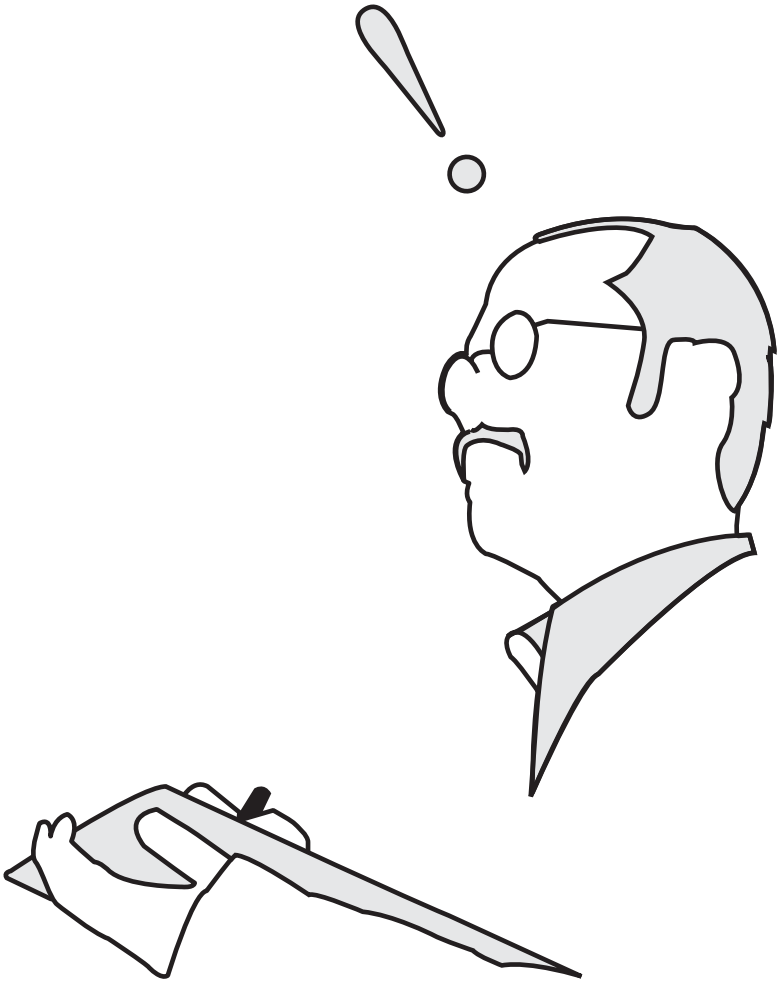
Inami
OPHTHALMIC INSTRUMENTS

INNOVATIONS

INAMI Original Surgical Instruments



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INAMI ORIGINAL SURGICAL INSTRUMENTS

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INAMI ORIGINAL SURGICAL INSTRUMENTS

One of our strengths in Japanese domestic market is an attitude to listen to doctors with sincerity. This has received high recognition and created a structure "If you come up with an inspiration, talk to Inami". INNOVATIONS is a series of ophthalmic surgical instruments that are produced with the maximum effort of our development team and the original product line, fully based on MDs superb ideas.

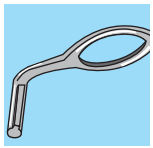
Cataract Surgery

M-1160

Nucleus Dividing and Separating "Cobra-Shaft" Spatula Hook, FUKUYAMA-YOSHITOMI

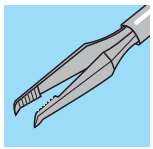
Designed by Fumiaki Yoshitomi, M.D., Dazaifu City Fukuoka, Japan, and Makoto Fukuyama, M.D., Ohmuta City, Fukuoka, Japan.

Newly designed and developed spatula hook for the purpose of preventing complications in PEA surgery caused by endotherial injuries resulted from divided or crushed nucleus fragments hitting to corneal endothelium (postoperative corneal edema, corneal opacity and bullous keratopathy especially caused by hard nucleus fragments beating against corneal endothelium).
This spatula hook is designed for holding irregular shaped nucleus fragments rising to the corneal endothelium down while it is dividing and manipulating nucleus body by two shafts in cobra head shape in the process of phacoemulsification and aspiration technique.



M-1160N

"Cobra-Shaft" Phaco Chopper

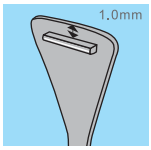


MF-801

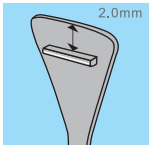
CCC Forceps 23/25G Tapered, KAWAI

Specially designed and supervised by Kenji Kawai, M.D., Ophthalmic Dept. of Tokai University School of Medicine.

