

Why slow re-attachment is best:

residual SRF

clinical practice and OCT evidence

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At the **end of the 20th Century** and the era of mainly scleral buckle and 20 G PPV
the success rate of RD surgery was **70 - 85%.**

Technological improvements

on Gauge size,

Machines (cutting rates – aspiration)

illumination systems and

Visualization have improved

the success rate up to **95%**

Next target now becomes the **quality of the vision**

Having the tool **-OCT-** which identifies early **CMO and ERM**

Which didn't exist in the past

The principals for a successful operation remain the same:

Act immediate

Do as less harm as possible (minimalism)

Search

Treat

Drainage through the existing brake provides:

Shorter operating time,

No use of diathermy and additional Laser,

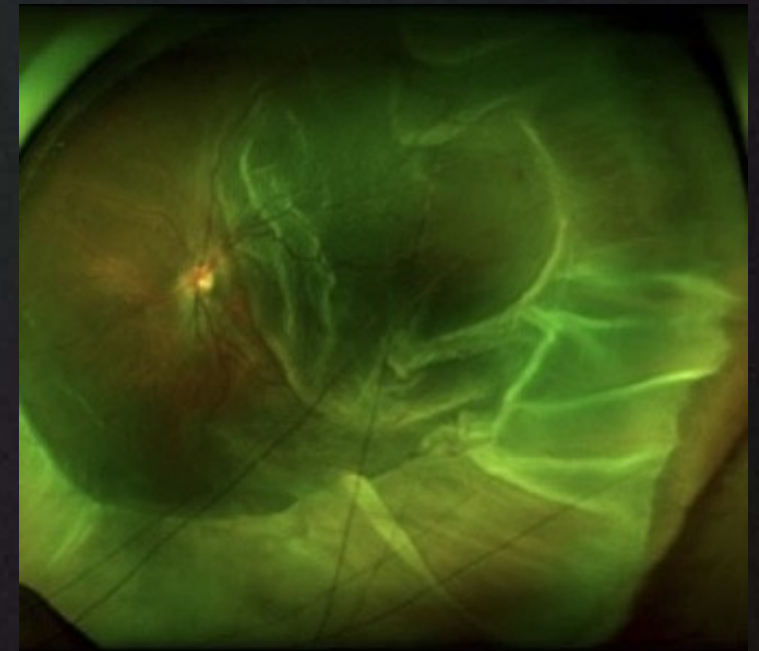
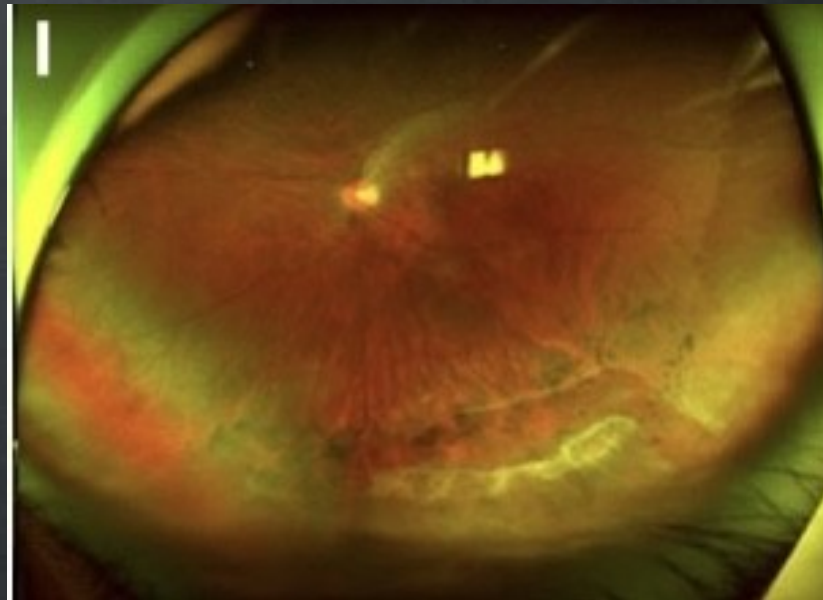
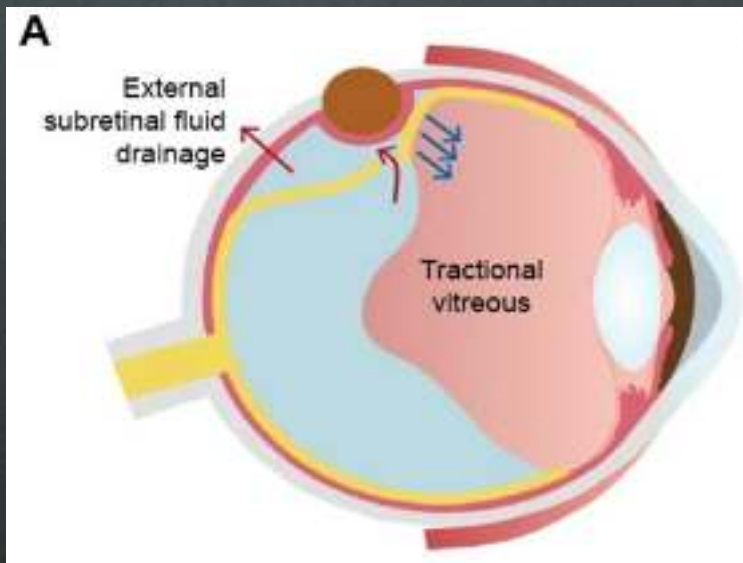
No use of PFCL

The result of that will be:

1. better functional results
2. Less possibility of ERM or PVR formation
3. Lower cost

Why there is no problem to leave SRF?

