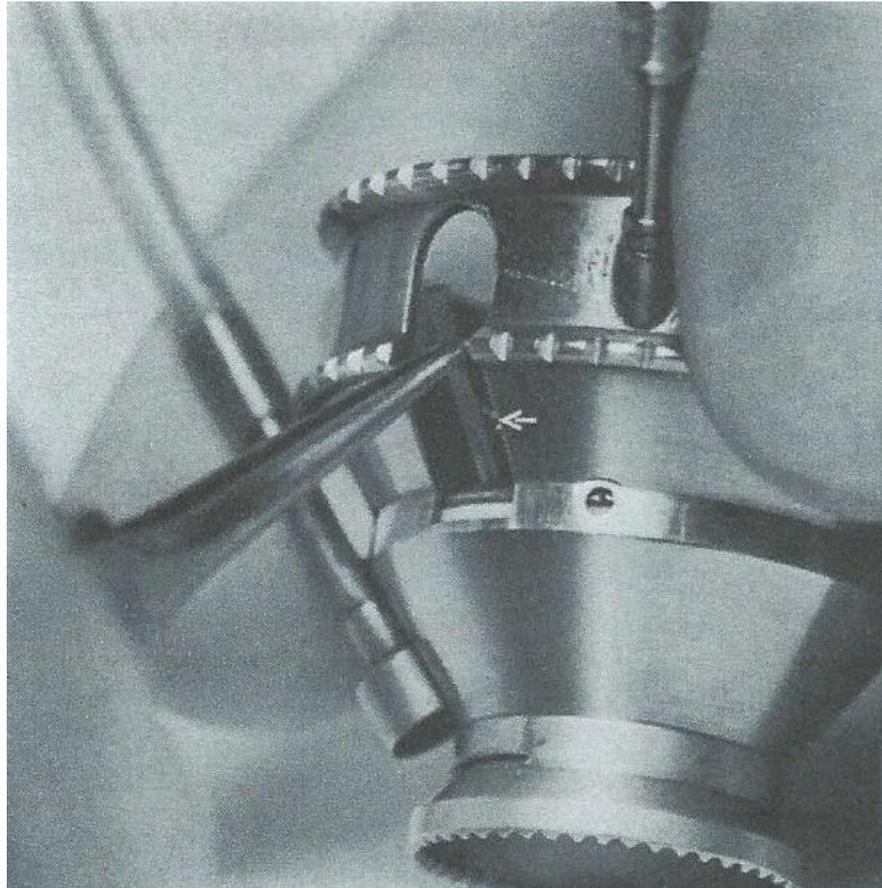
**The CLCC viewed from below. The single point cutter is seen projecting from the knife race formed by a groove in the quartz contact lens. The notched design of the foot plate prevents the instrument from moving on the cornea during cutting.**



**Side view of the CLCC. On the left is the fixed control rod that drives the circular cutting mechanism. The micrometer screw is seen centrally through the open window. The knife blade is slotted into the grooved upper end of the micrometer. Top right is the retractable control rod which sets the depth of the knife blade.**



**Internal view of the CLCC, with the retractable control rod lowered, and engaged into the micrometer screw.**



**The blade is being loaded using fine forceps with grooved tips. The flanged non-cutting upper end of the knife blade, once lowered into the knife race, will be slotted into a groove on the micrometer screw.**

