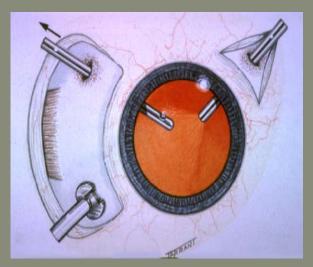
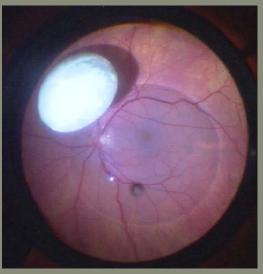
Vitreoretinal Surgery Mr Vaughan Tanner www.tanner-eyes.co.uk







Reading Royal Berkshire Hospital Dunedin Hospital

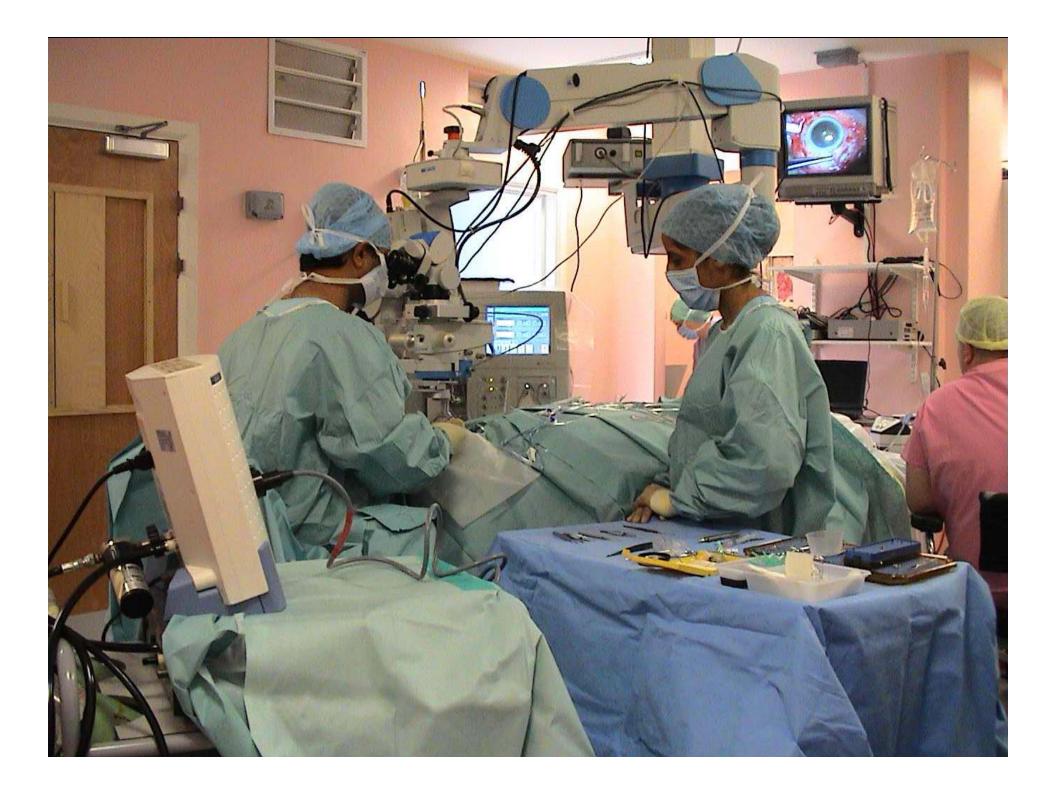
<u>Windsor</u> Prince Charles Eye Unit Princess Margaret Hospital

Introduction

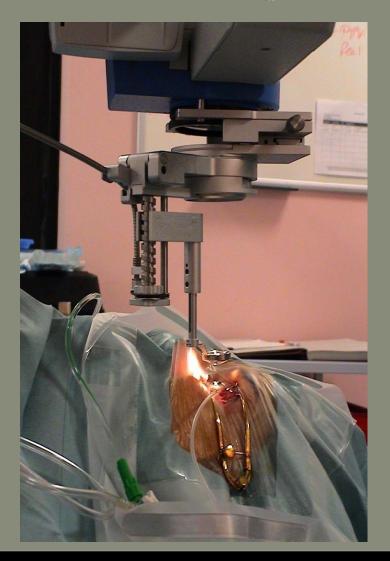
- Success rates VR surgery improved dramatically over last 10-15yrs
- Morbidity and risk is much less
- Threshold for surgery is lower
- Increasing indications macular
- Volume of work is increasing

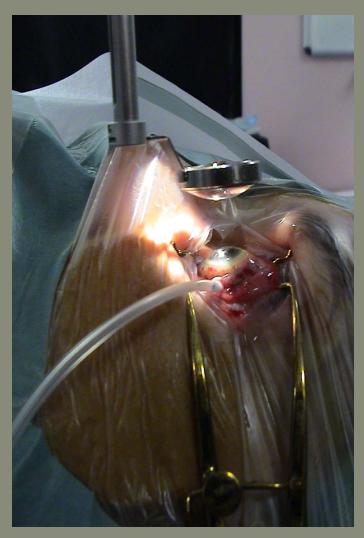


Population > 1 mill Berks, S. Bucks, S. Oxon, N. Surrey, N. Hampshire 4-500 cases a year (1990-91= 50 cases)



Wide angle viewing system





Day Case Surgery

Leading units nationally

Fully day case at Windsor

80% at Reading

Feasibility of day-case VR surgery Desai A, Rubenstein A, Reginald A, Parulekar and Tanner V. *Eye* 2008; 22,169-172