Because this is what we did and we do for the scleral buckler surgery:

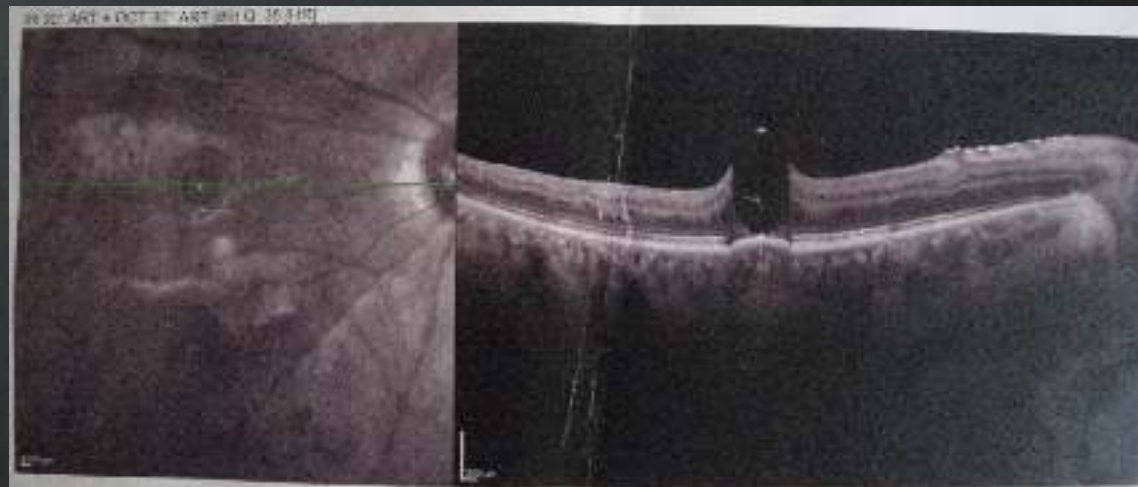
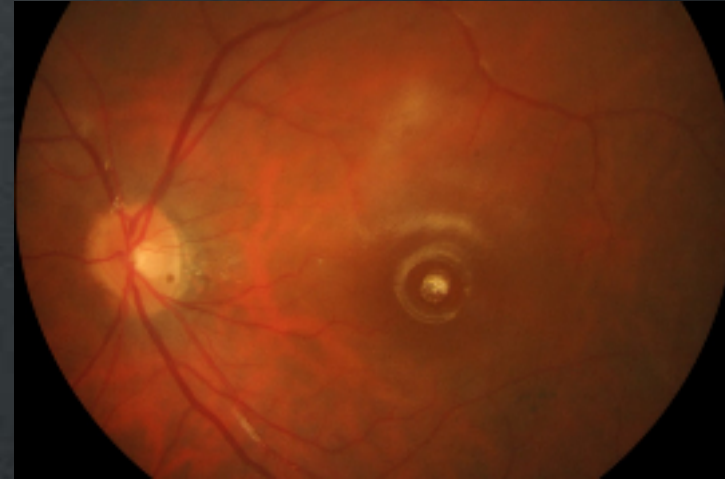
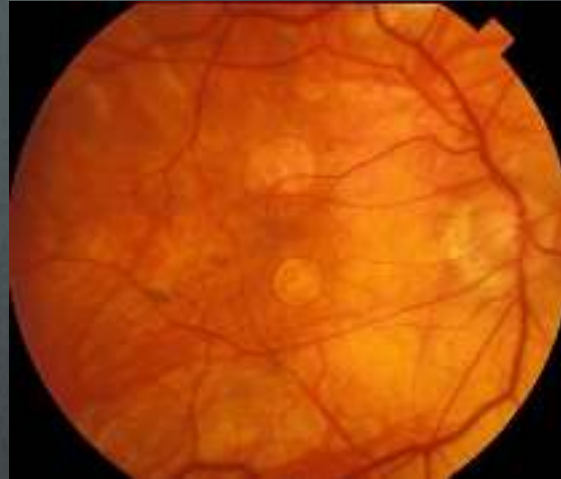


less complications:

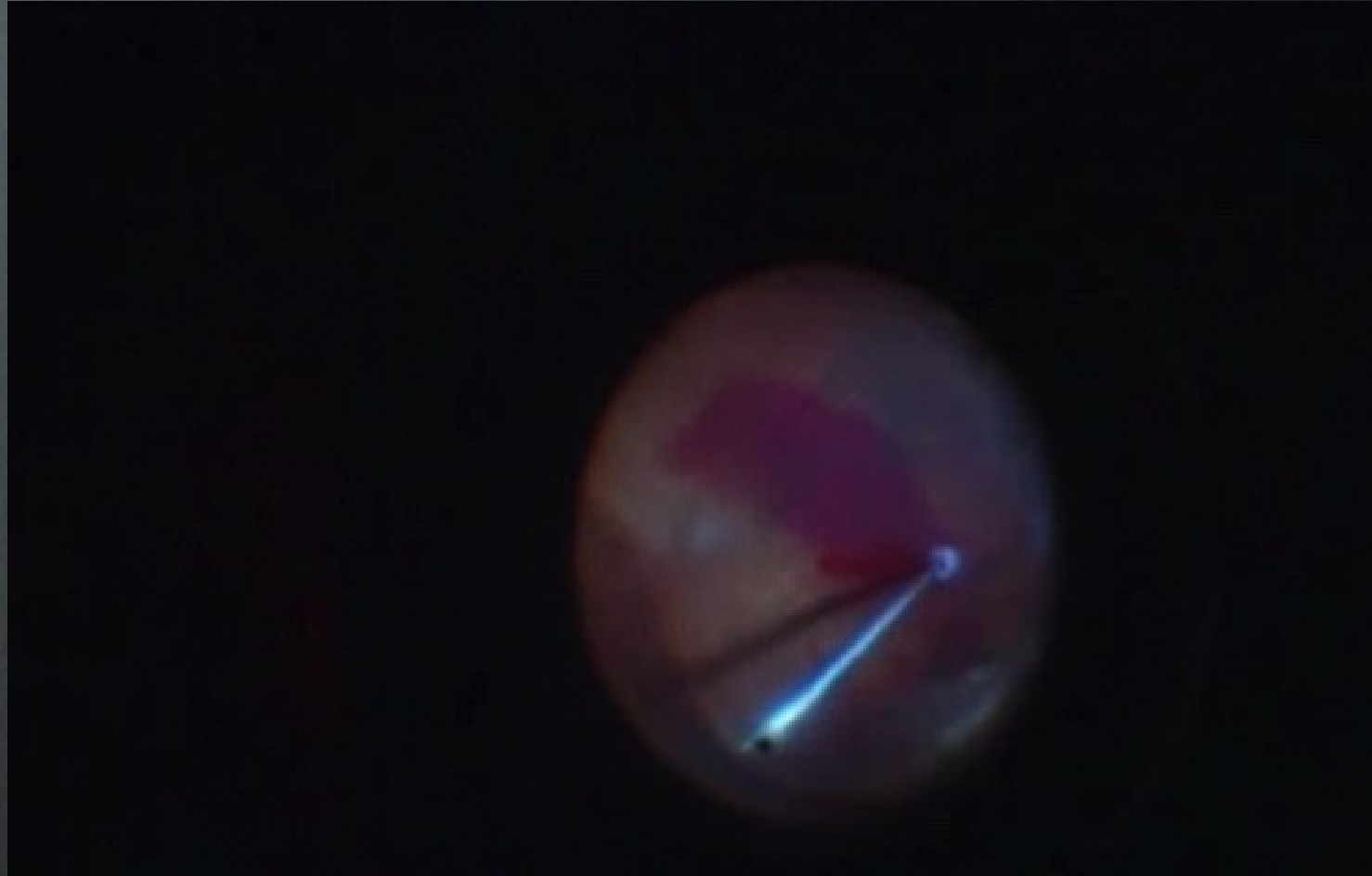
Such as:

