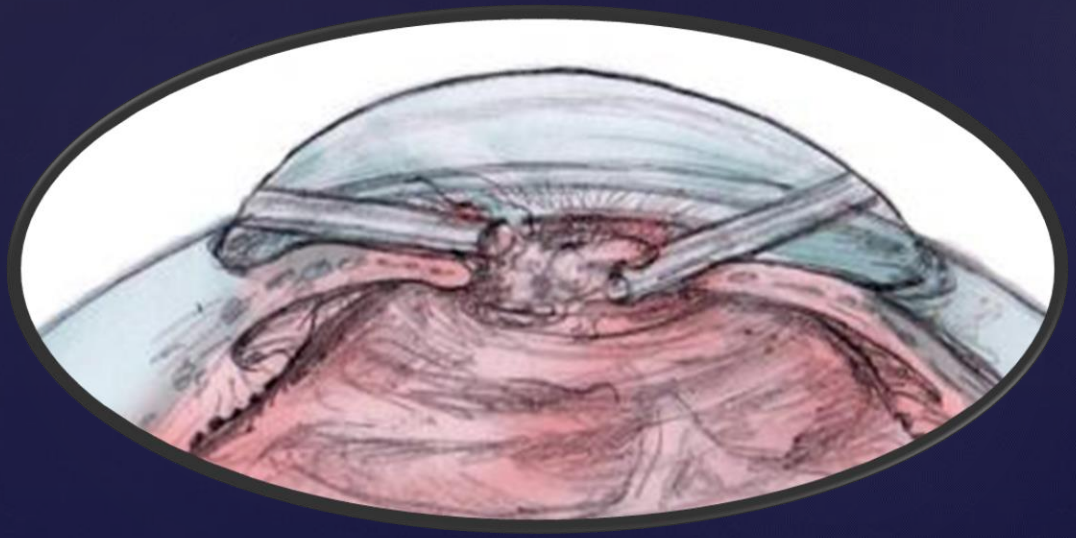
Dos and Don`ts In Anterior Vitrectomy



When the Room Gets Quiet…..!!

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- Assist. Professor of ophthalmology

Benha University

What Should we Dos/Don'ts

- Know your "TRAGET"

- Expect complications

- Early Recognition of warning signs

- Know your TECHNIQUE and Settings

- Proper postop. care

What Should we Dos/Don'ts

- Know your "TRAGET"

