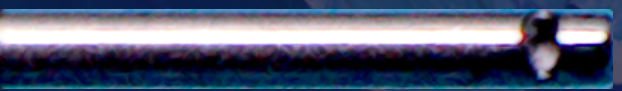
Dr. Finger, Innovator

Over the last 30 years, Dr. Finger has researched and patented newer, safer, and more efficient treatments for his patients. However, his innovations have not been limited to treatment. Dr. Fingers' unique small incision, aspiration-cutter, machine-controlled biopsy techniques have given most patients far better results and fewer side-effects than traditional biopsy methods.

Before Dr. Finger's developed these techniques, surgeons would use pointed biopsy needles with relatively sharp edges that would often cause hemorrhages and decreased visibility for the surgeon carrying out the biopsy.

Dr. Finger has discovered that, machine-controllable suction and rounded aspiration cutters improve safety and allow for better, more expansive samples for biopsy.

Sharp, pointed, biopsy needle



Rounded aspiration cutter

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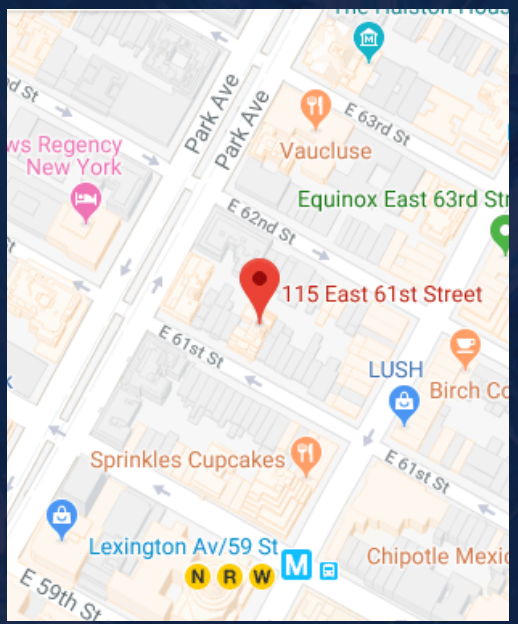

Small Incision Surgery

Tumors in and Around the Eye

FACT

Finger's Aspiration Cutter Technique

In order to biopsy suspicious orbital tumors, surgeons *traditionally* will use one of two techniques: fine needle aspiration biopsy (FNAB) or surgical orbitotomy. However, FNAB requires putting a sharp needle around and behind the eye, and then manipulating it to cut and saw bits of tumor that are manually sucked into a syringe. In contrast, surgical biopsy typically requires a skin or conjunctival incision and closure with sutures.

To minimize complications and speed up healing, Dr. Finger invented the Finger Aspiration Cutter Technique (FACT). This technique uses safe, effective machine-controlled aspiration cutter gently placed through a 3 mm, self-sealing, fast healing incision.

FIT

Finger's Iridectomy Technique

Dr. Finger wasn't satisfied with putting a sharp needle tip through the cornea, then into the iris and anterior intraocular tumors. So, in 2005, he invented the Finger Iridectomy Technique (FIT).

Dr. Finger uses a relatively safe, rounded aspiration cutter, through a very small, typically self-sealing corneal incision.

HIs experience is that this method is safer for the patient and it allows Dr. Finger to obtain both cells AND pieces of the tumor for biopsy. When compared to needle biopsy, hemorrhage (which can cloud the surgeons view) is much less common and more controllable.

In addition, FIT specimens are usually larger and better for making the diagnosis.

VRAB

Vitrectomy Retinotomy Aspiration

Biopsy of choroidal tumors

As early as 1990, Dr. Finger was working to improve biopsy of choroidal melanomas. At that time, he and coworkers described a new procedure they named VRAB. This procedure uses standard vitrectomy techniques to make a small biopsy opening in the retina on top of the tumor. Then, a machine-controlled aspiration-cutter to gently aspirate and cut small pieces of tumor for biopsy. Unlike needle biopsy (FNAB) the VRAB probe has no sharp needle-tip that can puncture the sclera beneath the tumor. VRAB minimizes complications of needle and open biopsy techniques. In addition, unlike needle biopsy, the VRAB technique can remove any hemorrhage that might cloud the surgeons view during intraocular tumor biopsy.