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SCLERAL BUCKLING IN RHEGMATOGENOUS RETINAL DETACHMENT: HYBRID TECHNIQUE

Bouassida B.*, Bouassida M.

Clinique Ophtalmologique de Tunis ~ Tunis ~ Tunisia

To use 3 video clips to show the innovative key stages in the different types of scleral buckling for rhegmatogenous retinal detachment.

Surgical videos of 3 patients with rhegmatogenous retinal detachment. We describe the different surgical procedures (1st case: Placement of a radial sponge preceded by cryotherapy with endo-illumination control. Case 2: Placement of a radial sponge followed by cryotherapy with candlestick control. 3rd case: Circumferential cerclage followed by cryotherapy with endo-illumination control) and postoperative results.

The patients were operated on under general anesthesia. The operation consisted of a 360-degree conjunctival disinsertion, traction of the 4 oculomotor muscles, insertion of a scleral buckling device, puncture of the sub-retinal fluid, cryotherapy of the tear under endo-illumination control and, finally, closure of the sclerotomy and conjunctiva. Immediate reapplication of the retina was obtained intraoperatively, and post-operative follow-up revealed complete restoration of the structure and partial restoration of visual function without inflammatory reaction.

Vitrectomy is an effective and rapid treatment for the management of rhegmatogenous retinal detachment, but it carries a number of risks. It should be replaced, when the indication allows, by scleral buckling, which has become faster thanks to its hybrid nature with the use of vitrectomy visualization systems, familiar to all posterior segment surgeons, and with fewer complications.