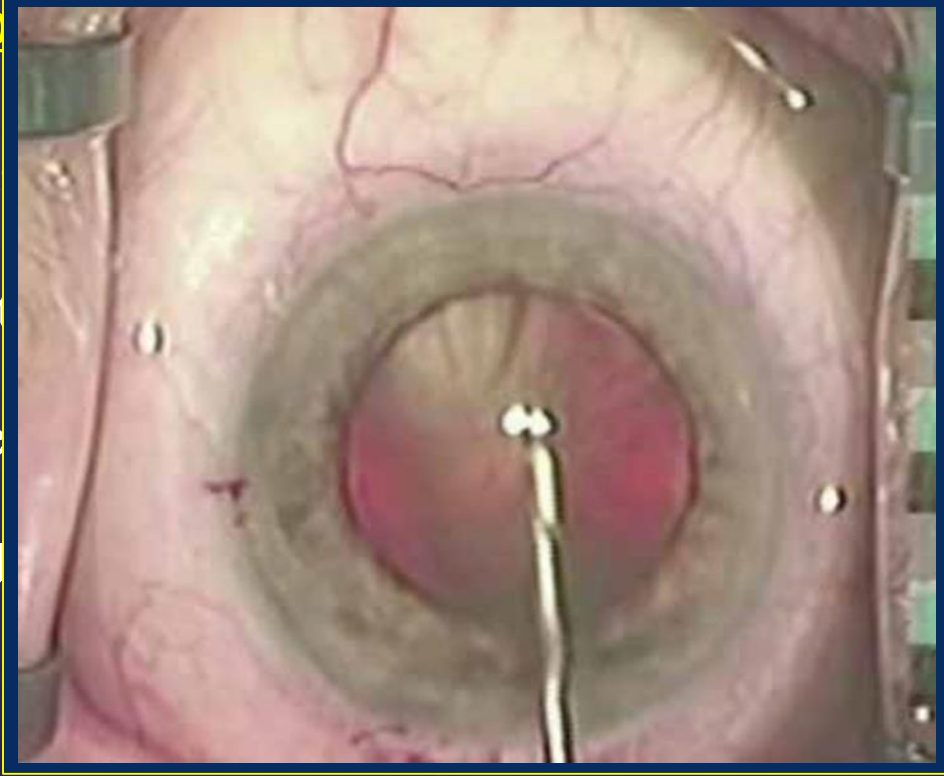


- Prevent intraoperative vitreous traction.
- Avoid postoperative vitreous traction.
- Maintain a normotensive globe.
- Protect tissues (cornea, iris, capsule) from collateral damage.
- Remove any remaining lens fragment/cortex..

