Figure 1-3. The LaGrange procedure. A narrow von Graefe knife is advanced across the anterior chamber from 1 mm outside of the limbus to a similar location at the opposite limbus. The knife is advanced and brought out superiorly to complete a conjunctival and scleral flap. The conjunctiva is held forward and the scleral flap excised followed by iridectomy. The conjunctival flap is then replaced.

Figure 1-4. Trephination. A conjunctival flap is reflected onto the cornea and a full thickness trephination of sclerocorneal tissue is made to enter the anterior chamber. The conjunctival flap is then replaced.

Figure 1-5. Iridencleisis. (A) After a conjunctival flap is made, a full thickness corneoscleral wound is created to enter the anterior chamber. (B) The adjacent iris is grasped at either end of the wound and externalized through the wound. (C) Scissors are used to bisect the iris into 2 pillars that are then (D) deliberately incarcerated in the wound.