

## **Vitreotomy, dye-assisted peeling and gas tamponade for staphyloma-associated retinal detachment**

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### **Advantages:**

To question routine application of silicone oil in highly myopic eyes with posterior retinal detachment with posterior retinal detachment and to support meticulous peeling / gas as a first –line approach.

### **Methods:**

An imbalance between the retina and the choroid-sclera complex associated with axial elongation and posterior staphyloma in highly myopic eyes is supposed to be the major cause of retinal detachment and failure after vitreous surgery for this condition as well. Therefore, macular buckling or vitrectomy with long – term silicone tamponade is recommended for such cases. Subtle, dye – assisted peeling of tractional interface changes may counteract the forces that interfere with retinal adhesion Further on, gas tamponade may be sufficient then.

### **Effectiveness / Safety:**

Cases operated on for staphyloma – associated retinal detachment within the recent 2 years using meticulous peeling and gas tamponade resulted in anatomical success regarding retinal reattachment with a single operation. Macular defects, however, did not close in all eyes. There was no need of silicone oil tamponade or coagulation of the hole.

### **Take home message:**

Improved visualization techniques and intravitreal dyes allow careful peeling maneuvers even in high myopic eyes. The technique facilitates retinal reattachment with gas instead of primary silicone oil tamponade.