What Should we Dos/Don'ts

- Expect complications

- Loose zonules & Phacodonesis



- Preoperative evaluation c

- Consider peribulbar anesthes

- Keep vitrectomy instrumenta

- Book additional time for diffic

- Have back-up implants availa

What Should we Dos/Don'ts

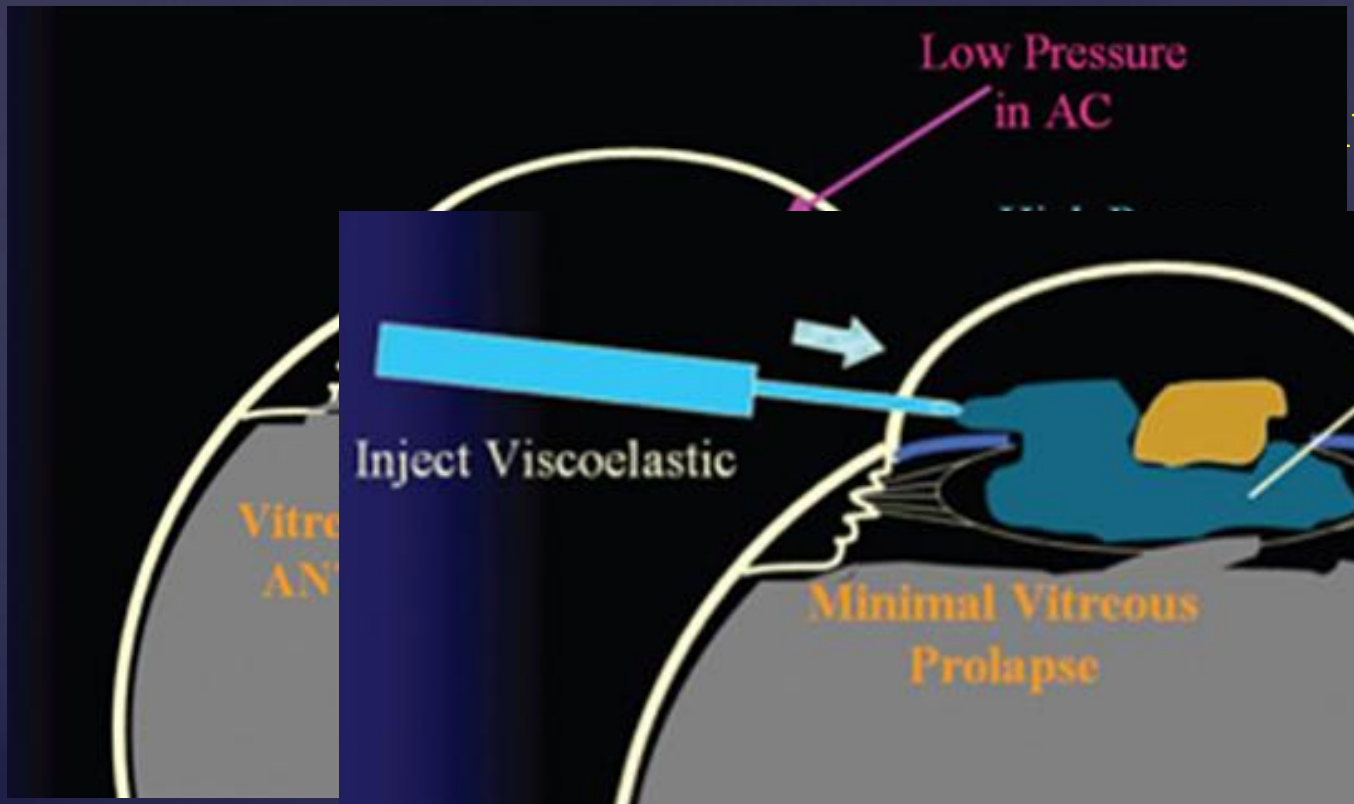
- Early Recognition of warning signs

