

## **Silicone oil and macular hole: yes, we still use it!**

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### **Advantages:**

Macular holes occur mostly in elderly people presenting frequently with health problems and creating serious difficulties in keeping uncomfortable postoperative postures. Furthermore, most of the phakic patients develop cataract in a period of time variable from few months to one or two years after surgery, due to both, a preexisting lens opacity and the procedure itself, even if done with faster sutureless techniques. On other hand combined phaco / vitrectomy has demonstrated a slightly higher incidence of failures in closing the hole. The use of silicone oil as a tamponade avoids uncomfortable postoperative postures.

### **Methods:**

Patients are treated with a pars plana vitrectomy, peeling of the posterior hyaloid and the ILM and final endotamponade with 1000 cSt silicone oil after endodrainage of holes greater than 400  $\mu\text{m}$  with a 33G cannula. Phaco surgery is scheduled 2 months after vitrectomy with concomitant silicone oil removal via a clear cornea incision through a posterior capsulorrhexis.

### **Effectiveness:**

In our experience the choice of silicone oil as an endotamponade and its removal during the cataract procedure allows safe treatment of patients without increasing the final number of surgical procedures. The success rate of macular hole closure was higher compared with patients treated with gas tamponade.

### **Safety:**

No serious complications have been observed until now in the postoperative phase. The only concern is the persistence of some silicone oil droplets that might have been incarcerated into the vitreous gel that should be removed more extensively.

### **Take home message:**

Don't be shamed of using the silicone oil as a tamponade for macular holes, if it can alleviate discomfort and increase the success rate for some patients.