Local Anaesthesia

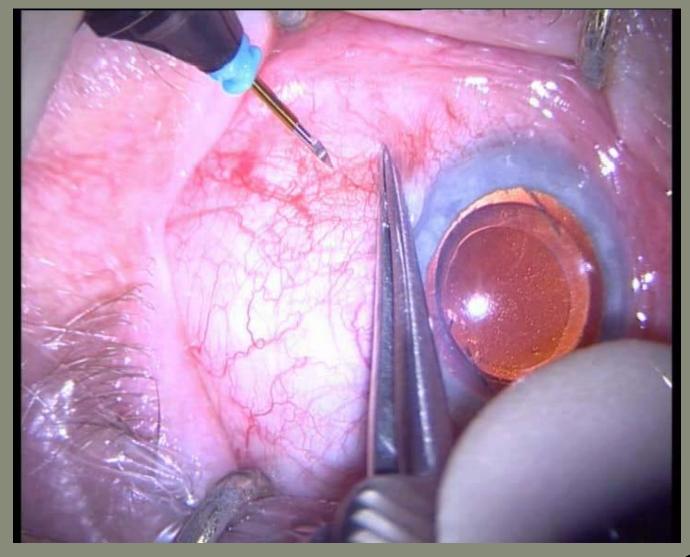
75% sub-tenons local anaesthesia

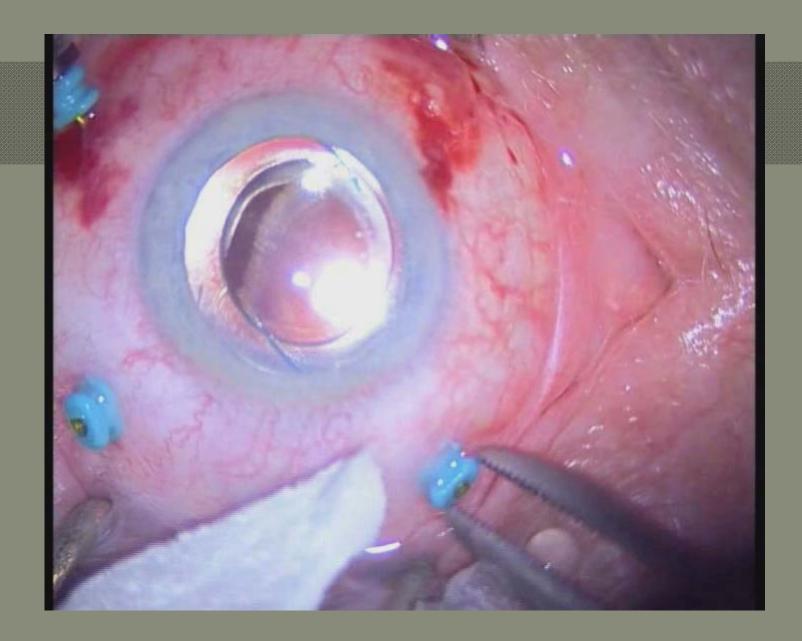
Walk out almost as quickly as topical anaesthetic cataract case

All patients seen at 1 week

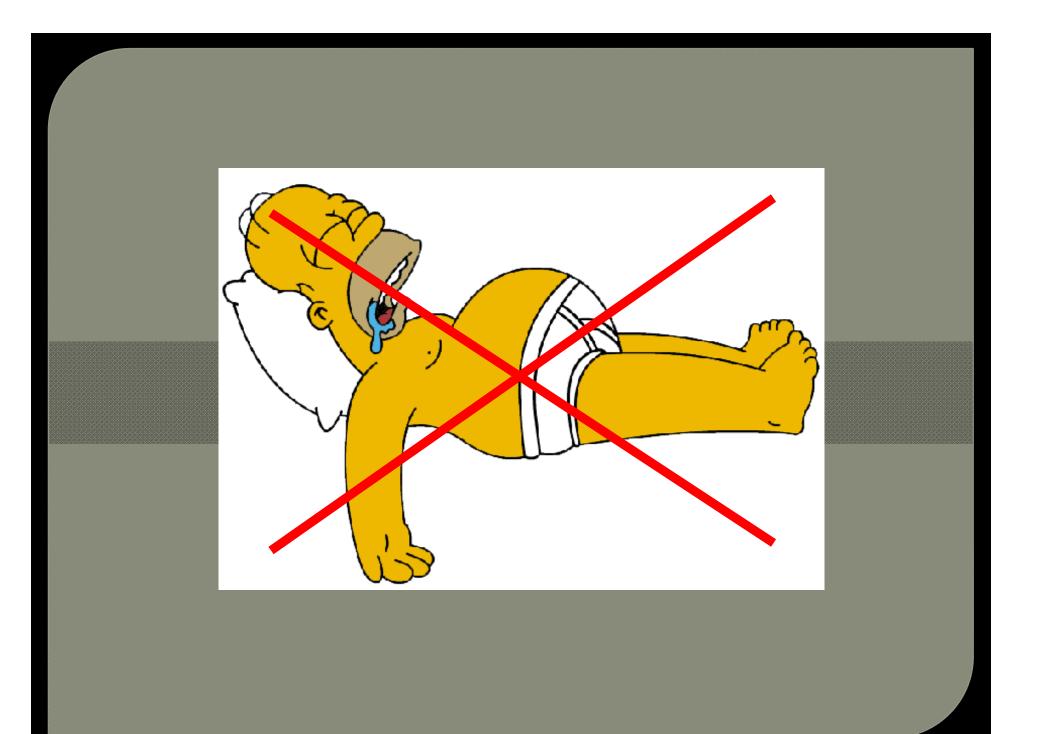
Small incision - 23 gauge vitrectomy system (0.7mm)



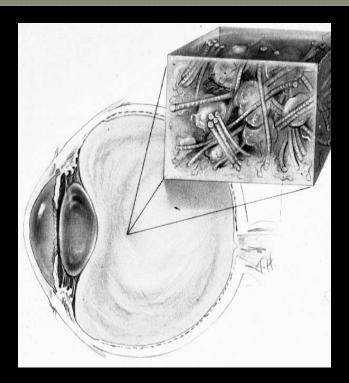








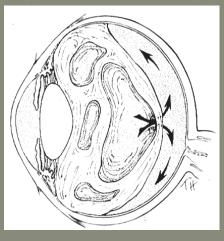
Posterior Vitreous Detachment (PVD) 'Flashes and Floaters'

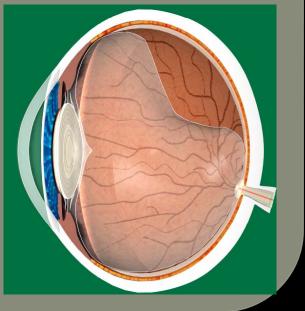


Vitreous Degeneration

Central areas of liquefaction Collagen framework collapses Leads to PVD

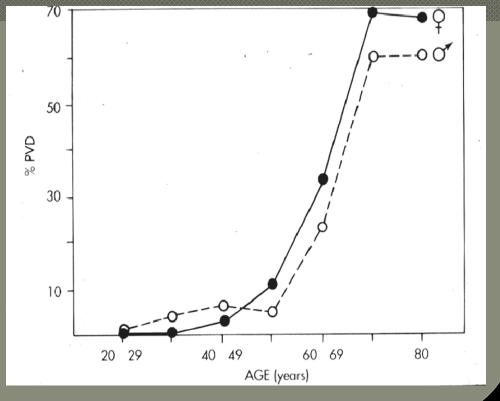
Earlier in high myopia, trauma and inflammation





PVD - Incidence

Approx. 30% in 60YrApprox. 60% in 70Yr



Posterior Vitreous Detachment –Ultrasound



Flashes and Floaters

When to refer ?

