Abstract 130

TEMPORAL FLAP - " NO PINCH" TECHNIQUE FOR MACULAR HOLE REPAIR

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Introduction:

Macular hole is one of the conditions in which surgical approach is the only solution. Many techniques were developed in previous years in order to close the holes and improve vision. Purpose of this paper is to show surgical approach in full thickness macular repair with temporal flap and "no pinch" technique

Materials and methods:

12 patines were presented at our clinic with the symptoms of macular hole. After complete ocular examination visual acuity, intra ocular pressure, anterior and posterior segment examination and OCT, full thickness macular hole was confirmed and surgery was scheduled. Best corrected visual acuity (Snellen charts) was between 0,1-0,4 with macular hole range between 350µm and 780µm. In 7 eyes combined surgical procedure was performed with cataract extraction. In 5 eyes which already had cataract surgery pars plans vitrectomy was performed.25G 3 port vitrectomy was performed in all patients using CONSTELLATION® vision system, Moller Wedel Hi-R900, EBOS 2 and NGENUITY® 3D vision system. After central and peripheral vitrectomy, membrane blue dual (DORC®) was used in order to visualise internal limiting membrane. After removing the dye flex-loop (FINESSE®) was used at the temporal side of macula in order to make the flap of ILM and engage the peeling. Peeling was conducted with the loop up to the temporal edge of macula, loop was replaced with soft tip in order to position the flap and conduct the fluid-air exchange. Patients were instructed to try to keep the head down until the evening as much as they can. Local therapy of antibiotics/dexamethasone and NSAID was prescribed for three weeks after the surgery. Follow up period was 6 months.

Results:

in all patients successful closure of the macula was achieved and postoperative best corrected visual acuity ranges from 0,4-0,8 (Snellen chart) and remain stable during follow-up period.

Conclusions:

initiation of ILM peeling and forming the first ILM flap is the most refined movement in macular surgery. Sites of the pinch can be observed in OCT exams, after the surgery of even most skilful and experienced surgeons. Flex-loop is useful tool to avoid pinch "scars" as the forces of the teeth are split and the strength of the loop can bee regulated by the size of the loop. There is no need for forceps as the peeling can be performed by the loop touching only the ILM flap.The technique is specially useful for the surgeons who have fear of hurting the retina.