

Macular hole surgery with inverted internal limiting membrane peeling technique

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Purpose:

To study effect of inserting part of the internal limiting membrane to macular hole to form a bridge.

Methods:

In a prospective study the records of a consecutive series of 5 patients with full-thickness idiopathic macular holes operated with ICG-assisted ILM peeling by a single surgeon were analyzed. All patients underwent a standard three-port vitrectomy with surgically induced posterior vitreous detachment, staining of the ILM with ICG, peeling of the ILM in a circular manner around the fovea and proximal part of ILM has been cut with scissors and inverted to macular hole with ILM forceps and SF6 16% endotamponade. RESULTS: In our prospective series anatomical and functional results of macular hole surgery are satisfactory. Primary hole closure was achieved in 100% of eyes and visual acuity increased in 100% of eyes in our series.

Conclusion:

Follow-up of patients who underwent ICG-assisted ILM peeling and filling of the hole with ILM for macular hole repair demonstrates excellent anatomic and visual results.