Use PFCL:

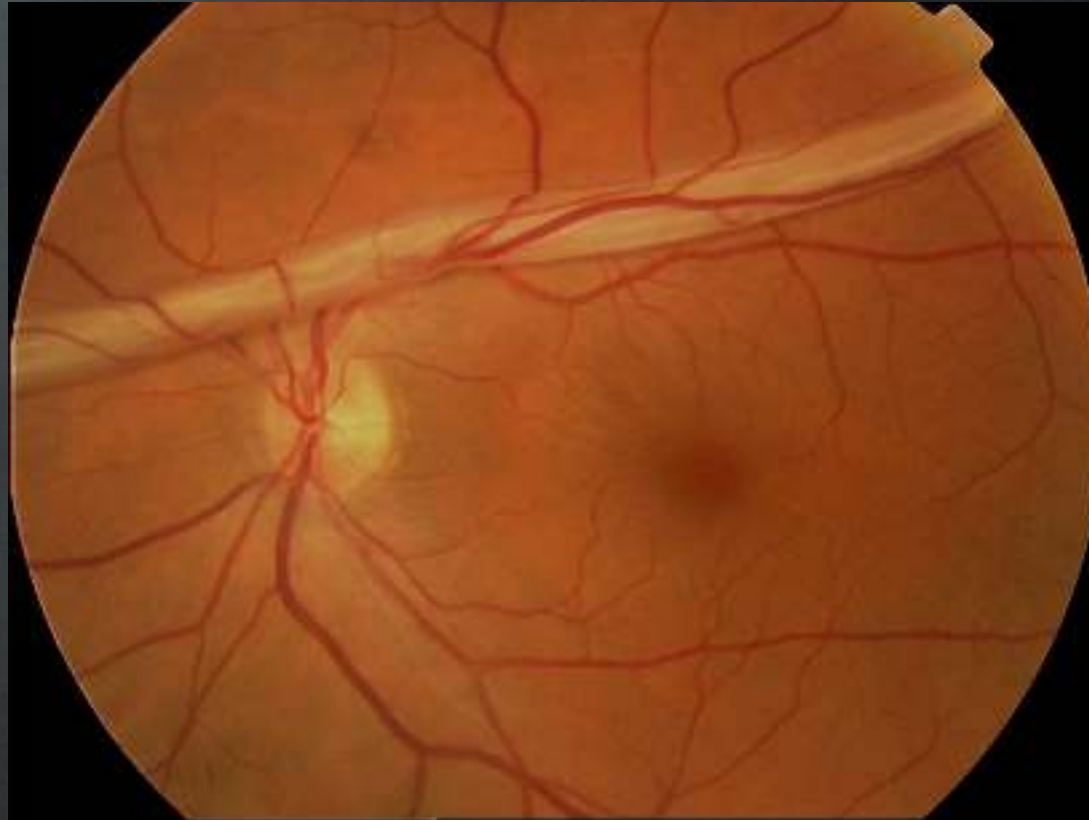
devastating complication



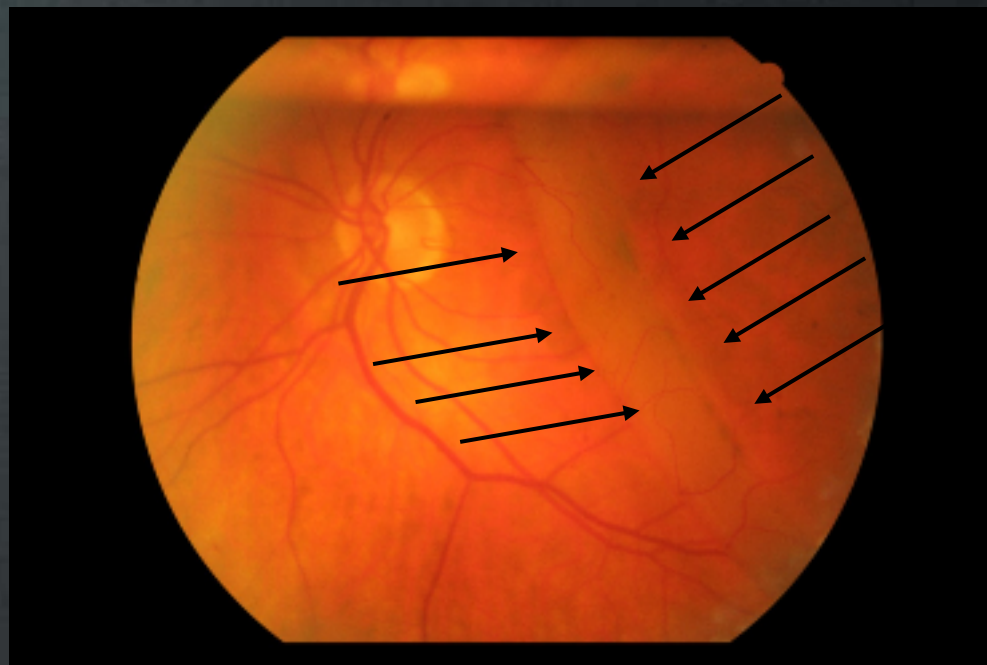
Drainage retinotomy: additional break + diathermy + laser



