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GAS-FREE MINI-FLAP TECHNIQUE FOR MH SURGERY

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Introduction:

Evaluate the efficacy and safety of the gas-free mini-flap technique in achieving macular hole closure and improving visual outcomes, particularly in patients with severe spine diseases and morbid obesity. One case of refuse of the face down position.

Materials and methods:

Retrospective analysis of five patients undergoing macular hole repair with the gas-free mini-flap technique. Data included preoperative characteristics with best-corrected visual acuity average 20/200, surgical details, and postoperative outcomes such as visual acuity, OCT imaging, and closure rates.

Results:

High anatomical closure rates were achieved, accompanied by significant visual acuity improvements postoperatively. Notably, no gas tamponade was required, and avoidance of face-down positioning improved patient comfort. In this group of patients, the best-corrected visual acuity average 20/60.

Conclusions:

The gas-free mini-flap technique offers advantages in macular hole repair, including improved patient experience and consistent closure rates. Its effectiveness in spine disease and morbid obesity patients highlights its versatility. This technique represents a valuable advancement in macular hole surgery, ensuring favorable outcomes and enhanced patient satisfaction.

Sources:

CONVENTIONAL INTERNAL LIMITING MEMBRANE PEELING VERSUS INVERTED FLAP FOR SMALL-TO-MEDIUM IDIOPATHIC MACULAR HOLE

Inverted ILM flap technique versus conventional ILM peeling for idiopathic large macular holes: A meta-analysis of randomized controlled trials