

SYMPOSIUM: PROLIFERATIVE DIABETIC RETINOPATHY

Moderators: Mahmoud Soliman, Khaled El-Rakhawy

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Why should true bimanual surgery be accepted as the gold standard for surgery in proliferative vitreoretinopathy (PDVR)?

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Purpose:

To document significant steps in vitreoretinal surgery which are based on true bimanual procedures.

Methods:

The authors of this paper have evaluated around 1000 vitreo-retinal PDVR interventions which are routinely recorded on DV-tapes and processed to a G4 Macintosh computer for further analysis and editing. The analysis of the PDVR cases recorded on around 1200 Gbytes allows to comment on "why" and "how" to proceed in PDVR surgery bimanually. All cases were performed under panoramic viewing (BIOM,SDI) and through the multiport illumination system MIS.

Results:

Obviously, full control of traction, bleeding and severely altered tissue even in the outermost periphery in PDVR are significantly facilitated when choosing a strategy which allows performing a true bimanual vitrectomy. This choice of strategy ends up with more efficiency in surgery. Naturally, as more expertise a surgeon has with her or his particular equipment, as less time she or he needs to perform an adequate intervention (less bleeding, less holes in the retina, less time). Surprisingly, a "young" surgeon with limited experiences choosing a "bimanual strategy" may be enabled to perform PDVR surgery more efficient than an "old(er)" colleague trying to fix such a case "one-handed".

Conclusion:

To settle down a severe PDVR case makes adequate weapons necessary. They should include panoramic viewing and be supported by those illumination strategies which allow true bimanual surgery. Since modern illumination sources can sufficiently power almost all chandelier lights and illuminated instruments available on the market, there are no more excuses not to settle down PDVR cases with true bimanual procedures.

Take-home-message:

Modern illumination sources together with adequate endolights guarantee more efficiency in PDVR surgery.