Are flashes more indicative of associated break ?

Are lots of floaters more indicative of associated break ?

How long is high risk period for break ?

PVD - Sequelae

Floaters - multiple, solitary Haemorrhage Retinal tear Symptomatic, acute PVD approx. 12.5% retinal tear Pigment cells released Epiretinal membrane

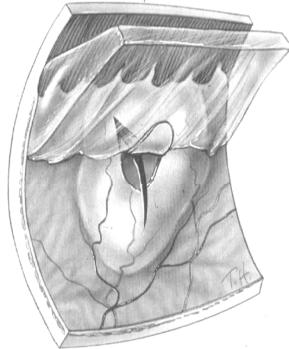




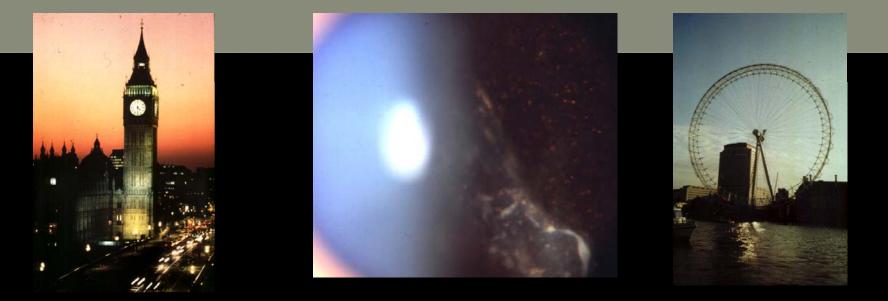


PVD - Tear Formation

Persistent traction - horseshoe tear
Rotational eye movements
Retro-hyaloid fluid driven into tear
Retinal detachment



Acute Posterior Vitreous Detachment - the predictive value of vitreous pigment and symptomatology



V. Tanner et al, *British Journal of Ophthalmology.* 2000;84:1264 *Optometry in Practice.* 2000;1:97-102

Conclusion

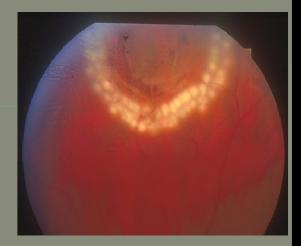
Syptomatology is not predictive of retinal break – refer all if recent onset symptoms

Vitreous pigment and retinal break Sensitivity of 95.8% Specificity of 100%

Tobacco dust



Flashes <u>or</u> Floaters



- Less than 1 week see next session in eye casualty
- Less than 1 month eye cas or urgent OPD More than 1 month – soon OPD
- More than 3 months probably OK from retinal detachment but if floaters troublesome consider vitrectomy surgery

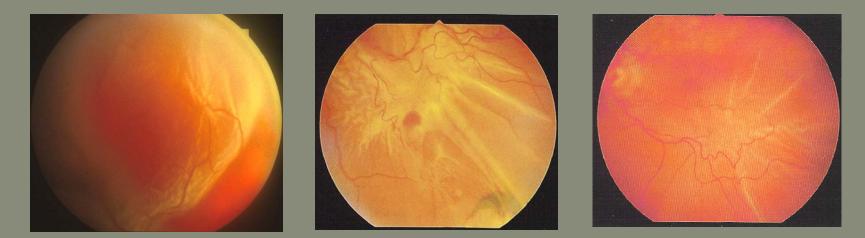
Vitrectomy Surgery for Floaters

Yag laser occasionally successful

- If remain troublesome for more than 6 months – obscuring text, computer use, driving, "madness" – vitrectomy
 - 23g system, rapid rehab, seeing well one week, happy patients
 - Warn cataract development if over 50 yrs

