

## **Relaxing retinotomy / retinectomy for recurrent retinal detachment in silicone oil – filled eyes**

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### **Advantages:**

Recurrent retinal detachment in silicone oil – filled eyes is most commonly due to persistent or recurrent retinal traction 2ry to periretinal proliferation or retinal shortening. Adequate circumferential retinotomy is effective in relieving anteroposterior and/or circumferential shortening, removing subretinal proliferation as well as excision of undissectable epiretinal membranes. It is much more effective in relieving traction than adding or modifying a scleral buckle.

### **Methods:**

111 silicone oil – filled eyes with recurrent retinal detachment underwent reoperation. The 1ry indication for surgery was rhegmatogenous retinal detachment complicated with PVR. Following evacuation of silicone oil, triamcinolone was injected to look for residual left over posterior cortical vitreous. Epiretinal membranes were dissected. Excision of left over basal vitreous gel was performed. The posterior retina was stabilized with PFCL. 180 – 360 degrees retinotomy was performed. Subretinal proliferation, residual PFCL or silicone oil bubbles were removed from the subretinal space. More PFCL was injected to achieve complete retinal reattachment. Endolaser was applied to all retinotomies, breaks and for 360 degrees. Direct PFCL/silicone oil exchange was finally performed.

### **Effectiveness / Safety:**

Relaxing retinotomy was essential to achieve retinal reattachment in 72/111 (65%). Complete retinal reattachment with visual improvement could be achieved in 99/111 (89%). Silicone oil removal was performed in 90/111 (81%). Reproliferation was encountered in 22/111(20%). Corneal decompensation occurred in 6/111, hypotony in 6/111 and glaucoma in 8/111.

### **Take home message:**

Relaxing retinotomy/retinectomy is often associated with excellent anatomical and functional results in recurrent retinal detachment in silicone oil filled eyes.