

## **Strategy for management of giant retinal tear retinal detachment**

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### **Advantages:**

My strategy for management of giant retinal tear retinal detachment is lens removal using phacoemulsification and implantation of PCIOL, no encircling scleral buckle, 20 gauge PPV, meticulous excision of basal vitreous gel and excision of anterior flap, mobilization of the retina and posterior flap through dissection of epiretinal membranes, removal of pigment clumps and excision of contracted free edge of the posterior flap, unfolding of the flap and retinal reattachment through PFCL injection, endolaser treatment to the tear and for 360 degrees and finally direct PFCL/silicone oil exchange. This technique ensures complete excision of the basal vitreous gel, achieve complete retinal mobilization and use a long-term intraocular tamponade. No need for encircling buckle, as traction is completely relieved from inside. This also avoids the drawbacks of buckling.

### **Methods:**

Fifty eyes with giant tear retinal detachment with or without PVR were operated upon using the above - mentioned technique. Silicone oil was removed in all eyes 3 months following the 1ry operation. Retinal reattachment with visual improvement could be achieved in 48/50 eyes. Recurrent epimacular proliferation was encountered I 5 eyes that could be peeled at the time of silicone oil removal.

### **Effectiveness / Safety:**

This technique is safe and effective in achieving stable anatomical and functional results in 48/50 eyes with giant tear retinal detachment with or without PVR.

### **Take home message:**

Lens removal, meticulous excision of the basal vitreous gel, endolaser for 360 degrees, direct PFCL/silicone oil exchange and without encircling scleral buckle is effective in achieving stable anatomical and functional results in eyes with giant tear retinal detachment.