

A speculum for transseptal, transsphenoidal pituitary surgery

Eugene B. Kern and Edward R. Laws, Jr., Rochester, U.S.A.

Direct visualization of the sphenoid and pituitary fossa is necessary for adequate transnasal surgery to be effected in this region. A self-retaining retractor with a distally flanged concave blade is a distinct advantage and advancement over the previously available models. The operating microscope may be employed with a 300-mm objective lens and 12.5× ocular lens, and it frees both hands of the operator for the surgical manipulations, which are usually under a magnification of 6 or 10×. The addition of a lip guard to hold the upper lip and gingival tissues out of the operative field is especially applicable when operating on patients with acromegaly. The inferior blades are notched or fitted with teeth in order to grip the pyriform aperture and maintain the speculum in a firm position. A reliable opening mechanism, which facilitates the widening of the speculum, is an important feature. The distal curvature of the speculum is a feature that optimizes visualization of the sphenoid and sella. Two lengths are advantageous, one of 9 cm for the routine case (hypophysectomy or tumor) and the other of 11 cm for the acromegalic patient. This present model is a modification of the Hubbard speculum (Figure)*. The oxidizing of the metal blades prevents the reflection of light back into the operator's eyes. With our experience in more than 500 cases, we view this speculum to be the most suitable adaptation to date (Kern et al., 1979).

REFERENCE

1. Kern, E. B., Pearson, B. W., McDonald, T. J., et al., 1979: The Transseptal Approach to Lesions of the Pituitary and Parasellar Regions, *Laryngoscope* 89 Suppl. 15, 1-34.

Eugene B. Kern, M.D.
Department of Otorhinolaryngology
Mayo Clinic and Mayo Foundation
Rochester, Minnesota 55901, U.S.A.

* Available from Richards Manufacturing Company, Memphis, TN 38116.