# **Initial Presentation**

**1 September 1983**

**58 year old female with a tumour of the left medial limbus.**

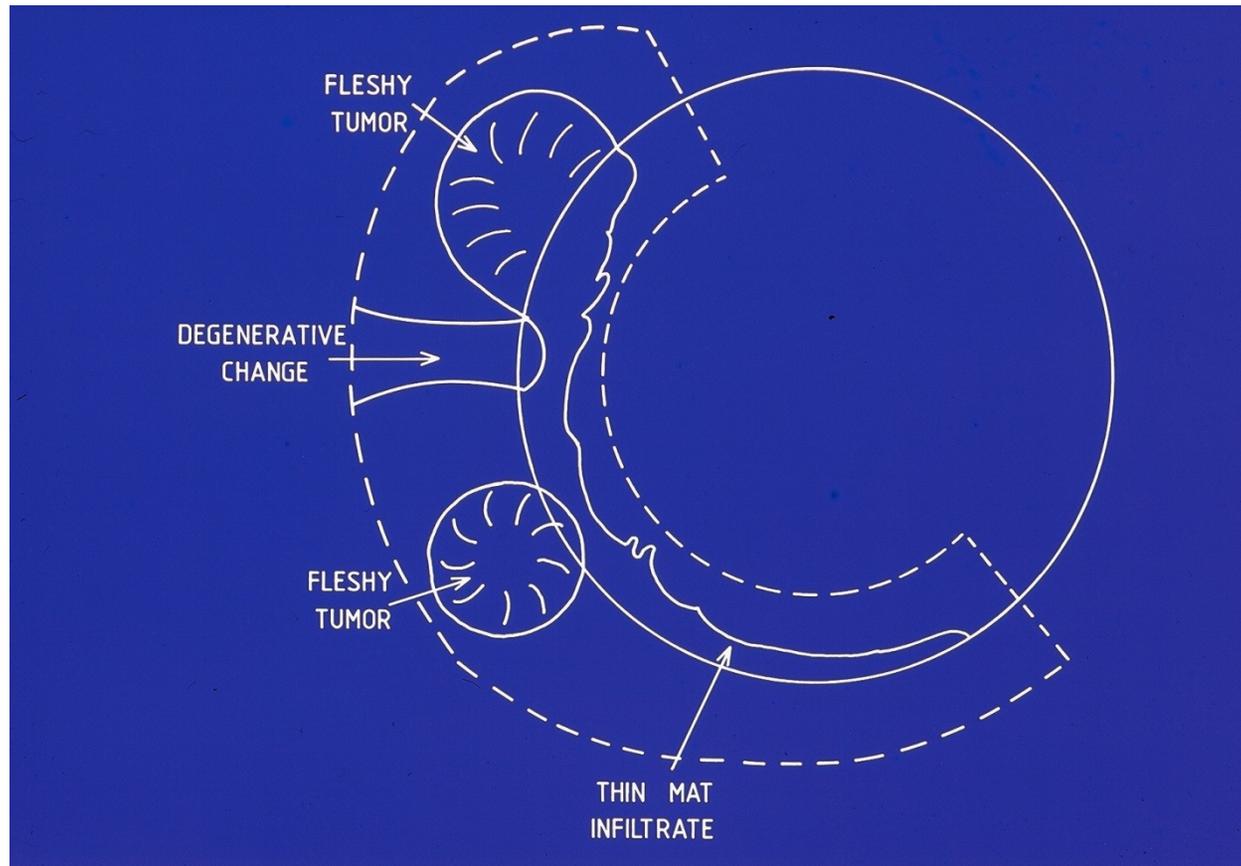
**The bulk of the fleshy tumour mass extended from 11 o'clock to 7 o'clock with an additional thin extension along the limbus as far as 5 o'clock.**

# **Surgery**

**7 September 1983**

**A semi-circular corneal incision  
200 microns deep was made  
central to the lesion with the  
Crock CLCC.**

**This was extended radially at each  
end and the entire tumour was  
excised *en bloc* in cornea, sclera  
and conjunctiva.**



**Diagrammatic representation of carcinoma – in –situ of left limbus.**  
**Dotted line shows corneal and conjunctival incisions used at operation.**

**The Contact Lens Corneal Cutter is an excellent instrument for performing such surgery:**

**(1) I was inspired to try it because I knew it could be rotated backwards and forwards – it was not necessary to complete the full 360 degrees**

**&**

**(2) the micrometer allowed accurate assessment of incision depth; a 360 degree turn of the micrometer plunged the blade 300 microns into cornea.**

# **Final Result.**

**The wound was allowed to heal by granulation.**

**The patient was refracted on 21 December 1983.**

**VR (unoperated)**

**+1.25 DS = 6/5 pt.**

**VL (operated)**

**+1.25 DS/-0.50DC X 50 = 6/5**

**This happy lady continued to see me, without a recurrence, until I retired 34 years later.**