

TABLE 2 MANAGEMENT RECOMMENDATIONS FOR MACULAR HOLE

Stage	Management	Follow-up
1-A and 1-B	Observation ³⁴	<ul style="list-style-type: none">• Follow-up at 2–4 month intervals in the absence of new symptoms• Recommend prompt return if new symptoms develop• Encourage monocular visual acuity testing with Amsler grid
2	Vitreoretinal surgery ³⁹ *	<ul style="list-style-type: none">• Follow-up at 1–2 days postoperatively, then 1–2 weeks• Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's clinical course• If no surgery, follow up every 2–4 months
2	Vitreopharmacolysis [†]	<ul style="list-style-type: none">• Follow-up at 1 week and 4 weeks, or with new symptoms (i.e., retinal detachment symptoms)
3 or 4	Vitreoretinal surgery ^{39,43}	<ul style="list-style-type: none">• Follow-up at 1–2 days postoperatively, then 1–2 weeks• Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's clinical course

* Although surgery is usually performed, observation may also be appropriate in selected cases.

† Although ocriplasmin has been approved by the U.S. Food and Drug Administration for vitreomacular adhesion, its use for treatment of idiopathic macular hole without vitreomacular traction or adhesion would currently be considered off-label use.