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Can EASB prevent „dying“ of scleral buckling surgery?

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Objective: Most VR surgeons, especially the young ones, favor PPV as the preferred method for management of primary uncomplicated RRD. The number of SB cases decreases every year, so there is a risk that SB becomes a dying art. Even now we can see trend in young surgeons as they want to learn PPV surgery only. American Society of Retinal Specialists (ASRS) Preferences and Trends Survey (PAT) asked surgeons: “In what percentage of cases of primary rhegmatogenous retinal detachment do you place a scleral buckle?”–28.7% of US surgeons and 39.5% of European surgeons answered “0–10%.” Scleral buckling is known to be an effective method for management of RRD since 1965. In 2012 first studies were published

which indicate that endoilluminator-assisted scleral buckling (EASB) is a safe procedure and has potential advantages. The use of EASB can help improve the success rate of the procedure by enhancing the surgeon's ability to accurately identify and repair the retinal tear. This technique is particularly useful in cases where the retinal detachment is complex or involves multiple tears. The aim of our study to show that SB surgery still must be performed. An addition of endoillumination may encourage some surgeons to use this method.

Results and discussion: A total of 39 eyes of 39 patients were included. PVR grade 0, A and B were associated with RRD in our study. In 58% of cases there was macula off RRD. The most common reason was high myopia (49% of cases). We performed as local SB alone as SB in combination with encircling. Transscleral drainage of SRF was perfomed during surgery in 59% and pneumoretinopexy (SF6 100%) in 22%. BCVA increased from initial 0.23 to 0.41 decimal at the end of hospitalization, in one year BCVA was 0,51. Primary anatomical success was 93% and 74%. Final anatomical success was 100% and 97%. PVR progression was seen in 4% of cases. In the first year postoperatively only one case of recurrent RRD was diagnosed. In this patient we perform additional SB to reach reattachment of retina.

Conclusions: In our study, primary anatomical success was 94%, which correlates with the data of the authors who also used this method (83–92%). Final visual outcome, low cost of surgery (compared with PPV), primary anatomical success at level of 93% indicates that EASB could be effective method in management of primary RRD. EASB could be useful tool, especially in young patients or in cases with inferior retinal breaks.

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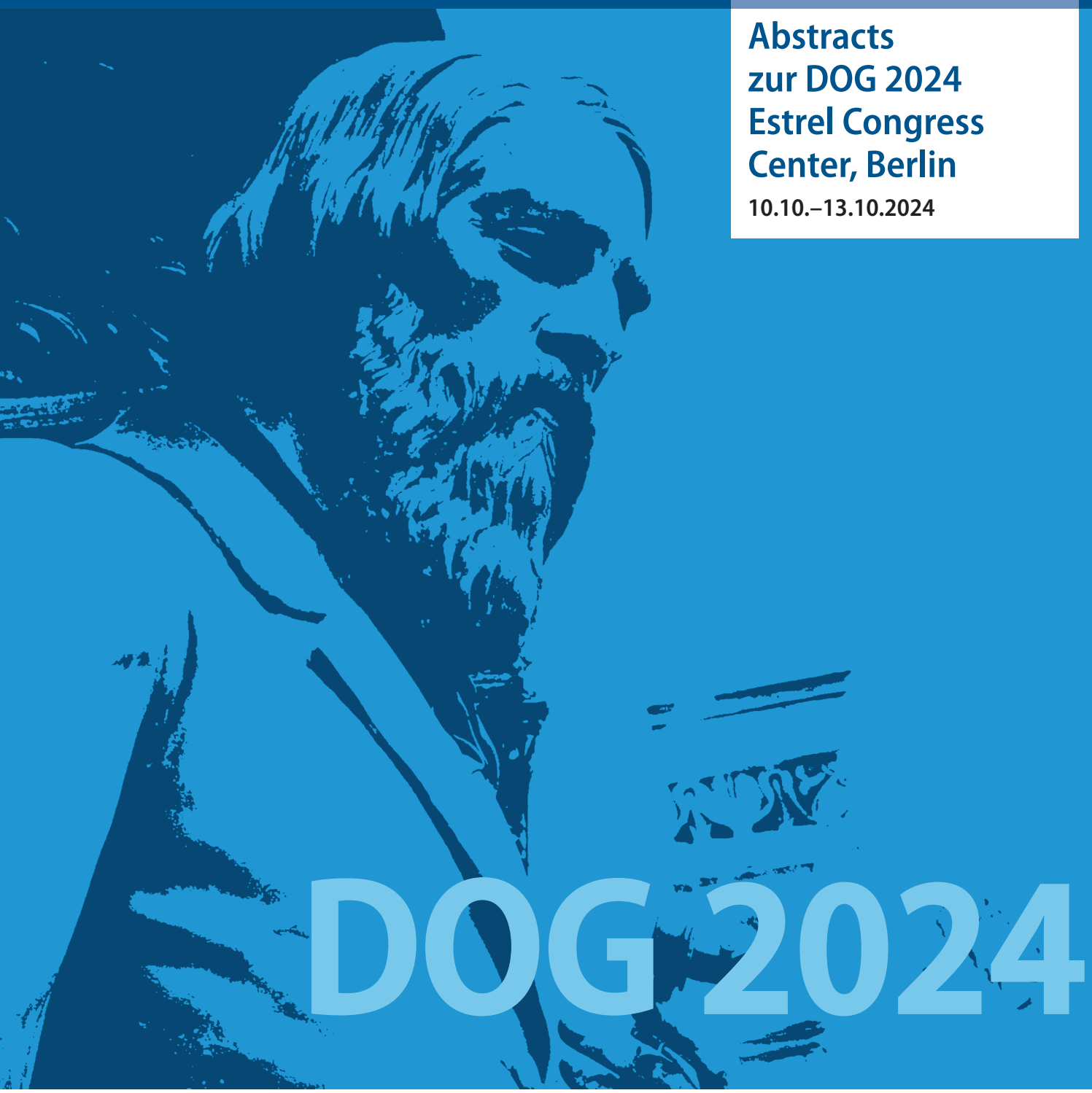

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