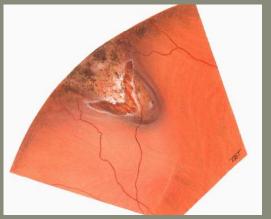
2% risk

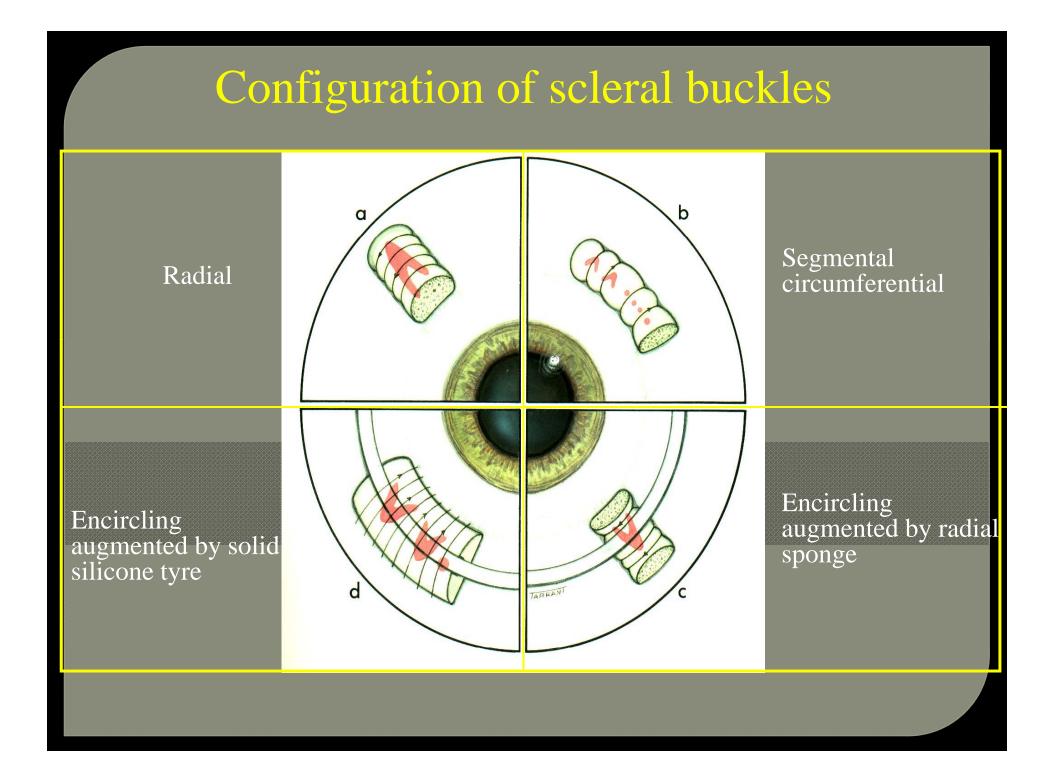
Retinal Detachment



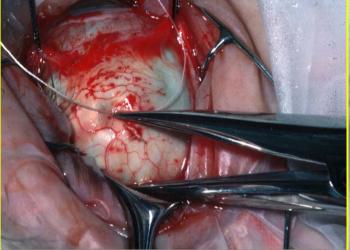
Cryotherapy and scleral buckle

Vitrectomy

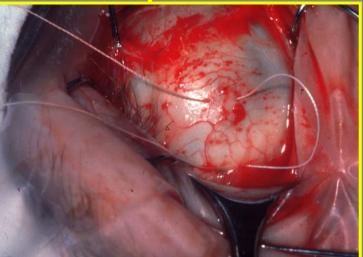




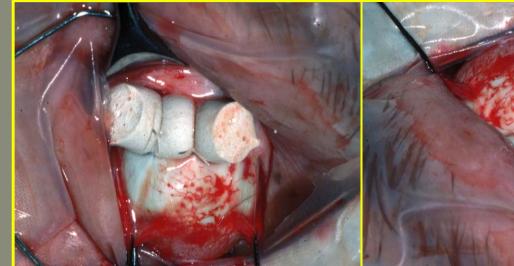
Insertion of local explant



Distance separating sutures measured and marked



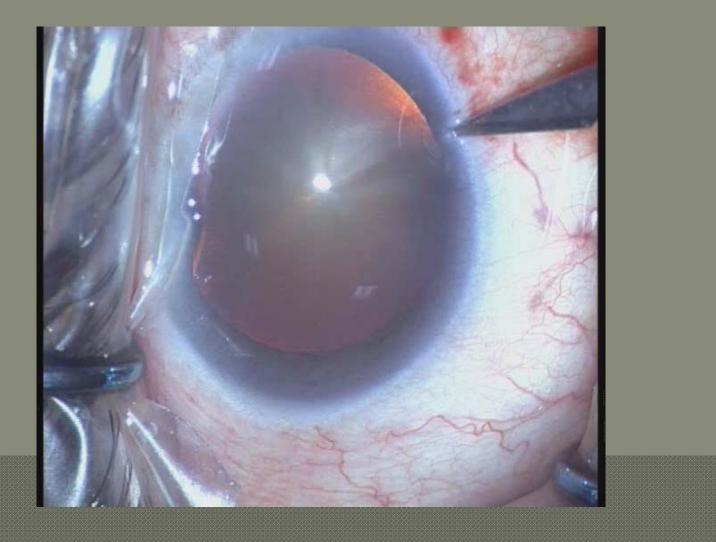
Insertion of mattress-type suture



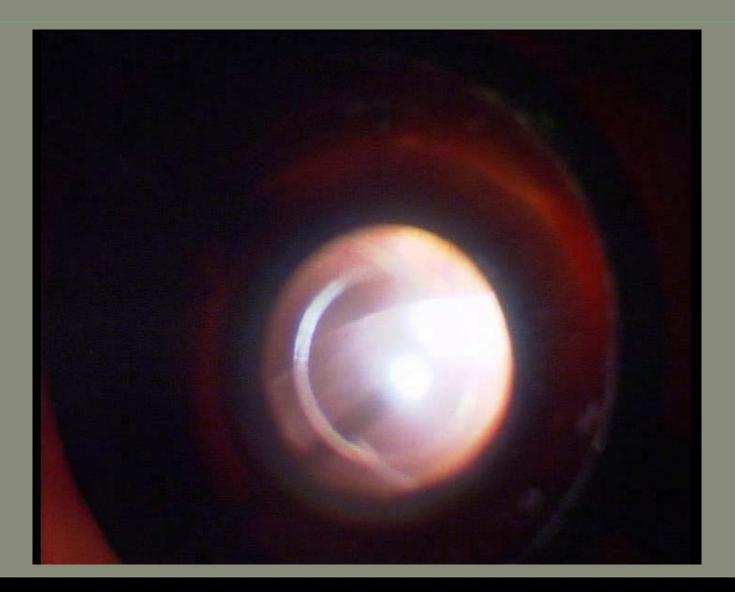
Sutures tightened over explant

Ends trimmed

Vitrectomy often preceded by cataract surgeryMicroincision techniques (1.8 mm incision)

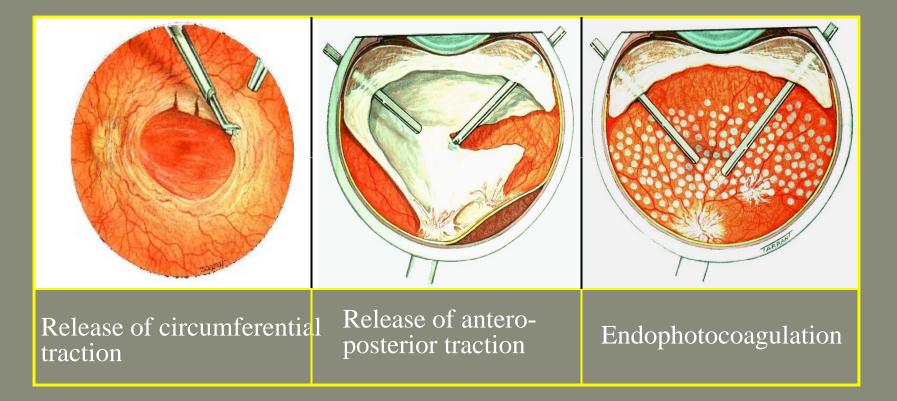


Vitrectomy – Retinal Detachment





Vitrectomy for diabetic tractional RD



Proliferative Diabetic Retinopathy



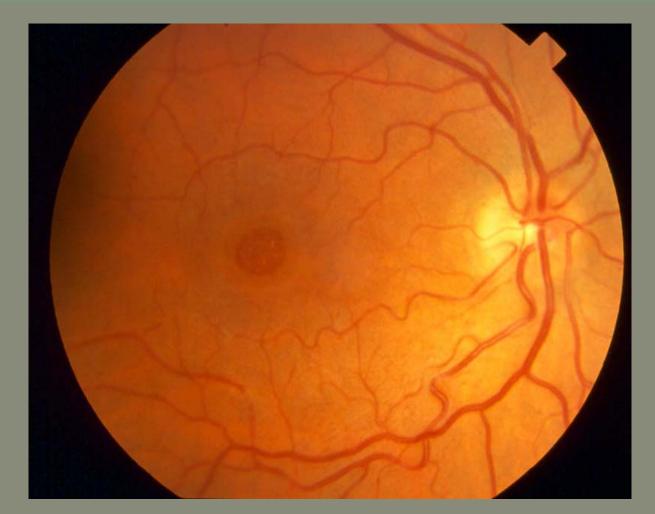
Pre-op Post-op





Very severe NV, Macular traction, VA – 6/60 Stable vessels, Flat macula, VA – 6/12

