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RETINAL DETACHMENT & PVR

MEMBRANE PEELING UNDER SILICONE OIL

Oral Presentation

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Despite advances in surgical techniques, proliferative vitreoretinopathy remains a significant challenge in vitreoretinal surgery. There are various surgical options of managing recurrent retinal detachment in silicone oil filled eyes. We demonstrate the surgical technique and benefits of membrane surgery under silicone oil. We also compare the anatomical and visual outcomes between membrane peeling under silicone oil, MPSO (Group 1) and membrane peeling after silicone oil removal and silicone oil reinjection, MPSOR (Group 2) in eyes that have undergone multiple retinal detachment (RD) surgeries.

We demonstrate the technique of membrane surgery under silicone oil in cases of recurrent RD following one or more surgeries for RRD. We have included 37 patients in both the groups (MPSO and MPSOR). In MPSO group, we performed membrane peeling, subretinal fluid drainage, subretinal band removal retinectomy and endolaser under silicone oil. In MPSOR group, we performed membrane peeling after silicone oil removal with re-injection of silicone oil.

Anatomical success at final follow-up was noted in 33/37 eyes (89.19%) in both the groups. Functional success was defined as visual acuity >/= 5/200 and was seen in 17/37 eyes (45.95%) in both the groups. Need for retinectomy in MPSO group was significantly lesser compared to MPSOR group.

Silicone oil provides realistic assessment of membranes. It also provides cushioning effect against traction. MPSO limits retinectomies and may preserve more areas of functional retina compared to MPSOR. Under silicone oil surgery also reduces operative time.

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