- Sudden pupillary bounce or change in pupil size
- Change in anterior chamber depth (deepening) during phacoemulsification or I/A
- I
- U sed vitreous)
- T
- Spidering of the posterior capsule or an unusually clear spot
- Peaked pupil

The Sooner….. the Better

What Should we Dos/Don'ts

- Know your TECHNIQUE and Settings

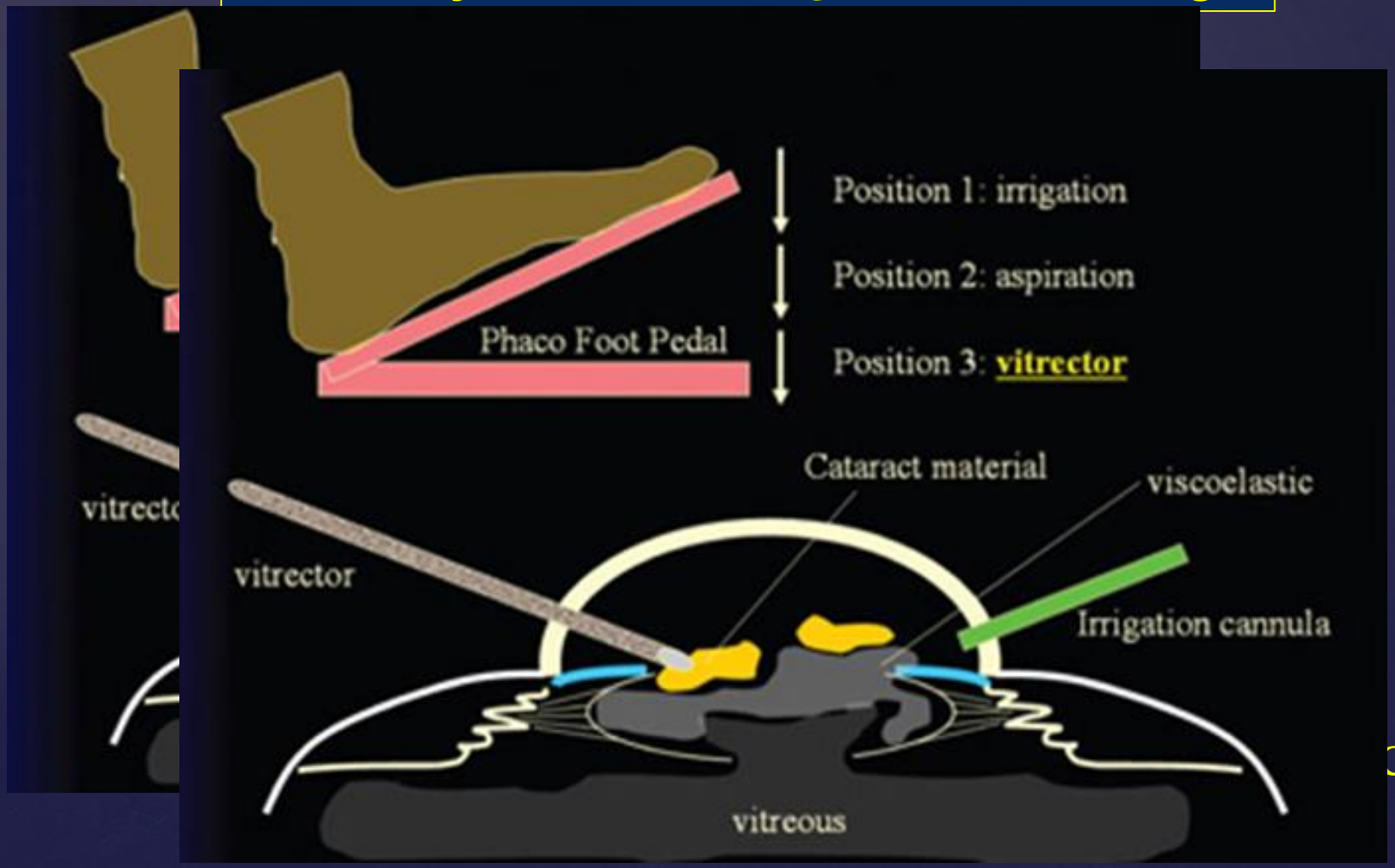


btenon,Intracameral)

