

Retinal Detachment Repair

Does the method of repair matter?

#### Pneumatic retinopexy: pluses

- In office procedure
- Minimally invasive
- Does not change refractive error, or induce cataract
- Best visual acuity outcome if macula is detached

#### Pneumatic retinopexy: minuses

- Success rate of 70-80%, as opposed to 90% for surgical options
- Requires strict positioning for 2-3 days
- Not an option if retinal tear is between 4:00 and 8:00
- Not a good option if tears are more than 90 degrees apart
- May induce additional tearing of retina
- Inherently slight increase in risk of PVR
- Not as good an option in pseudophakic vs phakic patients

### Scleral buckle: pluses

- The single procedure which affords best chance of never needing additional procedures for addressing RD or tear
- Better option in phakic patients since refractive error can be corrected with future cataract surgery
- Aids in relief of vitreoretinal traction in the setting of PVR
- Relatively short recovery period before returning to full function
- Does not induce cataract
- Every operation is bespoke



### Scleral buckle: minuses

- Induces myopia
- Risk of diplopia
- Risk of strabismus
- Risk of scleral buckle exposure
- Post operative discomfort
- Operating time is 2x longer than PPV
- Requires more skill than PPV

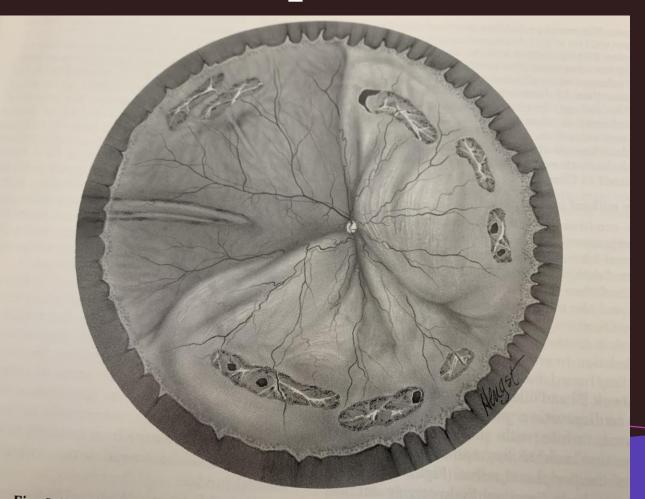
### Pars plana vitrectomy: pluses

- Typically no post operative discomfort
- Excellent option if patient has had, or will need filtering surgery
- Does not disrupt conjunctiva
- Short operating time, relative to scleral buckle
- Utilizes latest microscopic surgery technology
- Does not induce refractive shift in pseudophakes

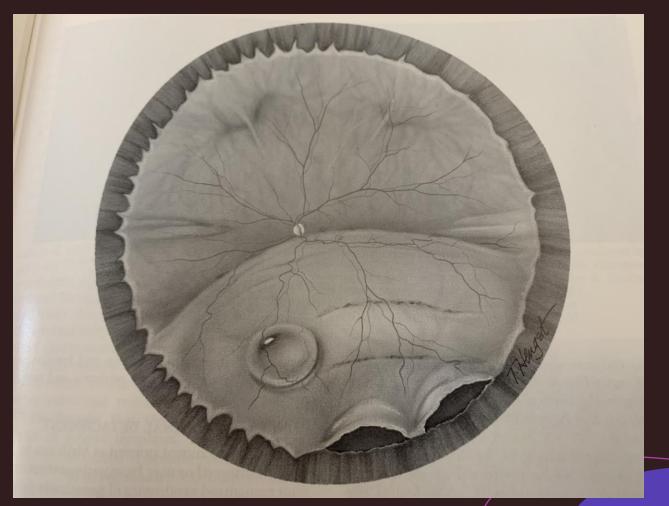
### Pars plana vitrectomy: minuses

- Induces cataract
- If unsuccessful in phakic patient, can make reoperation more difficult
- Not the best choice in patients who live at higher altitudes unless silicone oil is utilized
- Significant visual obscuration until gas bubble is >1/2 absorbed
- Greater restriction on elevation change
- Positioning requirements are longer and more restrictive

## Phakic detachment. Macula on. Lattice degeneration. Multiple retinal tears.



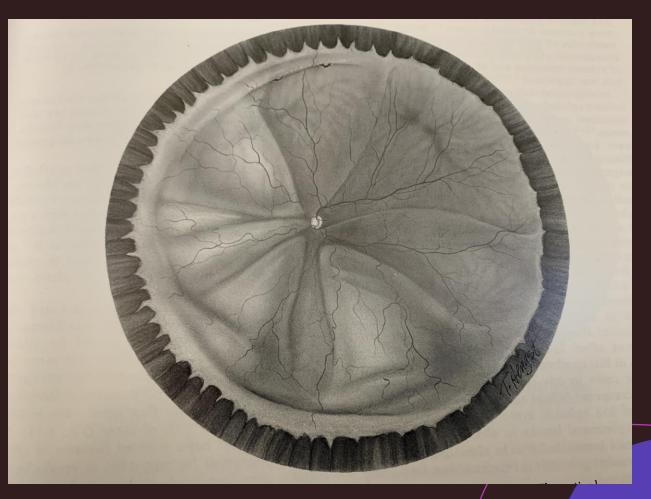
#### Dialysis retinal detachment, macula off.