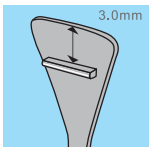
Fine tapered shaft (23/25G) of forceps inserted through side-port simplifies the steady CCC (Continuous Curvilinear Capsulorrhexis) operation procedure.
The measurements for the 23/25G tapered forceps are 1.5mm with the tip closed and 2mm with the tip opened. The tip angle is 55 degrees, and subjected to non-slip treatment. It secures an easy handling and visibility. Gripping tips are projected out of 25G shaft. The smallest-sized forceps shows the most favorable ease of handling and least adverse effect on the wound. And 23/25G tapered shaft has little bend, like 23G forceps, therefore shows outstanding ease of handling and little adverse effect on the wound. Tips and shaft are finished with anti-reflection surface treatment. It is possible to control the size of CCC intentionally with this forceps. (Built in equipped sterilizing container.)



M-2050-1



M-2050-2



M-2050-3

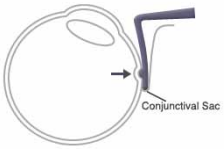


Diagram showing simultaneous attainment of rotation and depression of the eyeball. The arrow indicates the location where the projection depresses the sclera.

M-2050-1, M-2050-2, M-2050-3

Scleral Depressor for Premature Infant, MORIZANE

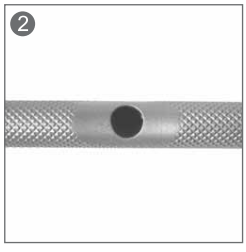
Designed by Yuki Morizane,M.D. Department of Ophthalmology, Okayama University Graduate School of Medicine, Okayama, JAPAN.

Various scleral depressors have been introduced to the market so far,however, no product is satisfying simultaneous control of both rotation and depression of the eyeball.Insufficient rotation and depression of the eyeball given by those depressors result in an inadequate view of the peripheral fundus, and excessive rotation and depression may cause severe deformation of the eyeball, undesirable elevation of the intraocular pressure, and bradycardia due to vagal reflex.
At the point of use, physicians select an appropriate depressor to adapt to the size of the eyeball and the intended use.
Because the tiny projection depresses the sclera moderately by itself, physicians can obtain an adequate view of the peripheral fundus by just rotating the eyeball to the desired position.
Physicians can also perform peripheral retinal photocoagulation feasibly.

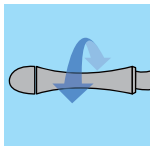
M-2057

Aspirating Spatula

In order to keep a clear visibility on operative field in scleral buckling for rhegmatogenous retinal detachment, there are two essential procedures: to expand the operative field and to remove the pooled fluid from the operative field effectively.
These procedures are usually carried out independently. However, this Aspirating Spatula was developed to enable MDs to expand operative field and aspirate fluid at the same time by one hand. The aspirating function can be controlled by opening-closing manipulation of the adjustment port on the gripping handle of the spatula. Flash stop of aspiration is also available by full release of the finger from the adjustment port.



1. Precisely holed hollow tip for smooth aspration
2. Adjustment port on the gripping handle
3. Edge of the gripping handle to be connected to aspirating device



M-2061 3.0mmΦ
M-2061S 2.5mmΦ
M-2061SS 2.0mmΦ
M-2061X 1.5mmΦ

M-2061, M-2061S, M-2061SS, M-2061X

Rotating Scleral-Depressor, HATTORI

Designed and supervised by TAKAYUKI HATTORI, M.D.,
Department of Ophthalmology, Surugadai Nihon University hospital

By repute, almost all scleral depressors on the market are mostly insufficient in their function to prevent an occurring of incidence such as what is called "pit" , iatrogenic conjunctival laceration.
Another structural unsatisfactory point is in the difficulty of shifting and transferring the depressor smooth against sclera from one surgical field to the other.
In order to solve these problems, this newly developed innovative scleral depressor has a unique 360 degree rotating roller at the nearly point part pressing the eyeball without giving any unfavorable effect to conjunctiva and sclera.

RB-700

Vitreo-retinal Brush "VIT SWEEPER", OKADA:complete with brush and handle

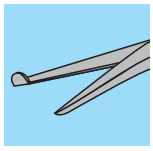
RB-40

Vitreo-retinal Brush "VIT SWEEPER", OKADA:replacing brush, E.O.G. sterilized

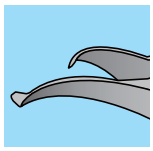
Designed and developed by Kazuhisa Okada, M.D., Okada Eye Center, Oita, Japan.