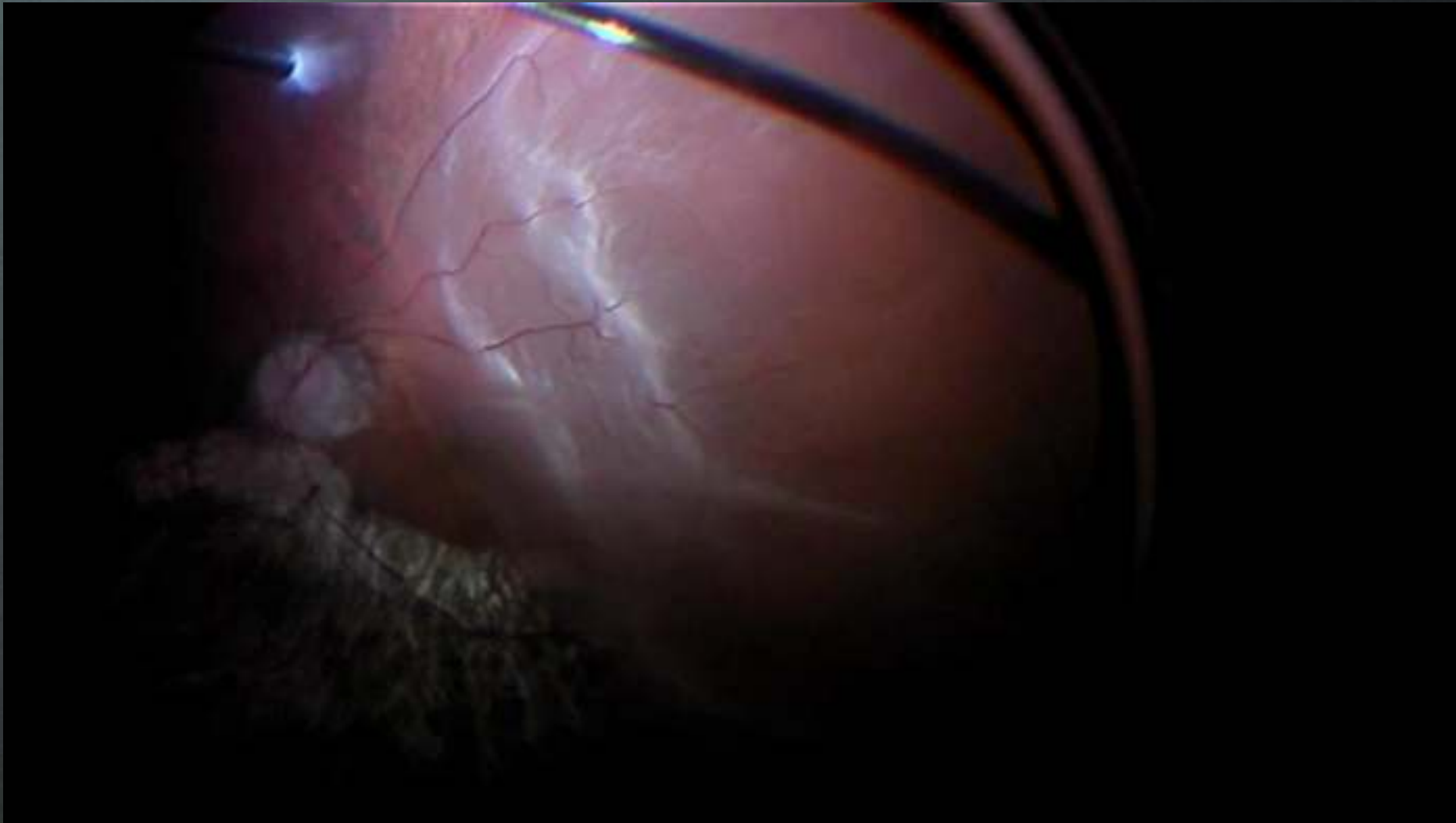
We do all the above to avoid



We do all the above to avoid



Video:







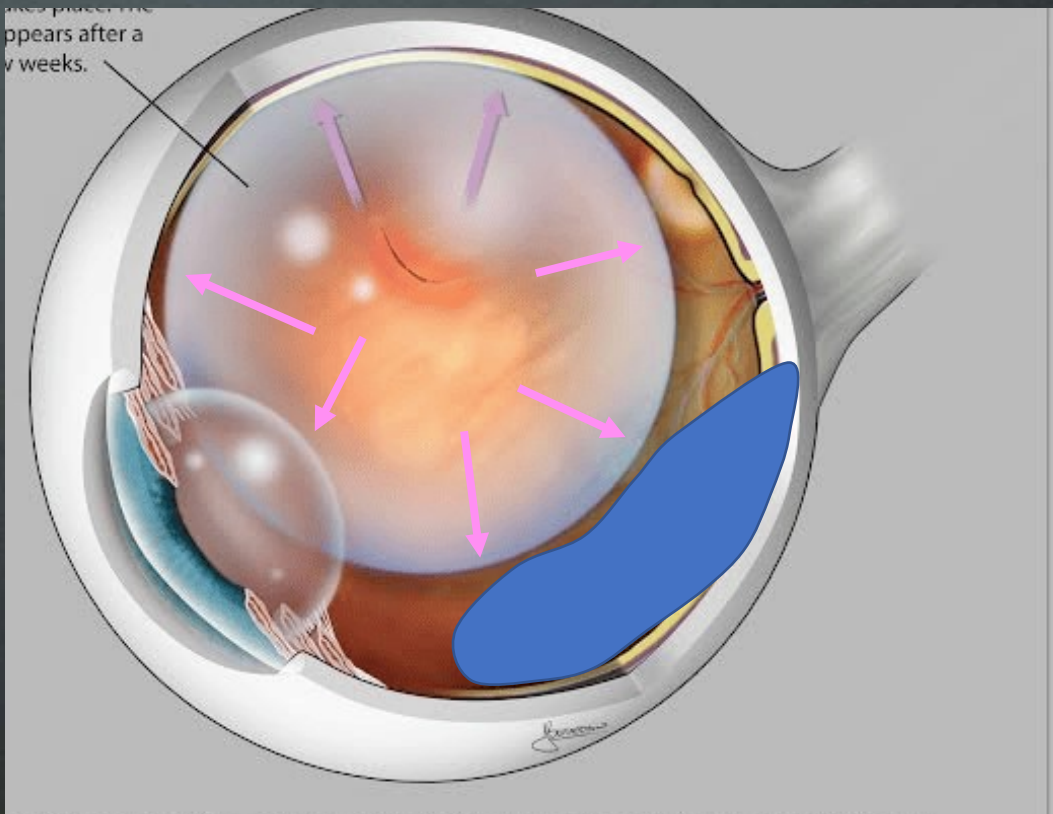
2,5 ml 100% SF₆

in an eye with 4 -4,5 ml Air

dilutes to almost 50%

expands in 24h about 1,25 ml

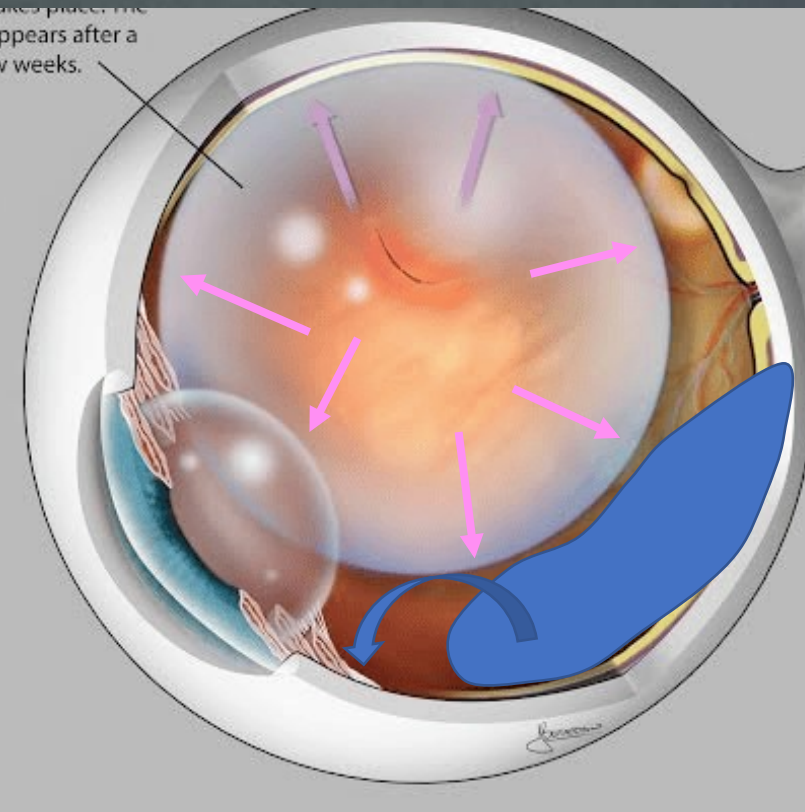
Gas expansion.....

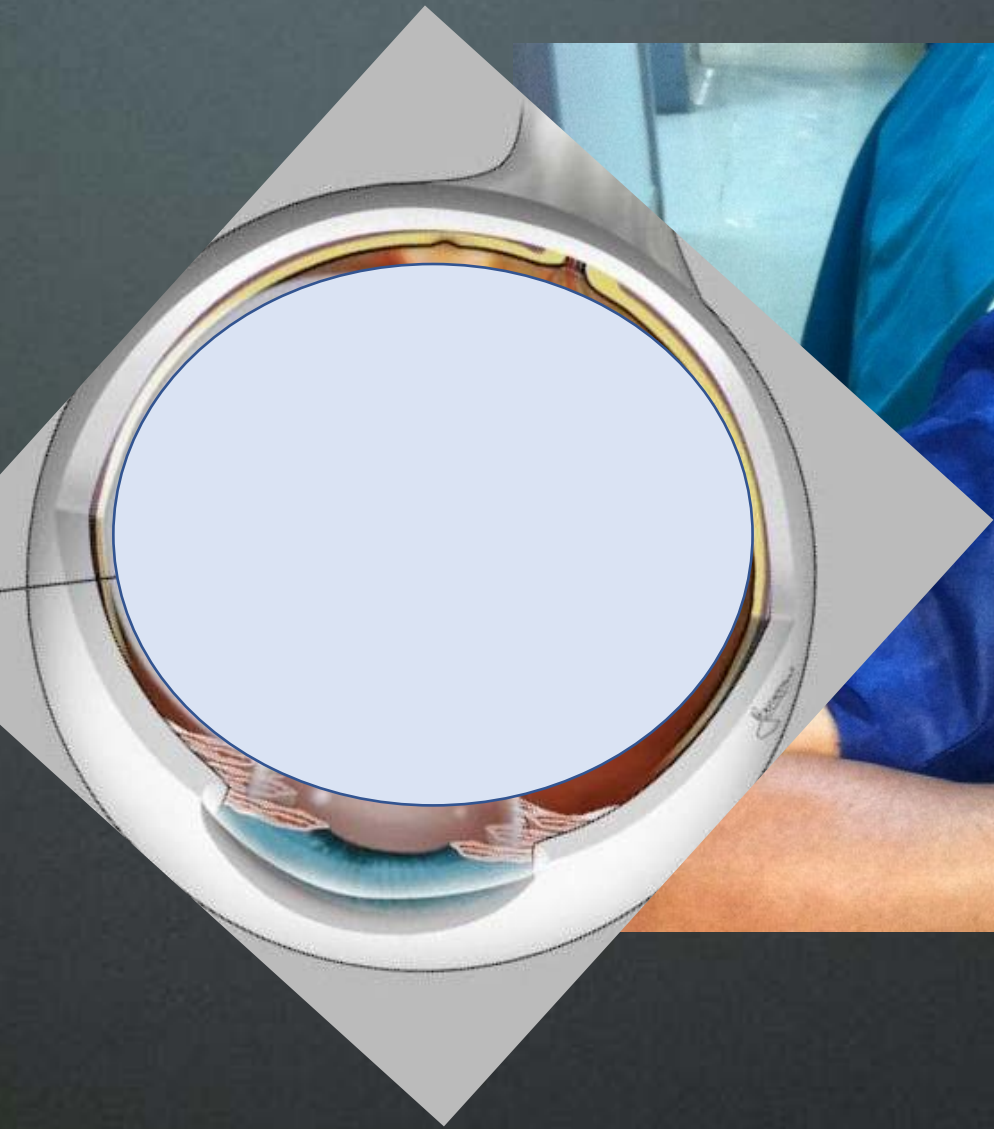


covers the room that the SRF leaves

Prevents post op hypotony due to leakage

...takes place. The
...appears after a
...y weeks.