Macular Hole Surgery



Idiopathic Senile Macular Holes

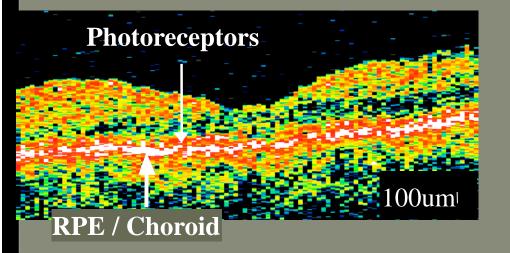
V.A. of 6/60
Previously considered untreatable
Predominantly healthy women, 60 yrs +
Approx. 10% bilateral
No other systemic risk factors

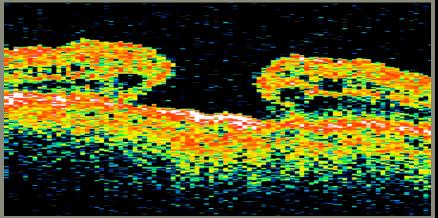
identified

Optical Coherence Tomography and Macular Holes

OCT of normal macula

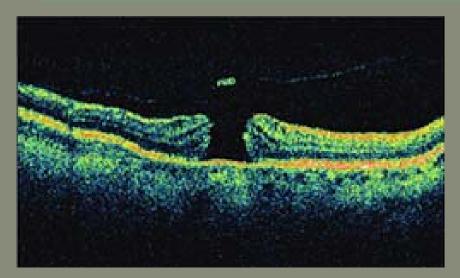
OCT of macular hole

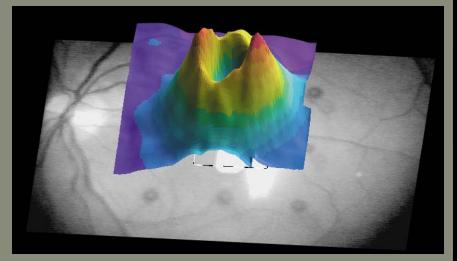


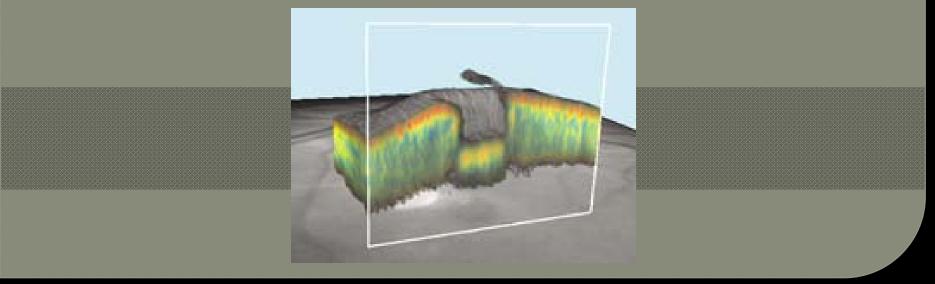


Watzke-Allen slit beam testing of macular holes confirmed by OCT Tanner et al. *Archives of Ophthalmology*. 2000;118(8): 1059-1063.

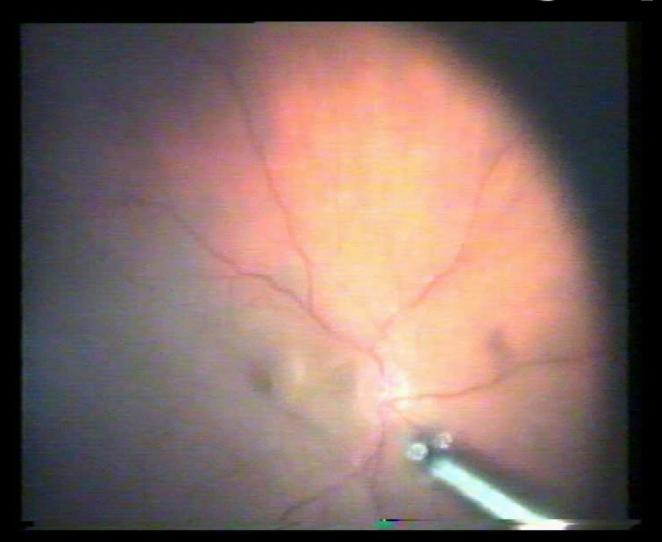
Optical Coherence Tomography and Macular Holes



