

## **My way in viewing the eye**

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### **Advantages:**

For retinal detachment, diabetic complications, or trauma, I prefer the BIOM, mostly with the classical endoillumination, rarely with the chandelier system. The classical endoillumination is still very practical; it best enables to illuminate the area of surgical interest. Bimanual surgery can be performed using special instruments (e.g. illuminated tissue manipulator), or a real bimanual procedure can be done with a chandelier. For macular surgery, the flat contact lens is the best; here I even spare the BIOM. The anterior retina is best observed using the coaxial light and indentation technique. The inspection of sclerotomy sites is necessary in every surgery; a missed tear in atrophic periphery (e.g. in diabetics) is not rare. All incarcerated fibres should be dissected, especially in diabetics or in RD surgery, even using the "forbidden" technique "in and out". A total vitrectomy is necessary in diabetics, even in cases of a "simple" DME as new vessels in missed incarcerated vitreous fibres result in peripheral breaks and rebleeding.

### **Methods:**

I cannot provide any statistical evidence, just a sincere advice.

### **Effectiveness / Safety:**

Individual choice of a viewing system adapted to the procedure promotes effectiveness and lowers the risk of complications. Missing a detail causes most of complications.

### **Take home message:**

Use all kinds of viewing and illumination to see the best you can and take your time to be sure that nothing was missed.