

Eyetube Retina Channel Update



A number of videos recently uploaded to Eyetube show innovative, cutting-edge techniques.

BY MICHAEL A. KLUFAS, MD

As the Retina Chief for Eyetube, I am on the lookout for videos that show innovative procedures from surgical pioneers and outside-the-box thinkers. For this issue's cover focus on surgical techniques and technologies, I selected five videos that I think illustrate the field's ingenuity and creativity in the OR, and here I offer comments on some of the questions these procedures raise.

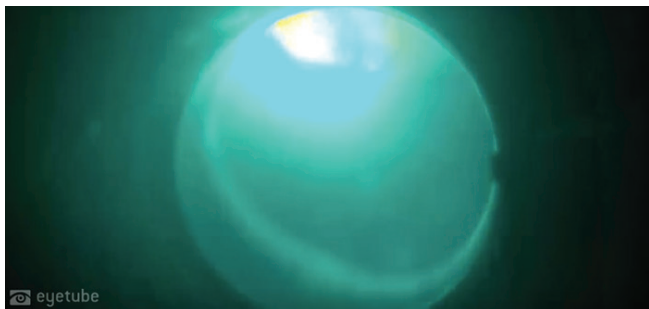
Case No. 1: Endolaser-Assisted Scleral Buckle



From David Xu, MD; and Jason Hsu, MD: We perform a scleral buckle for a patient with a retinal detachment. The patient also has extensive lat-

tice in four quadrants, which we treat with a lighted endolaser probe. This provides widefield microscope visualization during the application of the laser and cryotherapy.

Commentary from Dr. Klufas: Scleral buckling is still an important procedure, and this is a nifty little trick to avoid cryotherapy and further modification of the chandelier-assisted scleral buckle. A case such as this one raises a compelling question worthy of study: Does endolaser provide better clinical outcomes than cryotherapy in cases of retinal detachment?



VIEW AT: [BIT.LY/Hsu0120](https://bit.ly/Hsu0120)

Case No. 2: Internal Limiting Membrane Peeling for Macular Hole With the Awh Micro Vacuum Pick



From Carl C. Awh, MD: This is one of the first macular hole cases I performed using the micro vacuum pick (Awh MVP; Katalyst Surgical). I make a firm stroke to incise the ILM at the start of surgery. After I have an

edge, I lift it with a spatula.

Commentary from Dr. Klufas: New surgical devices continue to push our field forward. Clinical series have reported visual field defects and scotomas resulting from pinch-and-peel techniques. Could the Awh MVP help lead the way to an era of less traumatic ILM peeling?



VIEW AT: [BIT.LY/Awh0120](https://bit.ly/Awh0120)

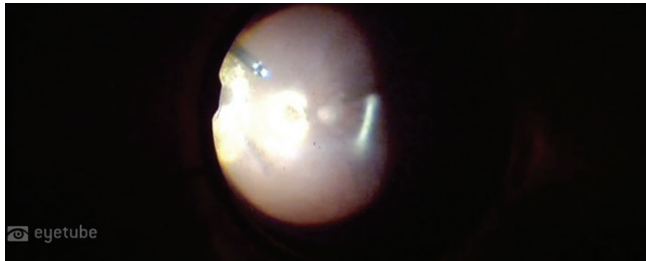
Case No. 3: Dexamethasone Intravitreal Implant 0.7 mg Under the Retina



From Federic Aissani, MD: A 70-year-old patient presented with a dexamethasone intravitreal implant 0.7 mg (Ozurdex, Allergan) under the retina. The patient's surgical history included two surgeries for

retinal detachment in the left eye and one surgery for retinal detachment in the right eye. I operated on the patient because the retina was detached; had the retina been attached, I would not have operated.

Commentary from Dr. Klufas: We have heard of steroid implant migration to the anterior segment in aphakic patients, but this one takes the cake. Consider the choices Dr. Aissani makes, including the decision to leave the implant in the eye.



VIEW AT: [BIT.LY/AISSANI0120](https://bit.ly/Aissani0120)

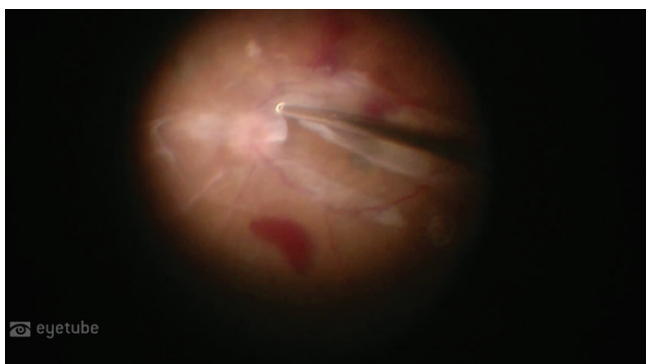
Case No. 4: Unimanual 27-Gauge Vitrectomy for Tractional Retinal Detachment



From Gurkan Erdogan, MD: This video presents unimanual (one-handed) 27-gauge vitrectomy for tractional retinal detachment surgery. This surgical technique minimizes the forces applied on the retinal surface,

eliminates the need for chandelier illumination, and reduces the number of instrument exchanges during surgery.

Commentary from Dr. Klufas: Is a 27-gauge cutter all you need for diabetic tractional retinal detachment surgery? This instrument can be like a magic eraser for removing tightly adherent membranes. Because of its small sphere of influence and limited flow, it reduces the chance of iatrogenic breaks (even in cases of bullous detached retina).



VIEW AT: [BIT.LY/ERDOGAN0120](https://bit.ly/ERDOGAN0120)

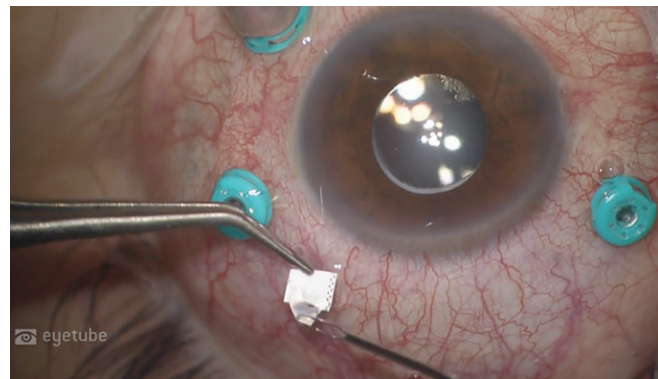
Case No. 5: Repair of a Chronic Macular Hole



From Diana V. Do, MD; and Peter H. Tang, MD, PhD: We present a case of a 62-year-old pseudophakic woman with counting fingers vision and

stable diabetic retinopathy who presented for treatment of a large, persistent macular hole in her right eye. There had been three attempts at repair prior to her presentation. Autologous serum and amniotic membranes were used to close the macular hole.

Commentary from Dr. Klufas: Should we try to close holes with retinal grafts? With autologous serum and amniotic membrane? If so, is one preferred over the other? Some argue that retinal grafting is more effective. Others note that application of autologous serum and amniotic membrane is easier to perform. ■



VIEW AT: [BIT.LY/TANG0120](https://bit.ly/Tang0120)

MICHAEL A. KLUFAS, MD

- Vitreoretinal Surgeon, Mid Atlantic Retina; Assistant Professor of Ophthalmology, Thomas Jefferson University, both in Philadelphia
- Retina Chief, Eyetube.net
- mklufas@midatlanticretina.com
- Financial disclosure: Consultant (Allergan, Novartis, Genentech), Speaker (Genentech, Regeneron)