In vitreous surgery, after the resection of vitreous body with vitreous cutter, Kenacort-A (triamcinolone acetonide) is injected into posterior segments.
In case of retinal detachment surgery, Vit Sweeper is more safely applied for removing residual vitreous membranes dyed in white with Kenacort-A by its fine sweeping or wiping manipulation while a length of brush projecting out of outer sleeve of the handle can be varied by sliding knob of the handle to meet to the most suitable and desirable delicate touch with the brush point.
Forty 10-0 nylon sutures consist of Vit Sweeper brush. Outer sleeve of handle:20G.

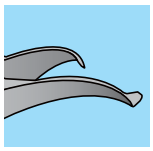
Corneal Surgery



M-2070



M-2070CR Curved Right



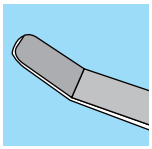
M-2070CL Curved Left

M-2070, M-2070CR, M-2070CL

DALK Scissors, SHIMMURA

Designed by SHIGETO SHIMMURA, M.D., Department of Ophthalmology, Keio University, Tokyo, Japan.

DALK Scissors are designed for as safer exteriorization of Descemet's membrane as even beginners can do. It can be used in all DALK methods such as Viscodissection and Big Bubble. This instrument has less possibility of damaging Descemet's membrane since the bottom of scissors is shaped like a spatula.
Using DALK Scissors with "M-1150 DLKP Spatula, MAEDA" is also recommendable.



M-1150

DLKP Spatula, MAEDA

M-2066

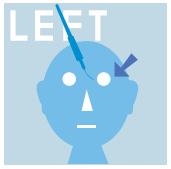
Corneal Forceps for DSEK, SHIMAZAKI

Designed by JUN SHIMAZAKI M.D., Tokyo Dental College Ichikawa General Hospital, Chiba, Japan.

1. **Precise operation with small incision**
   Pipe-shaft of this instrument enables an operation without widening incision.

2. **Less stress on donor's corneal endothelium**
   There is less possibility to damage corneal endothelial cells due to the pulling action.

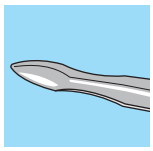
3. **The gripper which realizes perfectly steady grasp**
   Fine serration which can hold endothelium firmly is fabricated on a micro-gripper.



Operation of left eye: Insert the instrument into nasal incision, and then pull the donor's endothelium from the opposite incision.

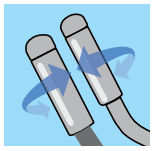
Operation of right eye: like left eye, approach the instrument from nasal incision. Donor's corneal endothelium is inserted into temporal incision.

Other



M-1104
Spatula, Pterygium, MAEDA
Designed by Naoyuki Maeda, M.D., Dept. of Ophthalmology, Osaka University School of Medicine.

Newly developed spatula for detaching pterygium.
After corneal epithelium surrounding pterygium is removed peripheral incision is made while spatula is inserted through incision under pterygium. Gripping and pulling up pterygium firmly with a tissue forceps the tissue is elevated and detached with the spatula.

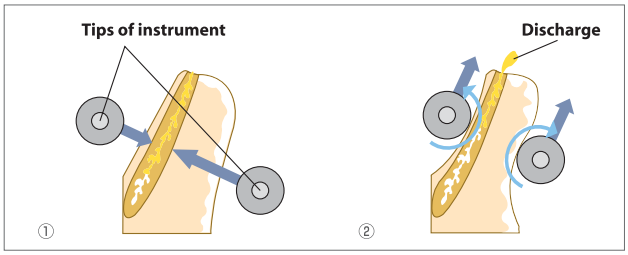


M-2071
Rotating Meibomian Gland Forceps
Designed by OSAMU TERADA M.D., Dokkyo Medical University, Japan.

This forceps features two pulley-type rollers which can rotate 360 degrees, for reduction of stress on patients in massage of Meibomian Gland.
An innovative new idea that rotating rollers clip the eyelid and squeeze the discharge out from blocked Meibomian Gland enables to reduce pain of patients drastically.

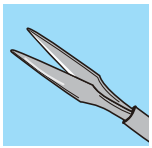
Comment by Dr. Terada

Dysfunction of Meibomian Gland can be a cause of dry eye and is said to bring on indefinite complaints.
This instrument was developed to solve blocked Meibomian gland.
I referred to Inami's Rotating scleral depressor, HATTORI (M-2061) for the tip of the instrument.



M-2082
Infusion Sustainer, HATTORI
Designed by TAKAYUKI HATTORI M.D., Surugadai Nihon University Hospital, Japan

The clip part can be attached to drape or speculum and fixed by screw valve.
This instrument is designed to hold tubes of infusion needles in the most stable angle in order to prevent expansion of incision.
Ring part of this instrument is continuously adjustable.