- Sutu

What Should we Dos/Don'ts

- Know your TECHNIQUE and Settings

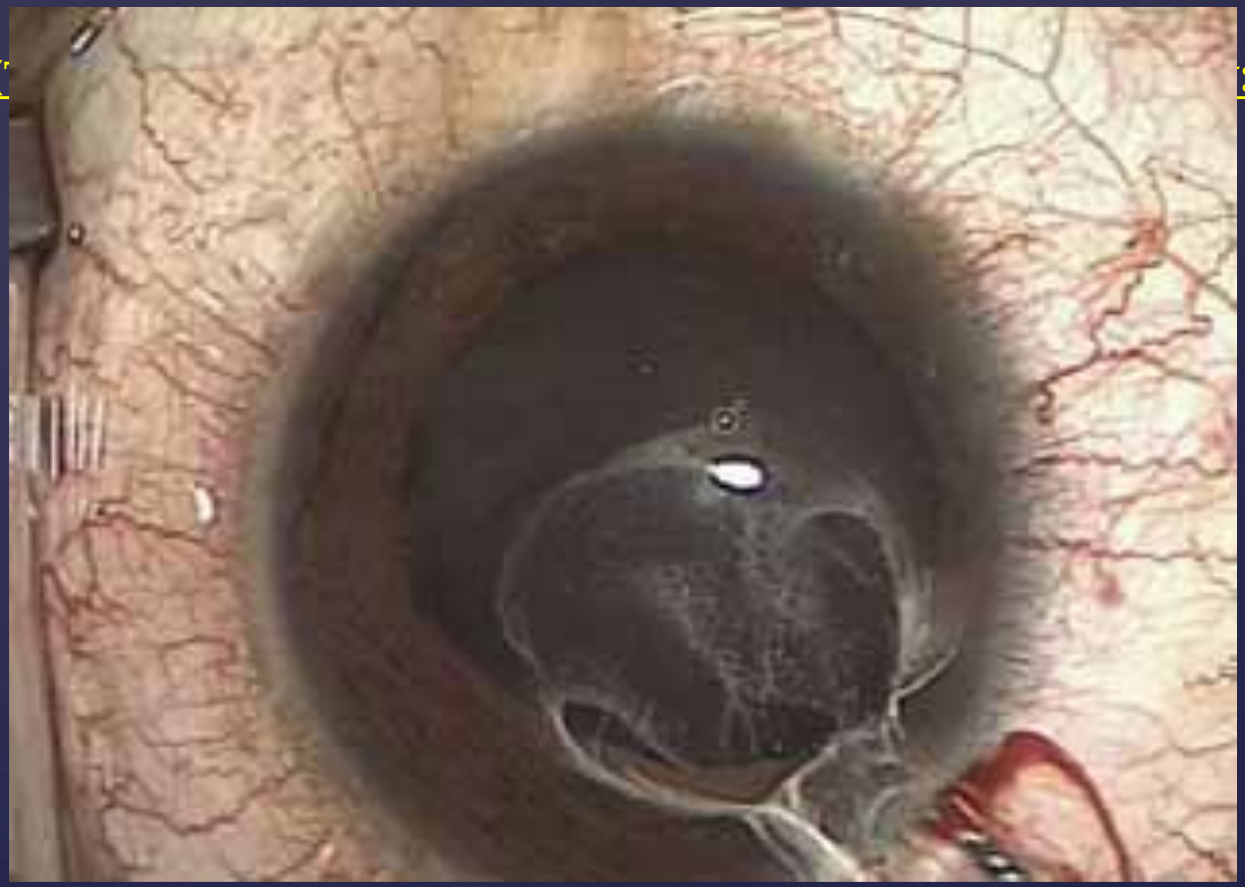


Cortex

What Should we DOS

- Know your TECHNIQUE and Settings

- **Kenalog (**



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What Should we Dos/Don'ts

- Know your TECHNIQUE and Settings

- **Approaches:**

1- Paracentesis Anterior Vitrectomy

2- Pars Plana Anterior Vitrectomy

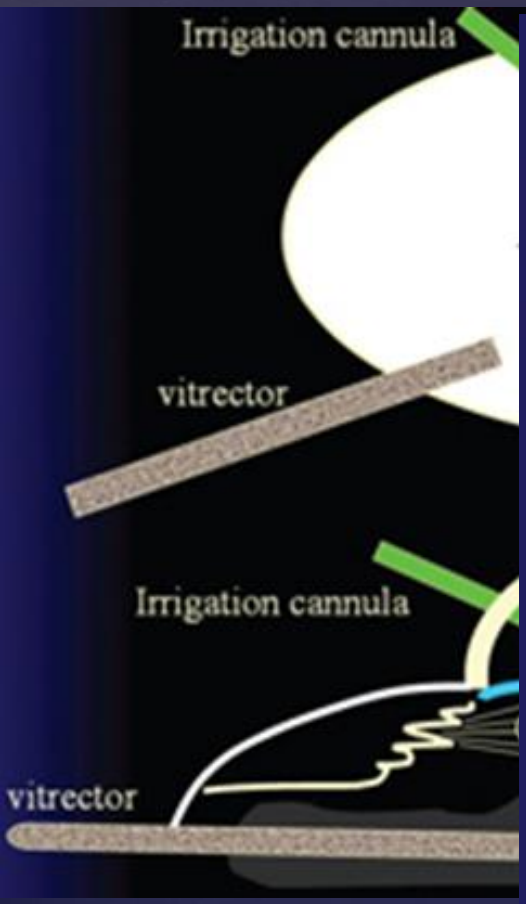
What Should we Dos/Don'ts

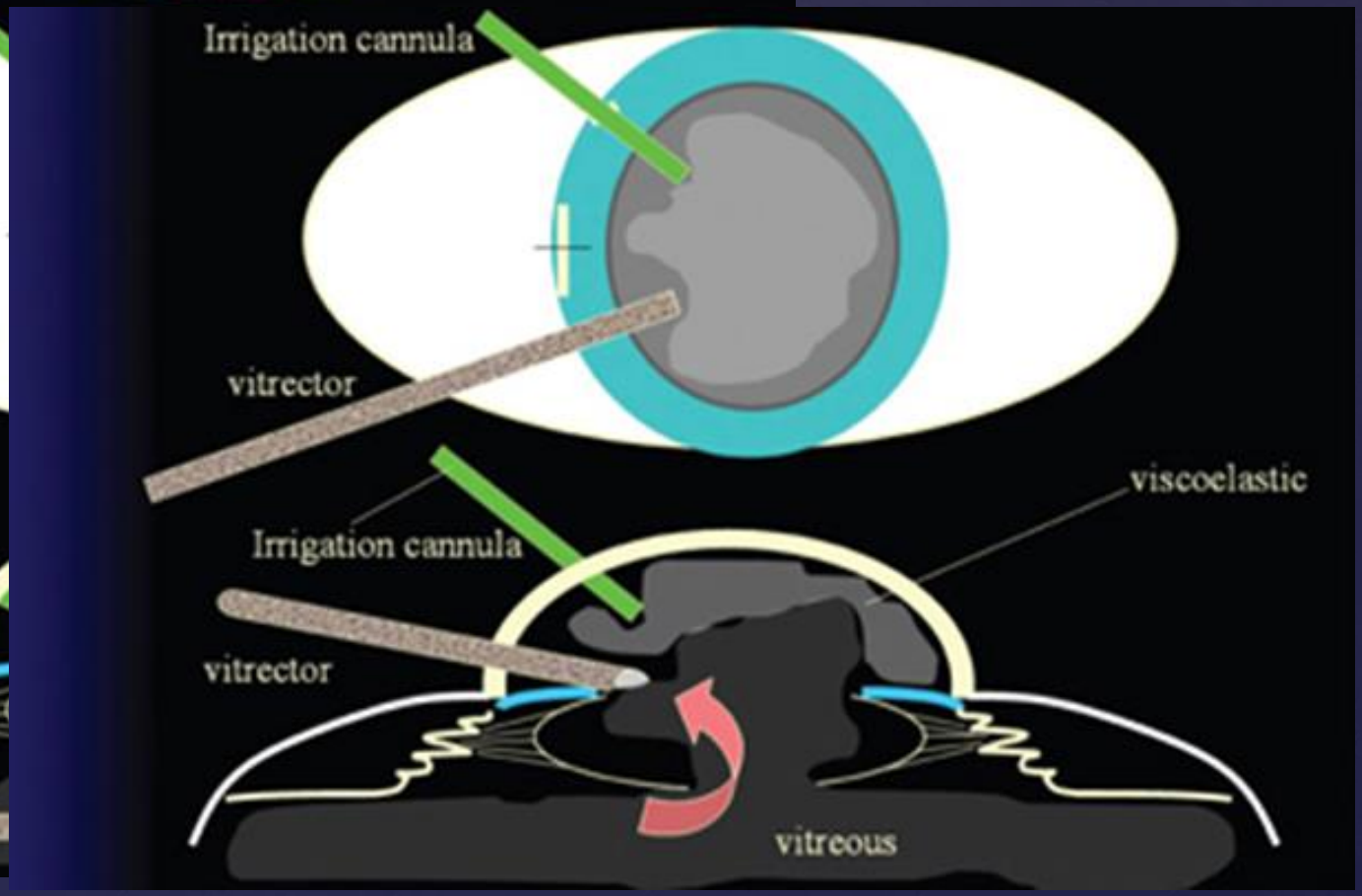
- Know your TECHNIQUE and Settings

- RATIONALE FOR A PARS PLANA INCISION:

- Makes more sense …….anatomically.
- Minimizes traction with proximity to vitreous base.
- Most efficient,…… as it calls "vitreous home".
- Facilitates amputation of vitreous within incisions without sweeping.
- Minimizes vitreoretinal traction forces.

What Should we Dos/Don'ts





Use New, Separate Incisions for the Vitrectomy……. Less leakage..!!!!

What Should we …Don'ts



- Know your TECHNIQUE and Settings

- Don't "chase" fragments that have fallen into the vitreous.

- "You can cause retinal tears by pulling on the vitreous in the process of chasing them"….*Retina said*

