

Q

Rhegmatogenous RD Repair



What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

--Find all

two words



A

Rhegmatogenous RD Repair

What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

--Find all **retinal breaks**



Q

Rhegmatogenous RD Repair

What three things **must** be accomplished to successfully repair a rhegmatogenous RD?

--Find all **retinal breaks**

--Induce an in the
 immediately surrounding the break



A

Rhegmatogenous RD Repair

What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

- Find all **retinal breaks**
- Induce an **inflammatory response** in the **chorioretinal tissue** immediately surrounding the break

**Q**

Rhegmatogenous RD Repair

What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

--Find all **retinal breaks**

--Induce an **inflammatory response** in the **chorioretinal tissue** immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a **two words** which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires eliminating any **two words** that may be present.



A

Rhegmatogenous RD Repair

What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

- Find all **retinal breaks**
- Induce an **inflammatory response** in the **chorioretinal tissue** immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a **chorioretinal scar**, which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires eliminating any **vitreoretinal traction** that may be present.

Rhegmatogenous RD Repair



What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

- Find all **retinal breaks**
- Induce an **inflammatory response** in the **chorioretinal tissue** immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a **chorioretinal scar**, which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires eliminating any **vitreoretinal traction** that may be present.

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the early post-op period!



Q

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

-- *What are the two main surgical approaches for inducing the inflammatory response?*

--

--

chorioretinal scar, which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires eliminating any vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

-- *What are the two main surgical approaches for inducing the inflammatory response?*

--Laser

--Transscleral cryo

chorioretinal scar, which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires eliminating any vitreoretinal traction that may be present.



Q

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step? a barrier between

-- . Note that

-- ating any

vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--**Bring the inflamed choroid and retinal tissue into apposition** long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

Q

How does a SB bring the retina and underlying tissue into apposition?

What th
success

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

Q

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What th
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

Q

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

Are all SBs circumferential, ie, do they encircle the entire globe?

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

A

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

Are all SBs circumferential, ie, do they encircle the entire globe?

They can, but more often are segmental

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

Q

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

Are all SBs circumferential, ie, do they encircle the entire globe?

They can, but more often are segmental

Are they always oriented parallel to the equator of the globe?

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

A

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

Are all SBs circumferential, ie, do they encircle the entire globe?

They can, but more often are segmental

Are they always oriented parallel to the equator of the globe?

No, on occasion the retinal break(s) dictates radial placement

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

Q

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indention pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What effect does SB have on the refractive state of the eye?

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.



A

How does a SB bring the retina and underlying tissue into apposition?
 By indenting the sclera beneath the retinal break. Indention pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What effect does SB have on the refractive state of the eye?
 A myopic shift often results

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step? a barrier between

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

. Note that

ating any

vitreoretinal traction that may be present.

Q

How does a SB bring the retina and underlying tissue into apposition?

By indenting the sclera beneath the retinal break. Indention pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What effect does SB have on the refractive state of the eye?

A myopic shift often results

Why does a myopic shift occur?

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

a barrier between

. Note that

ating any

vitreoretinal traction that may be present.



A

How does a SB bring the retina and underlying tissue into apposition?
 By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What effect does SB have on the refractive state of the eye?
 A myopic shift often results

Why does a myopic shift occur?
 If the globe is squeezed circumferentially, the resulting increase in A-P length produces axial myopia

What the
success

--Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--**Scleral buckle (SB)**

--Pars plana vitrectomy (PPV)

--Pneumatic retinopexy (PR)

a barrier between
. Note that
ating any

vitreoretinal traction that may be present.



Q

How does a SB bring the retina and underlying tissue into apposition?
By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What effect does SB have on the refractive state of the eye?
A myopic shift often results

Why does a myopic shift occur?
If the globe is squeezed circumferentially, the resulting increase in A-P length produces axial myopia

What the
success

--Find all retinal breaks

--Induce an **inflammatory response**

in the chorioretinal
tissue immediately surrounding the break

Which method of 'inflammation induction' (ie, laser or cryo) is usually used in conjunction with SB surgery?

issue into

apposition

long enough to allow formation of a barrier between
. Note that

What are the surgical approaches to accomplishing this step?
--**Scleral buckle (SB)**
--Pars plana vitrectomy (PPV)
--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

A

How does a SB bring the retina and underlying tissue into apposition?
 By indenting the sclera beneath the retinal break. Indentation pushes the subretinal tissue in the direction of the detached retina. It may also dissipate vitreoretinal traction.