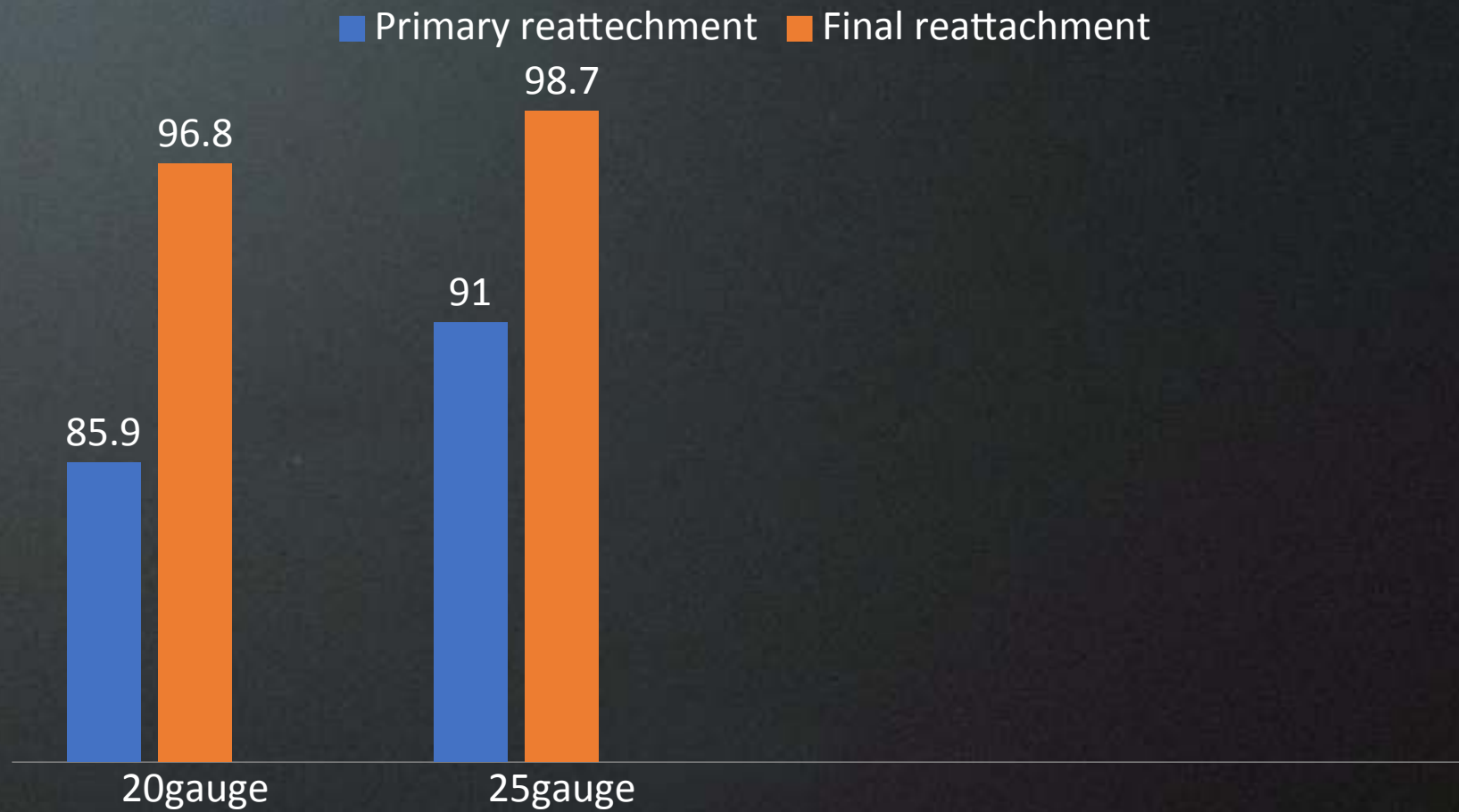
2016

> Ophthalmic Surg Lasers Imaging Retina. 2016 Apr 1;47(4):333-5.
doi: 10.3928/23258160-20160324-05.

25-Gauge Vitrectomy and Incomplete Drainage of Subretinal Fluid for the Treatment of Primary Rhegmatogenous Retinal Detachment

Stratos Gotzaridis, Efstathios Liazos, Petros Petrou, Ilias Georgalas

Results



2022

> [Am J Ophthalmol](#). 2022 Sep;241:227-237. doi: 10.1016/j.ajo.2022.05.008. Epub 2022 May 18.

Evaluation of Subretinal fluid Drainage Techniques During Pars Plana Vitrectomy for Primary Rhegmatogenous Retinal Detachment-ELLIPSOID Study

Bryon R McKay ¹, Aditya Bansal ², Michael Kryshchalskyj ³, David T Wong ², Alan Berger ¹,
Rajeev H Muni ⁴

Q: HOW CAN WE IMPROVE VITRECTOMY FOR RD REPAIR?