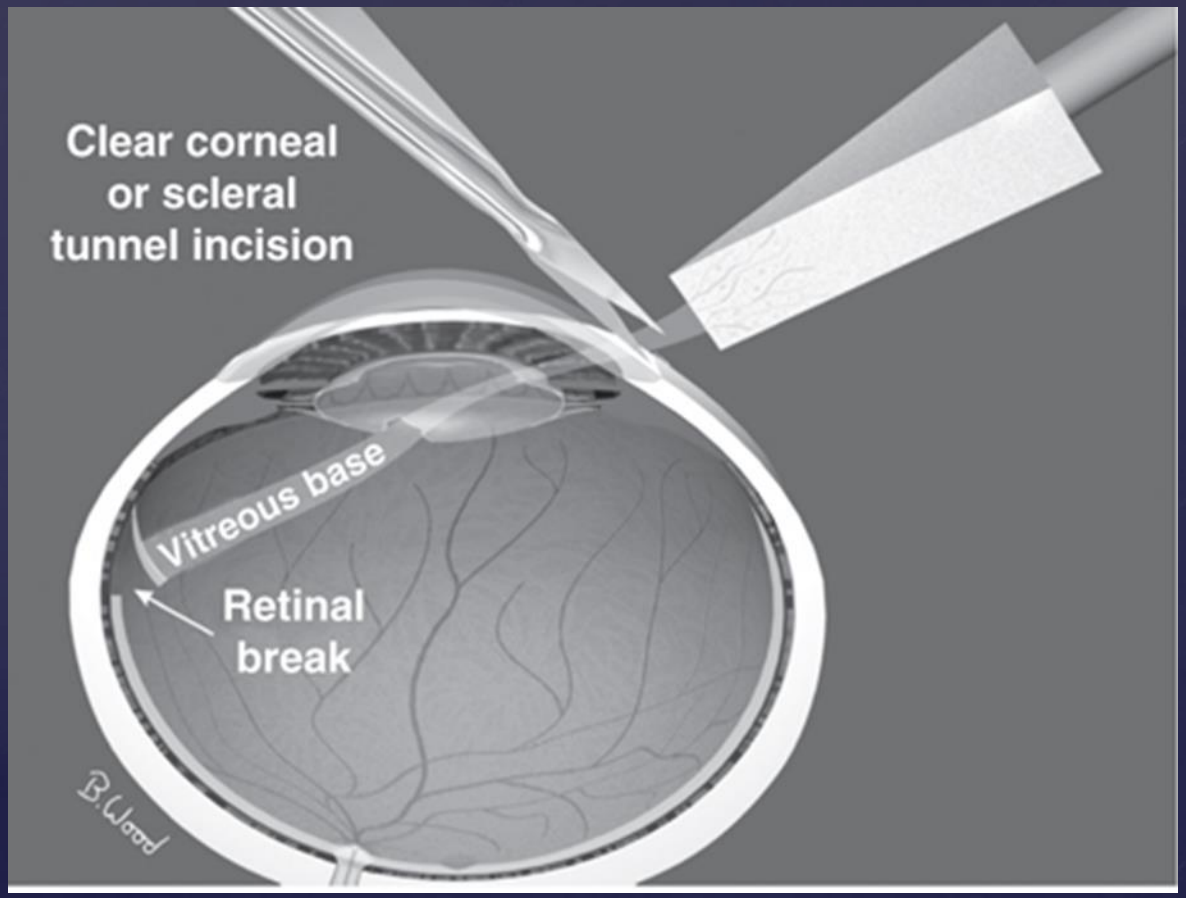


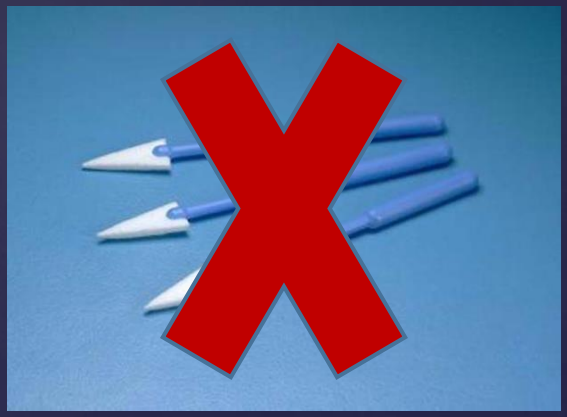
- Don't worry about leaving fragments behind……
  ……. "If problematic to remove"

What Should we …Don'ts



- Know your TECHNIQUE and Settings

- 



What Should we …Dos

- Know your TECHNIQUE and Settings

- Final Steps:

- Residual cortex removal:
  - Use the vitrector on I/A-Cut mode (not I-Cut
  - Prevent chamber collapse during removal of
    - Vitreous will follow the path of lowest pres

- IOL implantation.
  - Three-piece IOL in the bag
  - Three-piece IOL in the sulcus
  - Anterior chamber four-point fixation, open-looped, with peripheral iridectomy
  - Aphakia
  - Scleral-sutured IOL (my least preferred option)

- Miochol E …(miosis, protect
  pupil with no

- Guarantee water-tight closure

What Should we DOS

Proper postop. care

- Consider extra antibiotics (++ + Endophthalmitis)
- A longer course of the NSAID ,6 weeks… (+++cystoid macular edema).
- Refer the patient to a retinal specialist… (+++retinal tear)
- Monitor these patients closely …. (leakage /pressure spikes).
- Educate your patient:
  - Disclosure to patients.
  - Expect floaters postoperatively
  - To check peripheral vision at home.

To Conclude……

DOS….!!!

- Know your “TRAGET”.
- Early Recognition of warning signs.
- Predict complications :

“An ounce of prevention is worth a pound of cure”

- Know your TECHNIQUE and Settings.
- Proper postop. Care.
- Educate your patient.

DON’Ts…!!!

- Don’t ….”*PANIC*”



- Don’t….*Pull out* the phaco probe out of the eye
- Don't ….. *“Chase”* fragments.
- Don’t do … *”Sponge-Vitrectomy”*

Take home message…..

Comprehensive strategy

↓

Prepare in advance for a loss of vitreous

↓

Treat the patient with logic and care

↓

Achieve optimal outcomes

(even in complicated cases)


Thank
you