## Retinal detachment with giant retinal tear, macula off.



# Pseudophakic retinal detachment with macula off.



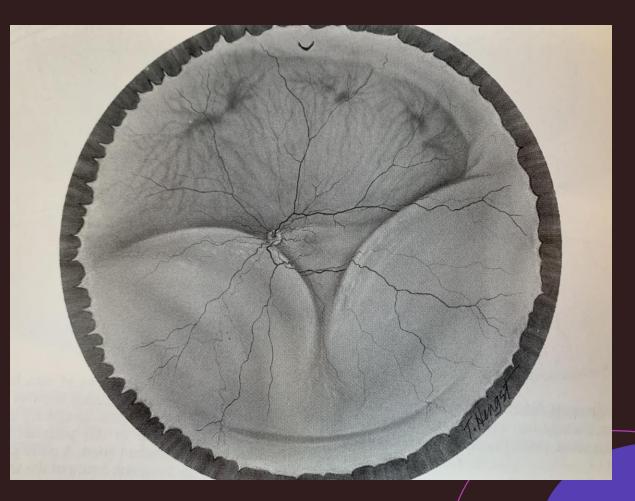
# Pseudophakic RD with macula off and early PVR.



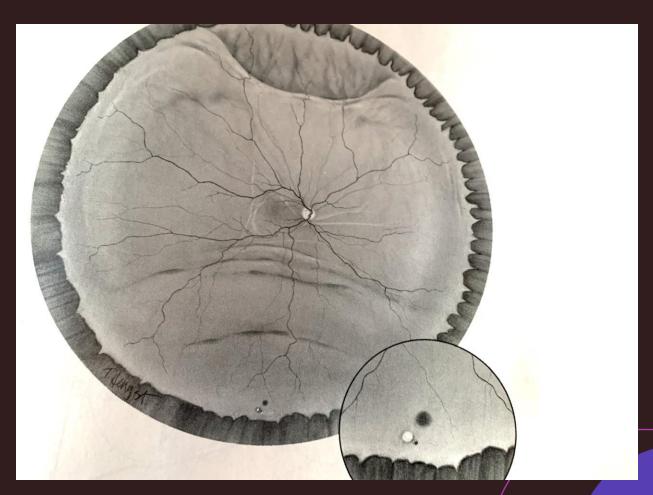
## Pseudophakic retinal detachment with macula on.



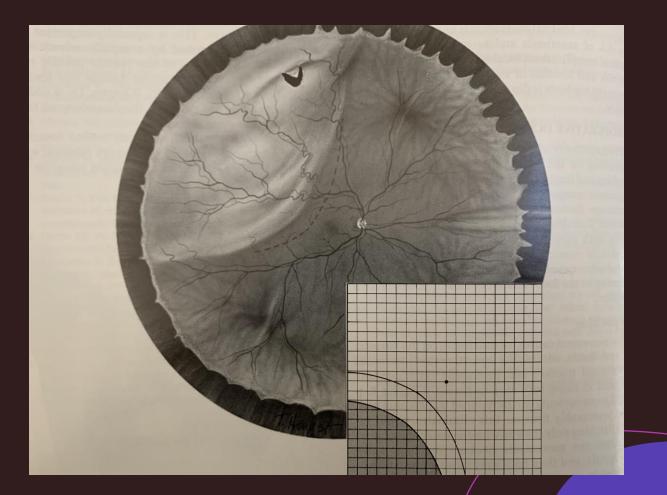
### Phakic retinal detachment with macula off.



### Phakic retinal detachment with macula off.



#### Retinal detachment with macula on.



### Disadvantage of using a band instead of a tire.

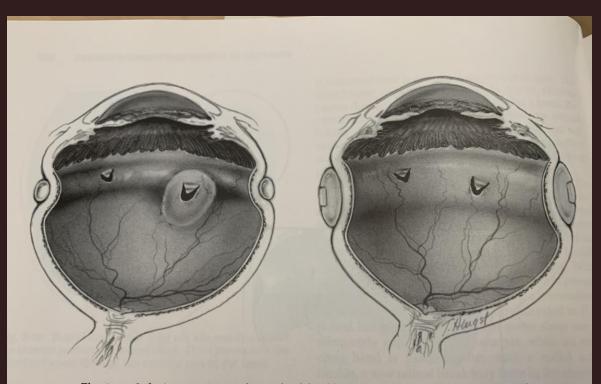


Fig. 8-41. Left, A narrow encircling scleral buckle fails to adequately support retinal breaks in different anteroposterior locations. *Right*, A wider scleral buckle properly supports all retinal breaks.