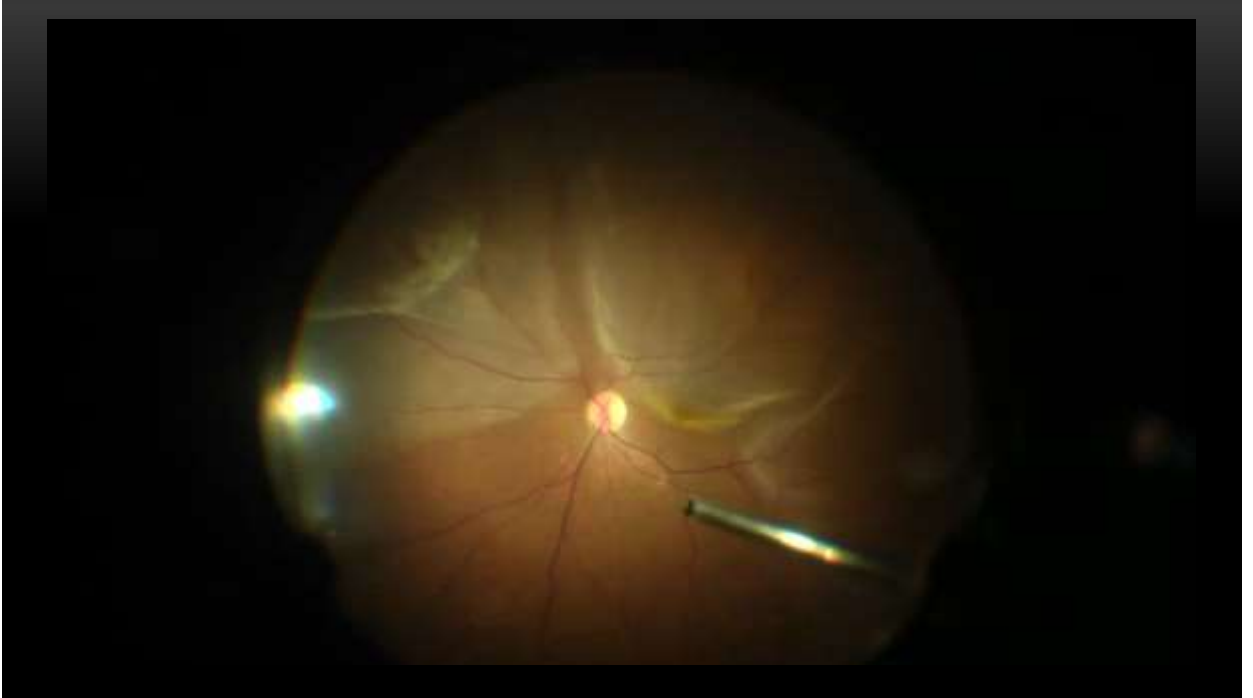


VITRECTOMY ALONE FOR RD

Sherif Sheta
Professor and VR consultant
Cairo university

WRESTLING

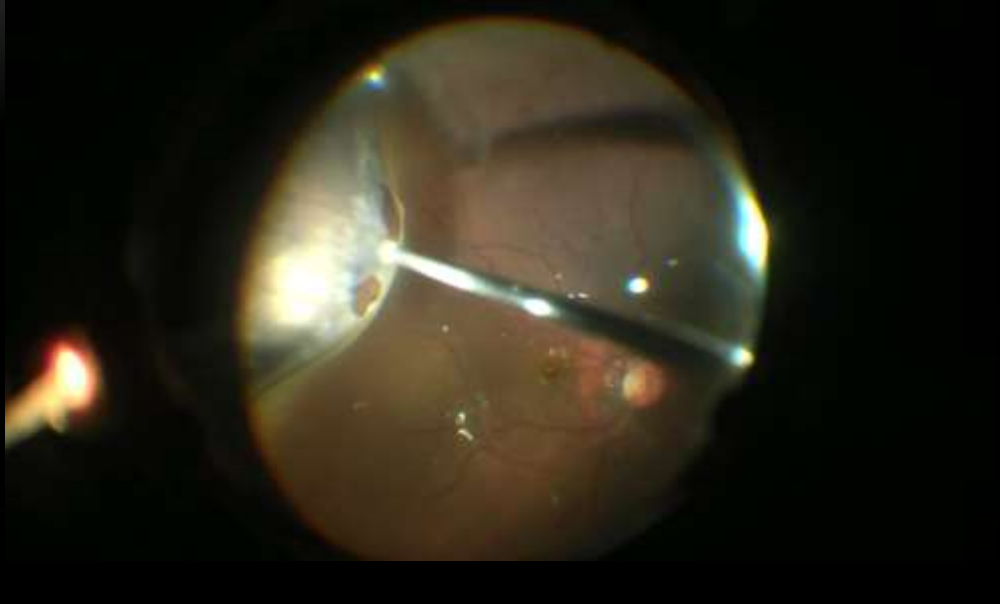




VITREOUS BASE ANATOMY

- The anatomy of the vitreous base is variable.
- In high myopia the posterior insertion of the vitreous base may be posteriorly located.
- Putting a band around the equator does not necessarily support the vitreous base.
- The tamponading element is more effective if the global wall is not disturbed by the encircling element.

SHAVING THE VITREOUS BASE



LOWER PVR AND INCOMPLETE SILICONE OIL FILL

- Lower PVR can be minimized by radical shaving of the vitreous base and closure of all retinal breaks (Source of RPE cells).
- Missed retinal breaks and choroidal inflammation by external cryopexy may increase the risk.
- Heavy silicone may address the problem of lower PVR (not SB).
- Incomplete silicone fill is due to incomplete vitrectomy (do your homework !)

POST VITRECTOMY GLAUCOMA

- Secondary glaucoma is a major complication following retinal reattachment surgery or both conditions may coexist.
- Usually due to trabeculitis, use of gas bubble or postoperative steroids (20-40%).
- Intraoperative scatter endophotocoagulation, lensectomy, and postoperative fibrin reaction may lead to transient elevation of IOP.
- More common with the use of silicone oil (overfill or late emulsification).
- May not respond to topical anti-glaucoma medications.
- The presence of a virgin conjunctiva increases the success rate of glaucoma filtering surgery if needed.

REFRACTIVE ERA

- The use of scleral buckle may change the refractive power :
 - Myopia with encircling element
 - Astigmatism with radial elements.

FIX FROM INSIDE



BYPASS THE WALL .. AND DIVE INTO THE SEA