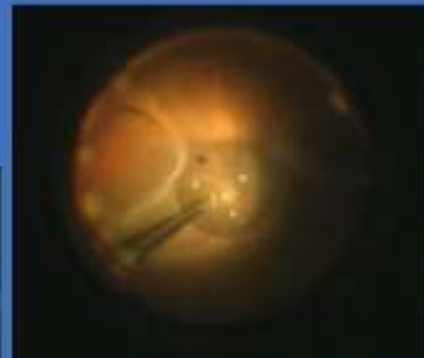


Retina reattached immediately

Drainage via Posterior Retinotomy (PR)



Drainage through Peripheral Retinal Break (PRB)

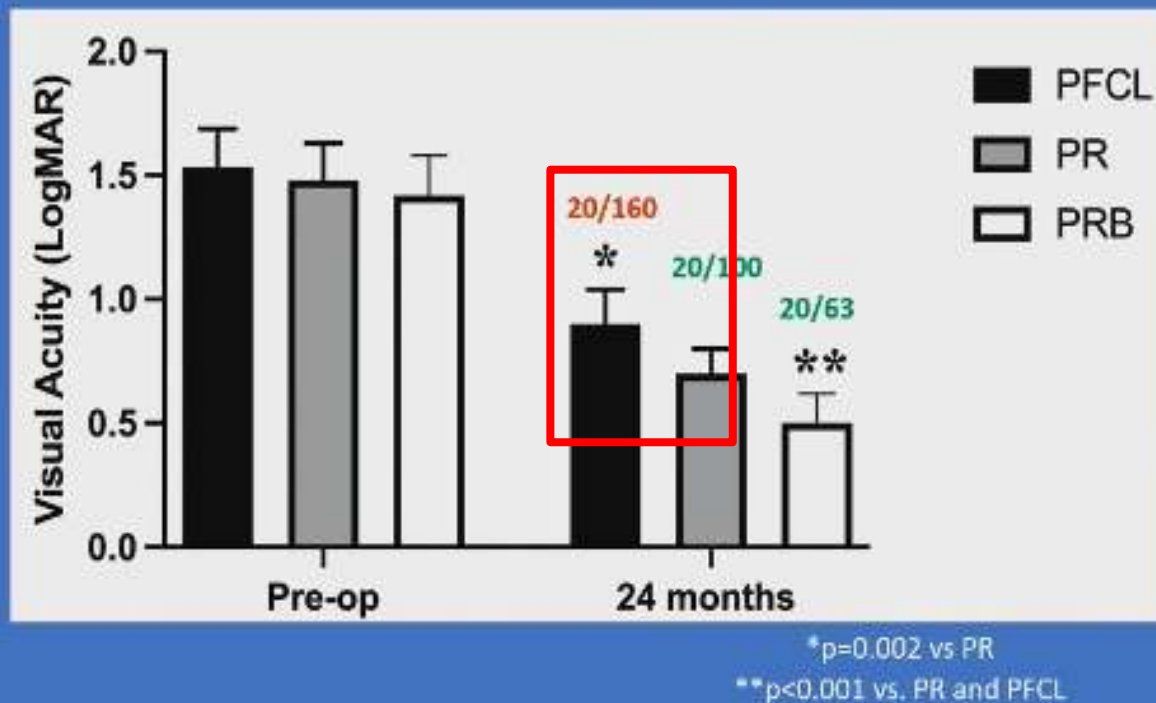


Drainage assisted with PFCL

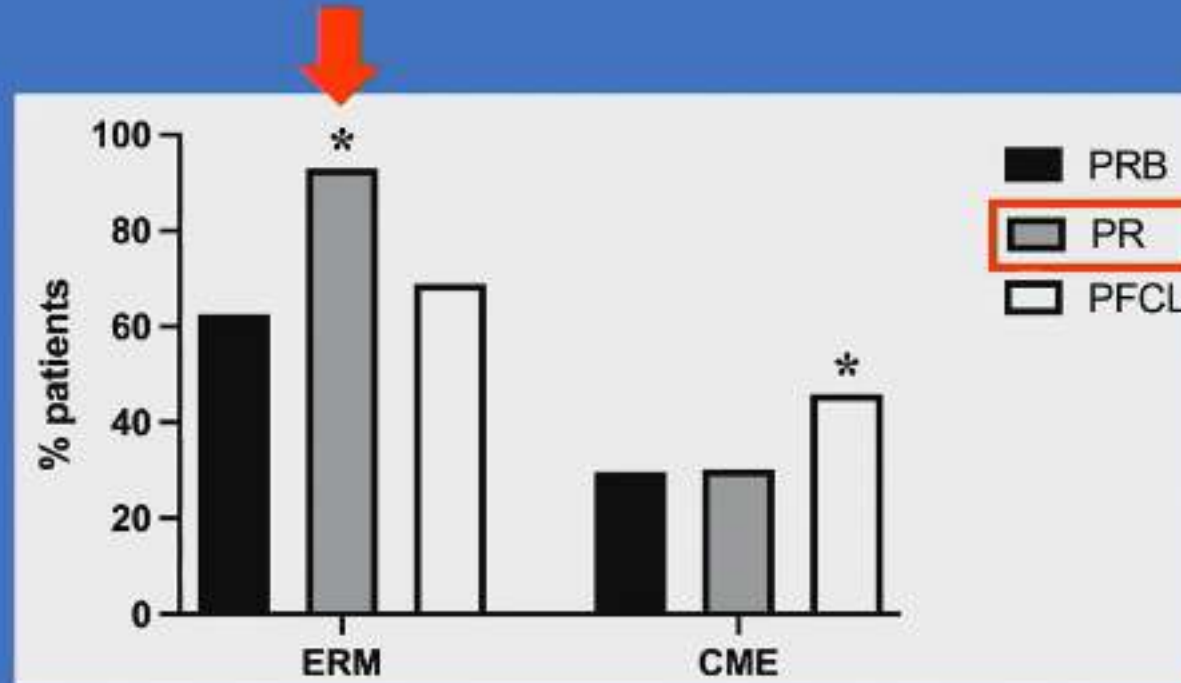
Methods: 300 consecutive patients (300 eyes) with primary macula-off rhegmatogenous retinal detachment underwent 23-gauge pars plana vitrectomy with subretinal fluid drainage through PRB (n = 100), PR (n = 100), or with PFCL (n = 100). Visual acuity and spectral-domain optical coherence tomography were performed preoperatively and at 3, 6, and 12 months postoperatively. Primary outcomes were visual acuity and discontinuity of the external limiting membrane, ellipsoid zone, interdigitation zone, and retinal pigment epithelium at 1 year.

