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PVR

MASTERING SUBRETINAL BAND MANAGEMENT IN PVR-RELATED DETACHMENTS.

Oral Presentation

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To present the results of a technique for removing subretinal proliferation bands

Retrospective interventional case series.

Out of 241 eyes (241 patients), 31 (13%) had SPB detected preoperatively or intraoperatively and underwent pars plana vitrectomy with SPB removal using membrane forceps and an aspiration cutter. Of these 31 eyes, the most common PVR grade was C3 (39%), while the most severe was D1 (10%). 61% of eyes underwent a combined scleral buckling procedure, and all eyes were tamponaded intraoperatively. SPB was completely removed in 74% (23/31) of cases. Intraoperative complications were detected in 10% (3/31): retinal hemorrhage (2/31) and subretinal hemorrhage (1/31). 84% (26/31) had complete retinal reattachment after a median follow-up time of 10 (range, 2-32) months, and 74% (23/31) of patients reported an improvement in BCVA after surgery.

For subretinal band removal, results depend on the condition of the retinal, extend of subretinal bands.