What effect does SB have on the refractive state of the eye?
 A myopic shift often results

Why does a myopic shift occur?
 If the globe is squeezed circumferentially, the resulting increase in A-P length produces axial myopia

What the
success

--Find all retinal breaks

--Induce an **inflammatory response**

Which method of 'inflammation induction' (ie, laser or cryo) is usually used in conjunction with SB surgery?
Cryo

apposition

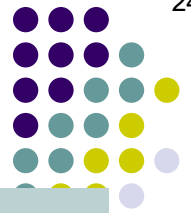
What are the surgical approaches to accomplishing this step?
 --**Scleral buckle (SB)**
 --Pars plana vitrectomy (PPV)
 --Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

issue into

a barrier between
. Note that
ating any





Q

Rhegmatogenous RD Repair

How does a PPV bring the retina and underlying tissue into apposition?

W
SU

Find all retinal breaks

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)**
- Pneumatic retinopexy (PR)

a barrier between . Note that

vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

How does a PPV bring the retina and underlying tissue into apposition?

The vitreous overlying a retinal break is the source of traction that pulls the retina away from the underlying tissue. In a PPV, the vitreous--and hence the source of this traction--is removed.

W
SU

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--Scleral buckle (SB)

--**Pars plana vitrectomy (PPV)**

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.



Q

Rhegmatogenous RD Repair

How does a PPV bring the retina and underlying tissue into apposition?

The vitreous overlying a retinal break is the source of traction that pulls the retina away from the underlying tissue. In a PPV, the vitreous--and hence the source of this traction--is removed.

That's all there is to it--remove the vitreous, and the retinal simply falls back in place?

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--Scleral buckle (SB)

--**Pars plana vitrectomy (PPV)**

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

How does a PPV bring the retina and underlying tissue into apposition?

The vitreous overlying a retinal break is the source of traction that pulls the retina away from the underlying tissue. In a PPV, the vitreous--and hence the source of this traction--is removed.

That's all there is to it--remove the vitreous, and the retinal simply falls back in place?

Well, no. A substance (usually a gas or an oil) must be introduced into the vitreous cavity to promote and maintain apposition.

--Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)**
- Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.



Q

Rhegmatogenous RD Repair

How does a PPV bring the retina and underlying tissue into apposition?

The vitreous overlying a retinal break is the source of traction that pulls the retina away from the underlying tissue. In a PPV, the vitreous--and hence the source of this traction--is removed.

That's all there is to it--remove the vitreous, and the retinal simply falls back in place?

Well, no. A substance (usually a gas or an oil) must be introduced into the vitreous cavity to promote and maintain apposition.

--Induce an **inflammatory response** in the **chorioretinal tissue** immediately surrounding the break

Which method of 'inflammation induction' (ie, laser or cryo) is usually used in conjunction with PPV surgery?

issue into

apposition

What are the surgical approaches to accomplishing this step?

--Scleral buckle (SB)

--**Pars plana vitrectomy (PPV)**

--Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

How does a PPV bring the retina and underlying tissue into apposition?

W

The vitreous overlying a retinal break is the source of traction that pulls the retina away from the underlying tissue. In a PPV, the vitreous--and hence the source of this traction--is removed.

SU

That's all there is to it--remove the vitreous, and the retinal simply falls back in place?

Well, no. A substance (usually a gas or an oil) must be introduced into the vitreous cavity to promote and maintain apposition.

--Induce an **inflammatory response**

Which method of 'inflammation induction' (ie, laser or cryo) is usually used in conjunction with PPV surgery?

Laser

apposition

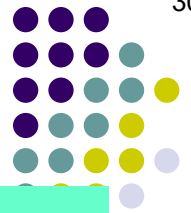
What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)**
- Pneumatic retinopexy (PR)

vitreoretinal traction that may be present.

issue into

a barrier between . Note that ating any



Q

Rhegmatogenous RD Repair

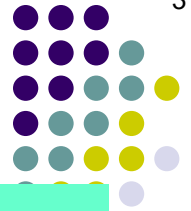
What is the basic procedure in PR?

