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SMART OLIVE TIPPED CANULA FOR SUPRACHOROIDAL BUCKLING

Anand A.*

REGIONAL INSTITUTE OF OPHTHALMOLOGY ~ PATNA ~ India

Introduction:

Despite popularity of Pars Plana Vitrectomy, scleral buckling holds its forte in certain Cases of Rhegmatogenous Retinal detachment. Minimally invasive Buckling surgery avoids multiple complication of encircling band like astigmatism, ocular surface disorder and long term complications of exopant. Peripheral suprachoroidal buckling is one such minimally invasive surgery.

Materials and methods:

Peripheral suprachoroidal Buckling involves establishment of a chandelier light. Visualisation of break is done under wide angle visualisation system (WAVs), Suprachoroidal space is assessed 4mm behind the limbus. The suprachoroidal space is traversed under wide angle visualisation system and appropriate point of injection is determined by inward indentation of choroid from the olive tip. Visualisation of the tip indentation under chandelier system with wide angle visualisation system with an overhanging detached retina is extremely difficult and has a very long learning curve with fear of repeated trauma to Choroid.

Results:

We introduced smart olive tipped canula intended to bypass the need for chandelier illumination, WAV system and bring it closer to conventional buckling and mitigating risk of suprachoroidal haemorrhage. An external guide wire is fixed parallel to olive tipped canula and approximate space between the two wires is 1 mm providing adequate space for sclero conjunctival complex but avoiding inward trauma to choroid. The external tip localises the break marked beforehand and multiple 0.1-0.15 ml depot of Derma fillers can be injected around the break creating a precise indentation of choroid at the break. This minimally invasive surgery for Peripheral breaks can avoid multiple complication of encircling band, address breaks at multiple levels and posteriorly located breaks.

Conclusions:

Smart olive Tipped Canula can Pave way for Peripheral Suprachoroidal Buckling with a relatively easy learning curve