

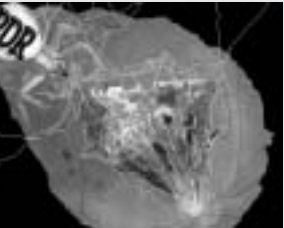
# SYMPOSIUM: PROLIFERATIVE DIABETIC RETINOPATHY

Moderators: Mahmoud Soliman, Khaled El-Rakhawy

Wednesday, September 15, 2004 ; 8:00 - 5:15

## Surgical techniques for proliferative diabetic retinopathy

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Surgical techniques used for proliferative diabetic retinopathy (PDR) dissection are referring to two fundamentals: - Never induce perpendicular forces to avoid tearing the retina. This eliminates instruments with high grasping effect like forceps. We will prefer blunt hooks which will slip in case of high adherence. - Prefer natural plan of cleavage. This will eliminate the use of scissors which may hurt and make the retina bleed. The technique will be adapted between the following two extreme situations according to the hardness and location of the adherent proliferation. - In case of a "gentle" soft and posterior proliferating adherences, the posterior hyaloid is detached with a curved needle, the plane of cleavage is done with the hook and the dissection performed by tangential centripetal movements turning around the disc. - In case of strong and diffuse proliferation reaching the pre equatorial area, almost all the dissection is performed with the vitrectomy handpiece controlling simultaneous both aspiration flow and cutting rate. In this way, the strongest adherences are isolated in a first place and then eaten by the probe like a caterpillar would eat a piece of salad.