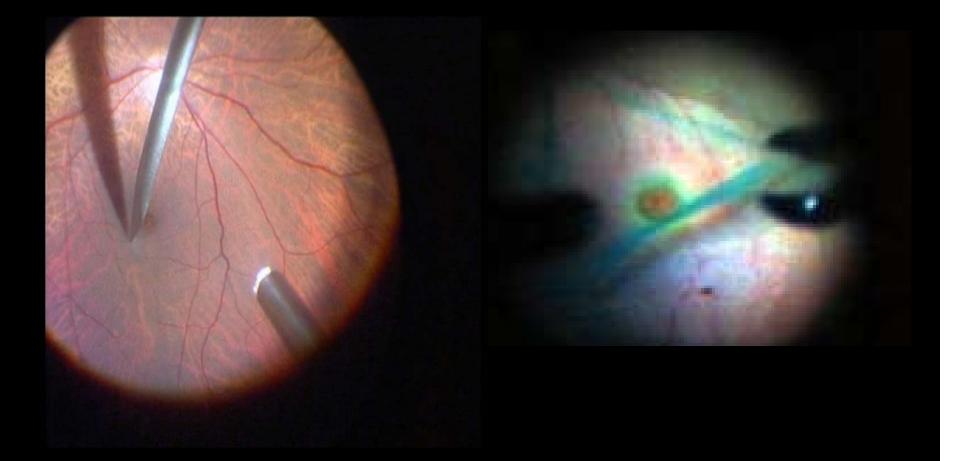


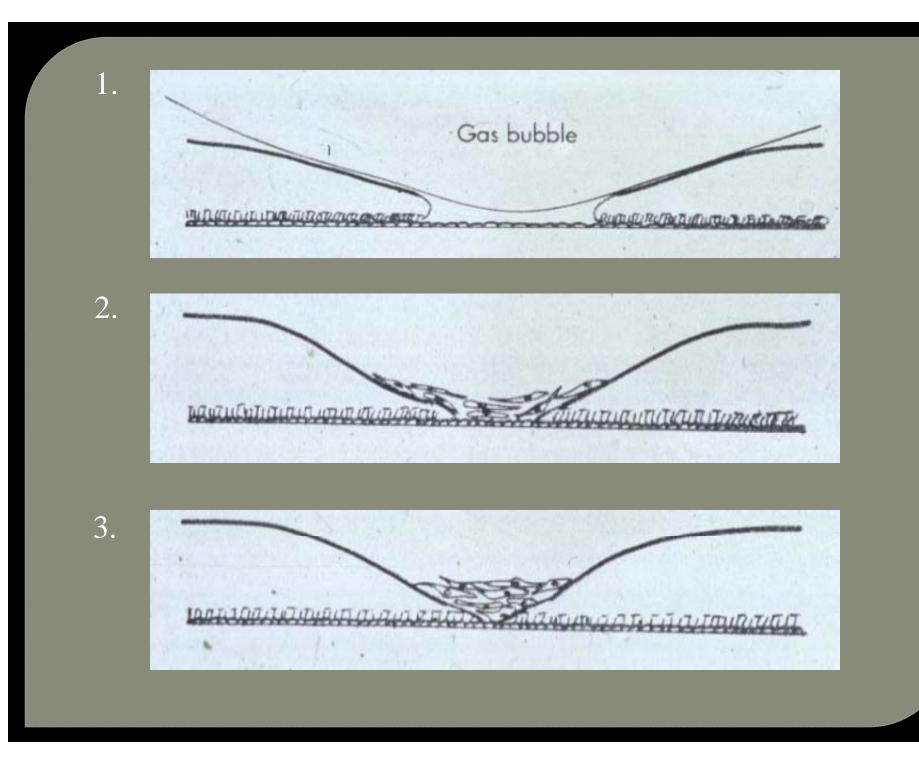


Macular Hole Surgery



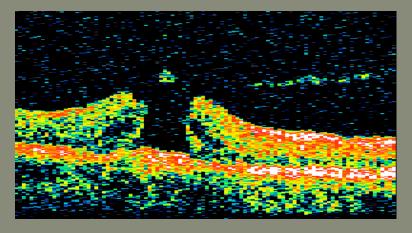
Macular Hole Surgery



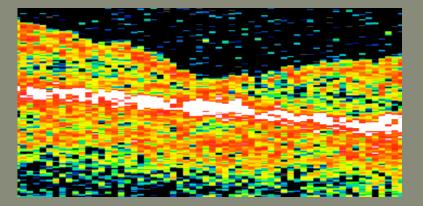


OCT and Macular Holes

Pre-op







Optical coherence tomography of the vitreo-retinal interface in macular hole formation Tanner et al. *British Journal of Ophthalmology*. 2001

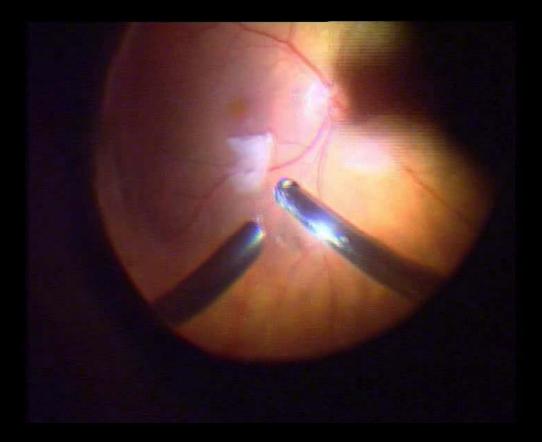
Macular hole surgery

Approx. 96% closure Approx. 80% 2 line improvement V.A.