Results - Visual Acuity

Va better
with PRB
vs. PR and
PFCL



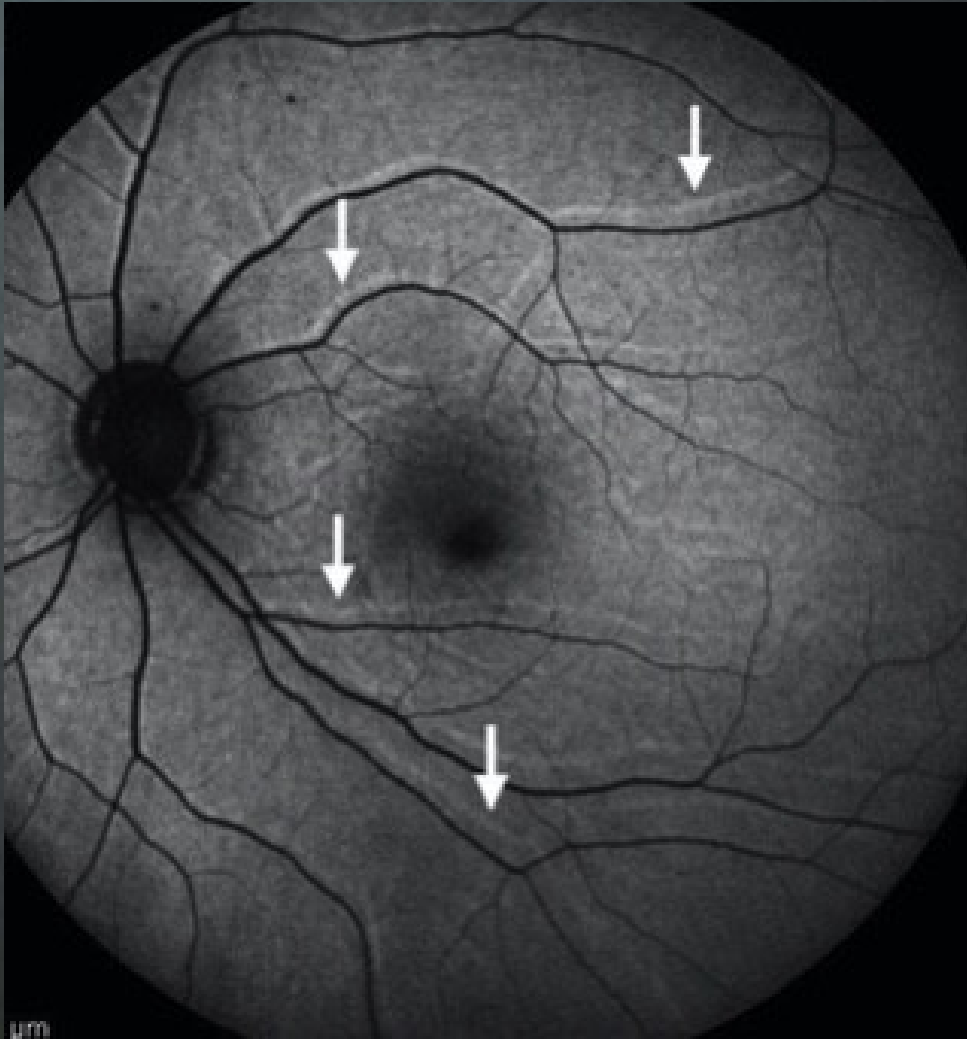
Results – 3-mm Foveal ERM and CME



Courtesy A. Charonis

McKay B, ASRS 2022

Problem identified recently



distortion of image size (dysmetropsia)

and/or metamorphopsia

in the operated eye

binocular diplopia,
asthenopia
may be poorly tolerated.

In extreme cases,
affected patients may choose to partially
occlude the operated eye despite good postoperative
acuity.

2012

Clinical & Experimental Ophthalmology

Clinical and Experimental Ophthalmology 2012; 40: 88–92 doi: 10.1111/j.1442-9071.2011.02666.x

Original Article

Does unintentional macular translocation after retinal detachment repair influence visual outcome?

Vivek B Pandya MBBS MM,¹ I-Van Ho PhD FRANZCO^{1,2,3} and Alex P Hunyor FRANZCO^{1,2,3}

¹Sydney Eye Hospital, ²Retina Associates, and ³Australian School of Advanced Medicine, Macquarie University, Sydney, New South Wales, Australia

2012

5 cases,

4 PPV,

1 buckle

All had macula dislocation

2015

Downloaded from <http://bjo.bmj.com/> on April 8, 2015 - Published by group.bmj.com

Clinical science

Macular displacement following rhegmatogenous retinal detachment repair

Edward Lee,¹ Tom H Williamson,¹ Pirro Hysi,² Manoharan Shunmugam,¹
Mahmut Dogramaci,¹ Roger Wong,¹ D Alistair H Laidlaw¹

2015

PPV, Retinopexy, Gas

Not mentioned what kind of flattening technique was followed

Results:

Macula displacement
postoperatively in 72% of 32 consecutive fovea-involving
detachments treated with vitrectomy and gas.

in 5/17 foveal-sparing cases treated with vitrectomy and gas

and in two of two patients with
fovea-involving detachments treated with vitrectomy and oil.

9 cases cryo buckle no -drain!!!

Non had RPE vessels ghosts evident on imaging

5 cases,

4 PPV,

1 buckle drained during surgery !!!!!

All had macula dislocation

2015

A METHOD TO DECREASE THE FREQUENCY OF UNINTENTIONAL SLIPPAGE AFTER VITRECTOMY FOR RHEGMATOGENOUS RETINAL DETACHMENT

CHIEKO SHIRAGAMI, MD,* KOUKI FUKUDA, MD,* HIDETAKA YAMAJI, MD,*
MISAKO MORITA, Co,* FUMIO SHIRAGA, MD†

RETINA 35:758–763, 2015

PPV,

PFCL,

Retinopexy,

gas

Methods:

2 groups.

In Group 1,

44 pts started face-down positioning 10 min after the end of the surgery.

In Group 2,

42 pts started face-down positioning immediately at the end of the surgery.

.
Results: Retinal slippage

63.6% of Group 1 pts

24.0% of Group 2 pts.

Ευχαριστώ



Thank you very much!!