

Now regarding cauterisation of intra-orbital fat. As a pupil of the late Sir Archibald McIndoe I have followed his teaching rather fanatically and in doing so have remained a fervent enemy of burning tissues. Cauterisation is very traumatic to the orbital contents and the more trauma the more danger of rebound spasm. So I only use a few drops of a thrombin solution which always gives perfect haemostasis without any trauma and with considerably shorter operation time, which again reduces the risk of swelling, haematoma, intra-orbital pressure, etc.

Your faithfully  
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#### Reference

**Mahaffey, P. J. and Wallace, A. F.** (1986). Blindness following cosmetic blepharoplasty—a review. *British Journal of Plastic Surgery*, **39**, 213.

#### Reply from Mr Wallace and Mr Mahaffey

Sir

We appreciate the opportunity to comment on Dr Robbe's letter, and welcome his findings that injections deep to the orbital septum have been unnecessary even in local anaesthetic procedures.

We apologise for not having commented on the concentrations of adrenaline available in local anaesthetic solutions, perhaps not believing that anyone would wish to use stronger than 1:200,000. Whether or not it is wise to assume that using smaller amounts of any adrenaline containing solution leads to greater safety is a difficult point. We would tend to feel that the substance is so pharmacologically potent as to exert virtually an "all or nothing" effect on very small arteries.

Yours sincerely

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