V
S

apposition long enough to allow formation of a barrier between . Note that
vitreoretinal traction that may be present.

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)**



A

Rhegmatogenous RD Repair

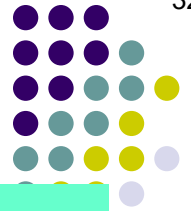
What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

apposition long enough to allow formation of a barrier between . Note that vitreoretinal traction that may be present.

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)**



Q

Rhegmatogenous RD Repair

What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the retina, pushing vitreous and vitreous fluid back out through the break, as well as pushes the retina against the underlying tissue. All via a simple office procedure!

What are the names of these gases?

SF₆

C₃F₆

apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

--Scleral buckle (SB)

--Pars plana vitrectomy (PPV)

--**Pneumatic retinopexy (PR)**

vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the retina, pushing the vitreous and vitreous fluid back out through the break, as well as pushes the retina against the underlying tissue. All via a simple office procedure!

What are the names of these gases?

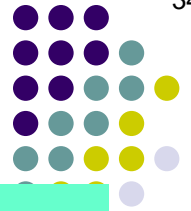
- SF₆: Sulfur hexafluoride
- C₃F₆: Perfluoropropane

apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)**

vitreoretinal traction that may be present.



Q

Rhegmatogenous RD Repair

What is the basic procedure in PR?

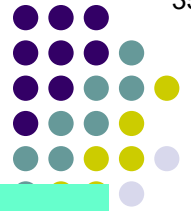
It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

Sounds great! Are all RDs candidates for PR?

apposition long enough to allow formation of a barrier between . Note that vitreoretinal traction that may be present.

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)**



A

Rhegmatogenous RD Repair

What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

Sounds great! Are all RDs candidates for PR?

Far from it, unfortunately. To qualify for PR, the RD should have the following characteristics:

-
-
-
-

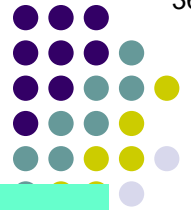
apposition long enough to allow formation of a barrier between the retinal layers. Note that vitreoretinal traction that may be present.

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)**

A/Q

Rhegmatogenous RD Repair



What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

Sounds great! Are all RDs candidates for PR?

Far from it, unfortunately. To qualify for PR, the RD should have the following characteristics:

--Ideally there is only one retinal break. But if more than one are present, they must be

--The break(s) must be located

--Vitreoretinal traction must be

--The patient must be willing and able to adopt and maintain the

etinal break

apposition long enough to allow formation of a

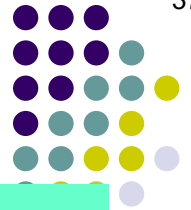
What are the surgical approaches to accomplishing this step?

--Scleral buckle (SB)

--Pars plana vitrectomy (PPV)

--**Pneumatic retinopexy (PR)**

vitreoretinal traction that may be present.



A

Rhegmatogenous RD Repair

What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

Sounds great! Are all RDs candidates for PR?

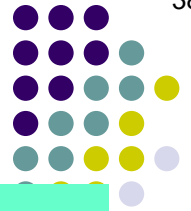
Far from it, unfortunately. To qualify for PR, the RD should have the following characteristics:

- Ideally there is only one retinal break. But if more than one are present, they must be few in number, and all must lie within 1-2 clock-hours of each other
- The break(s) must be located superiorly (upper 1/3 of retina)
- Vitreoretinal traction must be minimal
- The patient must be willing and able to adopt and maintain the (possibly awkward) head position needed to keep the gas bubble pressing against the retinal break

apposition long enough to allow formation of a barrier between . Note that vitreoretinal traction that may be present.

What are the surgical approaches to accomplishing this step?

- Scleral buckle (SB)
- Pars plana vitrectomy (PPV)
- Pneumatic retinopexy (PR)**



Q

Rhegmatogenous RD Repair

What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

Sounds great! Are all RDs candidates for PR?