DS-088

YAE Scissors

Designed by YASUO YAE M.D., Yae Eye Clinic, Oita, Japan.

The well-sharpened tip can be comfortably controlled without rotating the shaft in anterior chamber thanks to the 3D action structure.
This user-friendly instrument can act in various types of operation field such as iris, anterior capsule and vitreous body.

Usability

1) The shaft is curved and twisted so that the blades open/close vertically.
2) Can be inserted through a 1-mm side port incision.
3) Can be used from any direction (even on the nasal side).
4) Easy to use in cases with deep set eyes and shallow anterior chamber.

Application

Iris

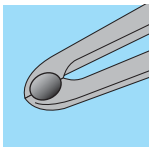
1) To enlarge a small pupil by cutting the iris margin.
2) Can approach the 360° iris through two side port incisions.

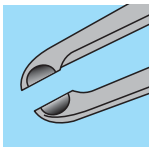
Anterior capsule

1) To incise the capsulorhexis margin before expanding a small CCC.
2) For the recovery of anterior capsular tear (discontinuity of CCC margin).
3) To make an incision in the edge of shrunk capsulorhexis.

Vitreous

1) To sever the vitreous strand at the pupillary margin.



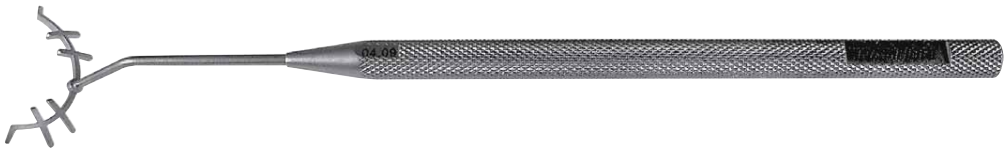


M-2015

Forceps Foreign Body "SPOON", TAKAHASHI

Designed by Daisuke Takahashi, M.D., the Close To You EST Clinic Medical Corporation, Hirosaki City, Aomori, Japan.

The bead-shaped end of these all-purpose forceps holds and cuts conjunctiva, eliminates foreign materials from it and also cuts fine thread.
When they are open, they look like two spud foreign body. When they are closed, they look like beads. Therefore, they can eliminate soft foreign bodies equally as effectively as human hands can. They are especially useful to eliminate iron from corneal epithelium and conjunctival concretion from conjunctival epithelium. They can also remove foreign bodies around the epithelium at a single time. They are useful for grasping remaining tissues of the pterygium. We recommend this product to those who until now have been nervous about holding foreign bodies.

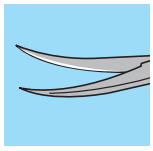


M-1405

Chalasis Marker, YOKOI

Designed by Norihiko Yokoi, M.D., Dept. of Ophthalmology, Kyoto Prefectural University of Medicine, Japan.

This marker has been developed for tear meniscus reconstruction (surgery for conjunctivochalasis): very ease of marking especially for beginner about this surgery. It makes clear of stitching and an incision target. Complete with specially designed scissors and sterilizing case.

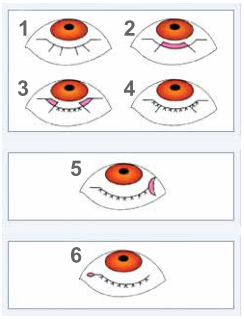


M-1406

Chalasis Scissors, YOKOI

Designed by Norihiko Yokoi, M.D., Dept. of Ophthalmology, Kyoto Prefectural University of Medicine, Japan.

This illustration shows steps of lacrimal meniscus reconstruction surgery for simple conjunctivochalasis. At step 1 to 4, patient's conjunctiva is divided into 3 blocks: alow part, subnasal part and lsubaural part, and then ablated in accordance of degree of conjunctivochalasis. At step 5, plica semilunaris is ablated. Finally at 6, contact point with upper laxation is fine-adjusted according to need.



Process 1 to 4

Resections of conjunctivochalasis are performed divided in 3 blocks: the inferior direction, subnasal direction and lsubauricle direction in accordance with degrees of chalasis.

Process 5

This indicates the resection towards subauricle direction.

Process 6

Fine adjustment is performed if necessary at the contact point with the hyper conjunctivochalasis.

Inami & Co.,Ltd.

No.24-2, Hongo 3-chome, Bunkyo-ku,
Tokyo 113-0033, Japan
Tel: +81 (3) 3814-5916 Fax: +81 (3) 5684-2126
E-mail: corpinfo@inami.co.jp