Cataract
Gas fill and posturing

Cataract Surgery complications

Dropped lens Dislocated Intraocular lens Endophthalmitis –infection

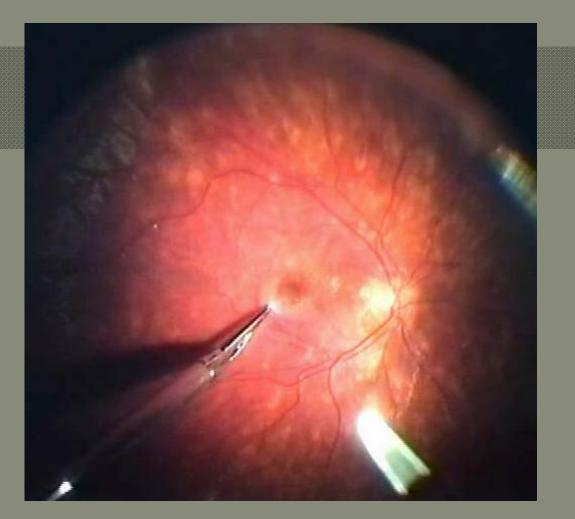


Age Related Macular Degeneration

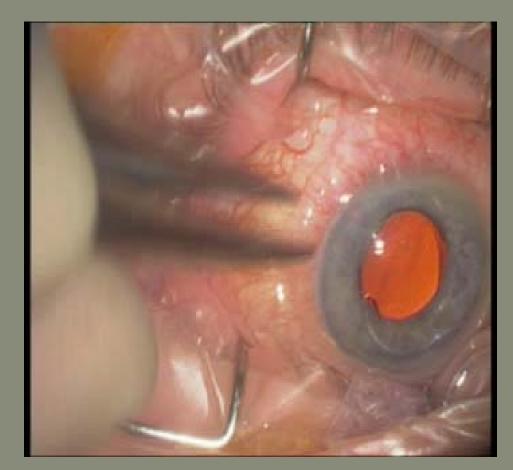


AMD is the major cause of blindness in western world

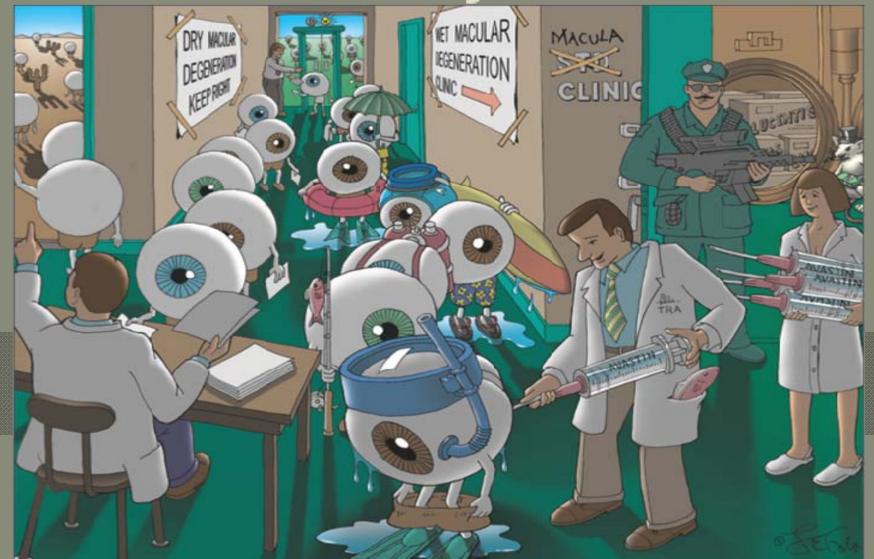
Vitrectomy and excision SRNVM



Intra-vitreal injection : Anti growth factor - Lucentis



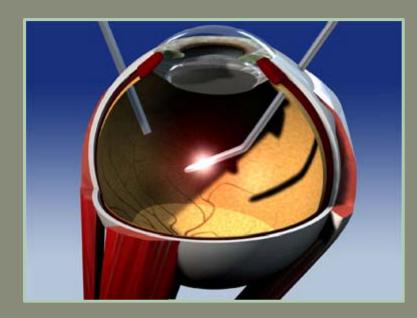
"Lucentis Junkies"

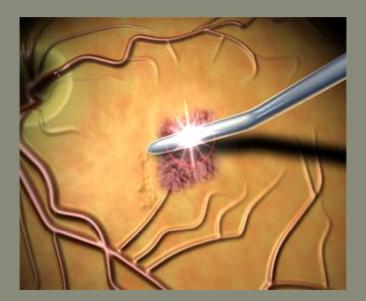


Major problem – Cost, time, risk

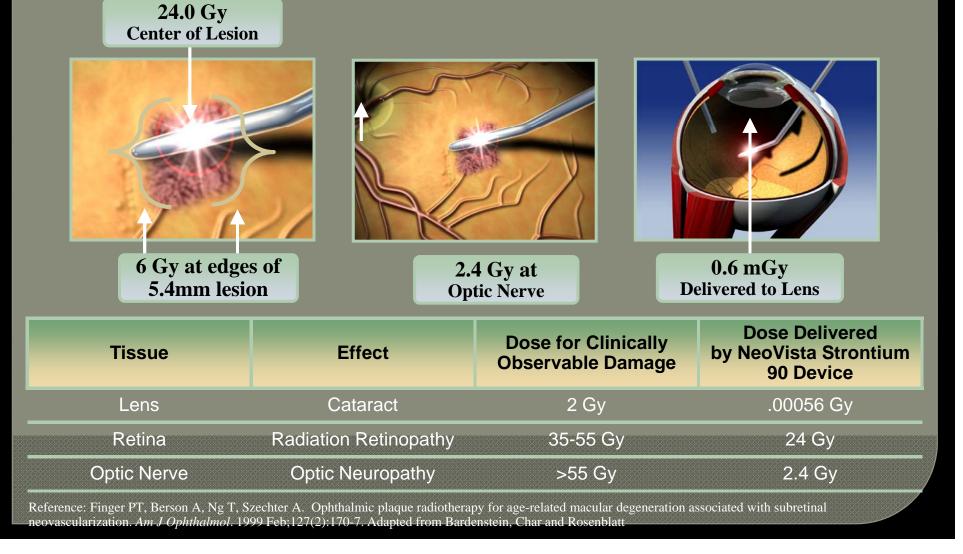
Epimacular Brachytherapy for the Treatment of Neovascular AMD

EPIRAD



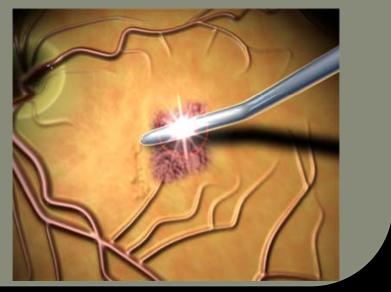


Radiation Dose to Ocular Structures



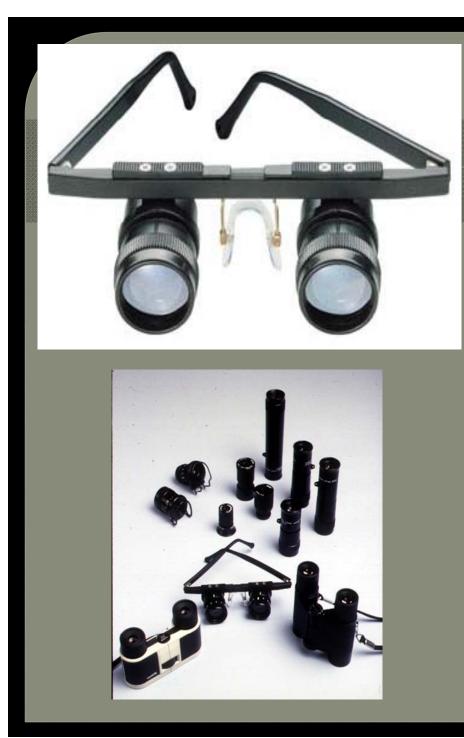
Epirad

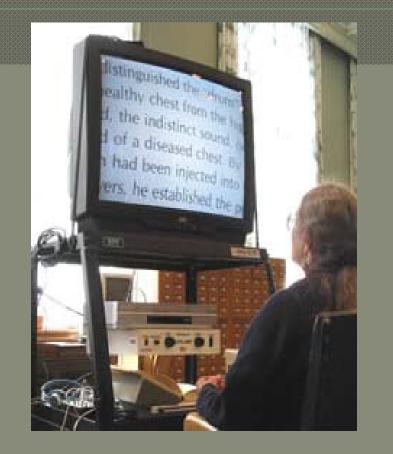
Dramatically reduce number Luentis injections
Approval as trial centre
Await funding for trial
Further data – commission as treatment

