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UNDERSTANDING SCLERAL BUCKLING IN THE ERA OF MINIMALLY INVASIVE VITRECTOMY SURGERY (MIVS): REVIVING A LOST ART

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In the current era, the widespread adoption of Minimally Invasive Vitrectomy Surgery (MIVS) has shifted the paradigm of rhegmatogenous retinal detachment (RRD) repair, often relegating scleral buckling to a diminishing role. However, scleral buckling remains a valuable and underutilized technique, especially in selected cases such as young phakic patients, inferior breaks, and detachments without significant proliferative vitreoretinopathy (PVR). This course aims to reintroduce scleral buckling as a skillful, anatomical, and cost-effective approach—one that deserves preservation and refinement in modern vitreoretinal practice.

The course will be divided into six focused instructional segments, followed by an interactive panel discussion:

1. Introduction to Scleral Buckling in the Context of MIVS (10 minutes)
2. Finding the Break and Patient Selection (10 minutes)
3. Basics of Scleral Buckling: Techniques and Instrumentation (10 minutes)
4. Adapting Scleral Buckling to Versatile Clinical Scenarios (10 minutes)
5. Complications of Scleral Buckling: Recognition and Management (10 minutes)
6. Panel Discussion and Q&A (10 minutes)

By the end of this course, participants will be able to:

1. Understand the indications and enduring relevance of scleral buckling in selected retinal detachments
2. Confidently evaluate and select patients suitable for scleral buckling
3. Understand basic scleral buckling procedure as well as the versatile scenarios it may be adopted to
4. Identify and manage complications associated with buckling
5. Integrate scleral buckling as part of a modern, patient-tailored surgical approach

This course underscores the importance of maintaining proficiency in scleral buckling—not merely as an alternative to MIVS, but as a complementary and sometimes superior option in selected cases. By revisiting its principles, refining technique, and adapting it to modern scenarios, scleral buckling can be revived as a powerful tool in the vitreoretinal surgeon's armamentarium. Upholding this "lost art" ensures that patient care remains individualized, comprehensive, and rooted in a mastery of both classic and contemporary surgical methods.