

Re-flow strategy: expanded indications in the mini-invasive era

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Advantages:

The re-flow strategy is a surgical technique developed in 2004 (Vail Vitrectomy 2004, Forlini C. et al.) in which the infusion is placed into anterior chamber. It utilizes the trans-zonular fluid toward the vitreous chamber, and allows changing the fluidinamic concepts into the eye during the surgery. The risk of vitreous incarceration is reduced and there is no need to stop the infusion during staining manoeuvres.

Methods:

Both in phakic / pseudophakic patients, a 25 g standard infusion is placed into the anterior chamber through an oblique corneal tunnel in the inferior quadrant, performed with a 25g blade. Macular surgery (one port 25g with slit lamp), trauma and post-traumatic surgery, complications of cataract surgery and glaucoma surgery can be performed with this technique.

Effectiveness / Safety:

The anterior chamber infusion gives an optimal balance between infusion and aspiration. The transzonular fluid guarantees that the fluid from the anterior chamber reaches the vitreous chamber (help during use of vital dyes). The mini-invasive trocar systems (25/23 G) create a closed system, which prevents the risk of hypotony.

Take home message:

The reflow strategy, through the anterior infusion, opens a "new way" in ocular surgery.