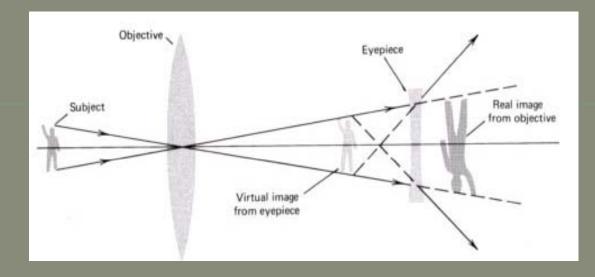


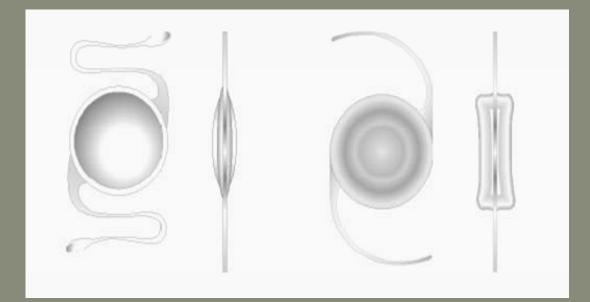
IOL-VIP

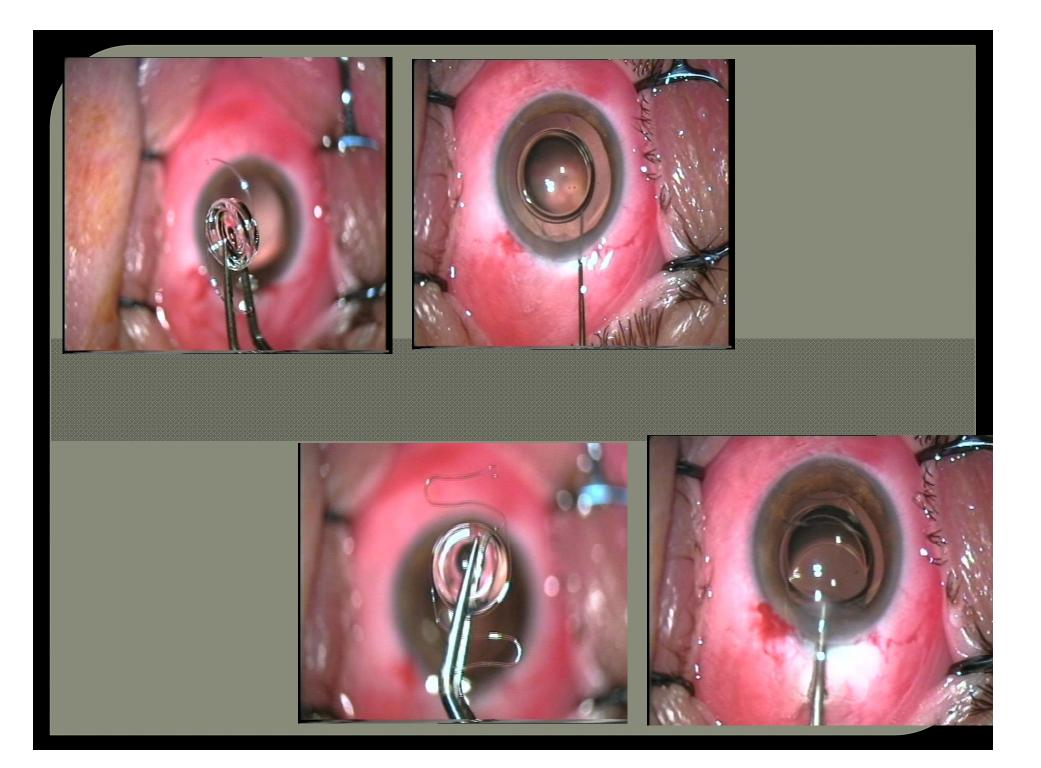




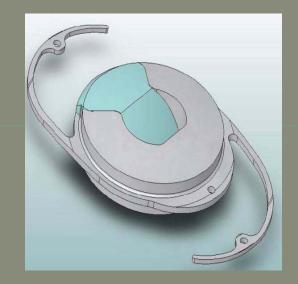


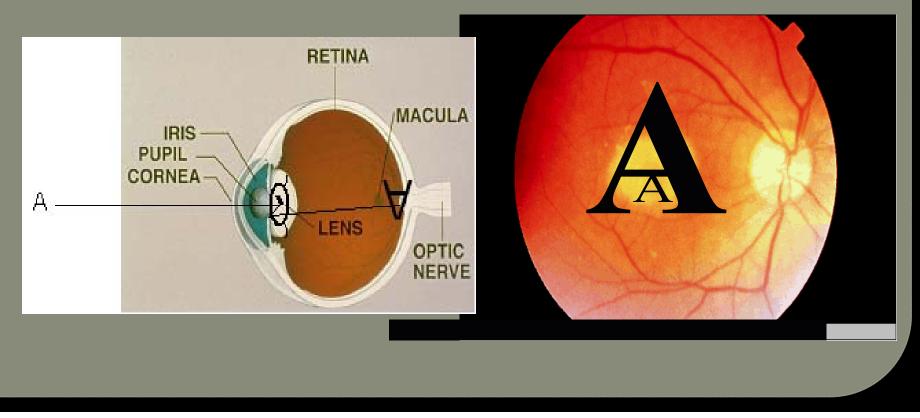




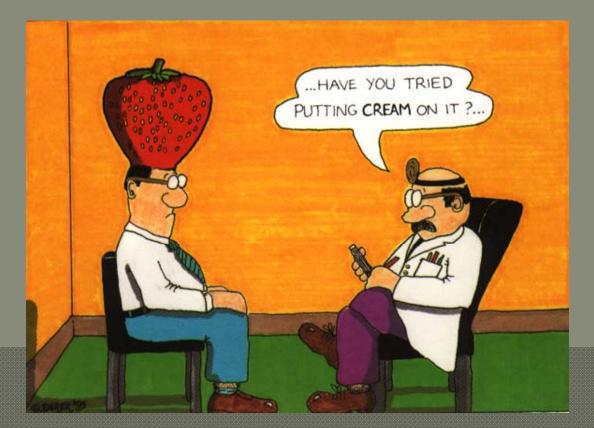


LMI implant



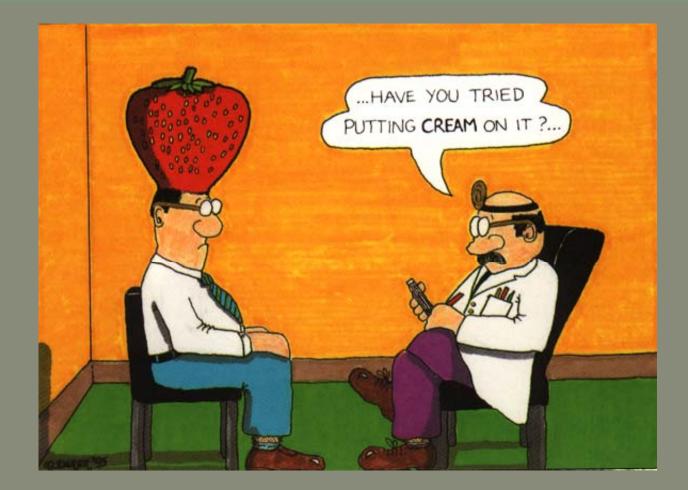


I am happy to take questions to: secretary@tanner-eyes.co.uk



Further info at www.tanner-eyes.co.uk

"Thank you – questions?"



www.tanner-eyes.co.uk