

## Abstract 312

### THIRD EYE AND THIRD HAND IN CHALLENGING MACULAR HOLE SURGERY

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#### Introduction:

To report nuances of Intraoperative OCT (I-OCT) and Perfluorocarbon (PFCL) assisted techniques for large, recurrent, and refractory macular holes.

#### Materials and methods:

Three challenging cases of large, recurrent and refractory large full thickness macular hole respectively are presented. In all these cases I-OCT and PFCL were incorporated into the surgical technique and evaluated for success. First case presented with FTMH with basal diameter of more than 900 microns. Patient underwent vitrectomy with fashioning of inverted ILM flap were rolled towards macular hole edge. Then under PFCL, using 25G loop, the flaps were apposed over the macular hole. Second case presented with recurrent macular hole. ILM flaps were repositioned and apposed over the macular hole under PFCL with the help of 25G loop. Third case presented with refractory large full thickness macular hole with temporal and inferior peripheral RD. As ILM was already peeled in the primary surgery, retinal autograft was harvested from inferior detached retina bimanually using chandelier, 25G forceps and 25G scissors. Then with two 25G forceps using PFCL as active third hand for stabilization, autograft was positioned over the macular hole using bimanual technique. SO was used for tamponade.

#### Results:

All the cases of challenging macular holes achieved anatomical closure and improvement in visual acuity when managed utilising I-OCT and PFCL as part of the surgical technique.

#### Conclusions:

I-OCT and PFCL act as third eye and third hand and are extremely useful adjuncts in the successful surgical management of challenging macular holes.