Far from it, unfortunately. To qualify for PR, the RD should have the following characteristics:

--Ideally there is only one retinal break. But if more than one are present, they must be few in number, and all must lie within 1-2 clock-hours of each other

The break(s) must be located superiorly (upper 1/3 of retina)

Which method of 'inflammation induction' (ie, laser or cryo) is usually used in conjunction with PR?

apposition long enough to allow formation of a

What are the surgical approaches to accomplishing this step?

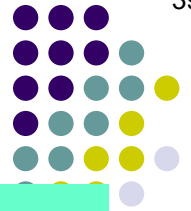
--Scleral buckle (SB)

--Pars plana vitrectomy (PPV)

--**Pneumatic retinopexy (PR)**

vitreoretinal traction that may be present.

a barrier between
. Note that
ating any



A

Rhegmatogenous RD Repair

What is the basic procedure in PR?

It is as simple as it is elegant. A gas (air; SF₆; C₃F₈) is injected into the vitreous cavity. The floating gas bubble pushes against the RD, and in doing so forces the subretinal fluid back out through the break, as well as pushes the retinal-break region into apposition against the underlying tissue. All via a simple office procedure!

Sounds great! Are all RDs candidates for PR?

Far from it, unfortunately. To qualify for PR, the RD should have the following characteristics:

--Ideally there is only one retinal break. But if more than one are present, they must be few in number, and all must lie within 1-2 clock-hours of each other

The break(s) must be located superiorly (upper 1/3 of retina)

Which method of 'inflammation induction' (ie, laser or cryo) is usually used in conjunction with PR?

Laser

apposition long enough to allow formation of a barrier between . Note that
 What are the surgical approaches to accomplishing this step?
 --Scleral buckle (SB)
 --Pars plana vitrectomy (PPV)
 --**Pneumatic retinopexy (PR)** eliminating any
 vitreoretinal traction that may be present.



Q

Rhegmatogenous RD Repair

What three things ***must*** be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a chorioretinal scar, which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires a dissection over vitreoretinal

What's the most common cause of failure in the late post-op period?

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the late post-op period!



A

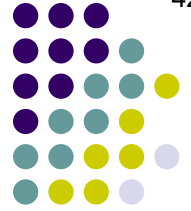
Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a chorioretinal scar, which will act as a barrier between the break and the subretinal space. Note that accomplishing this requires dissipation of vitreoretinal traction.

What's the most common cause of failure in the late post-op period?
Development of PVR

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the late post-op period!



Q

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
 - Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break
 - Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a chorioretinal scar between the break and the break that accomplishes the repair of the retinal tear.
- What does the acronym PVR stand for in this context?
- What's the most common cause of failure in the late post-op period?
Development of PVR

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the late post-op period!



A

Rhegmatogenous RD Repair

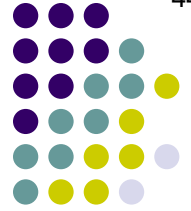
What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a chorioretinal adhesion between the break and the surrounding retina that

What does the acronym PVR stand for in this context?
Proliferative vitreoretinopathy

What's the most common cause of failure in the late post-op period?
Development of **PVR**

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the late post-op period!



Q

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break
- Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a chorioretinal adhesion between the break and the surrounding retina that accomplishes the repair

What does the acronym PVR stand for in this context?

Proliferative vitreoretinopathy

By what mechanism does PVR cause late RD repair failure?

What's the most common cause of failure in the late post-op period?

Development of **PVR**

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the late post-op period!



A

Rhegmatogenous RD Repair

What three things *must* be accomplished to successfully repair a rhegmatogenous RD?

- Find all retinal breaks
- Induce an inflammatory response in the chorioretinal tissue immediately surrounding the break

--Bring the inflamed choroid and retinal tissue into apposition long enough to allow formation of a

What does the acronym PVR stand for in this context?
Proliferative vitreoretinopathy

By what mechanism does PVR cause late RD repair failure?
 It leads to **vitreo-retinal traction**. (And away we go again...)

chorioretinal tissue immediately surrounding the break that

accomplish these three requirements of successful repair?
 vitreoretinal traction

What's the most common cause of failure in the late post-op period?
 Development of **PVR**

Failing to accomplish one (or more) of these is the most common cause of RD surgery failure in the late post-op period!