

Vitreotomy in diabetics

Dr/ Mahmoud Khalil

Assistant prof. of Ophthalmology

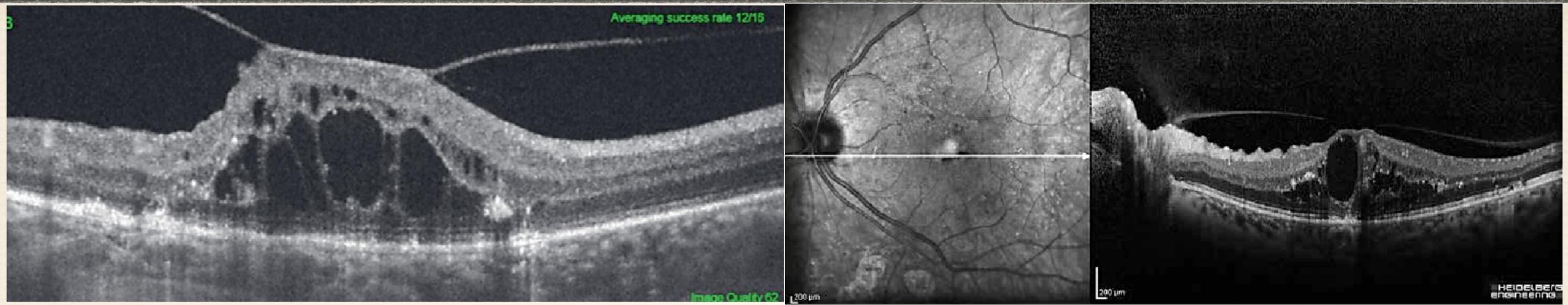
Al-Azhar university

MD, FRCS(Glasgow)

Indications of vitrectomy

- ❖ Media opacity: non clearing vitreous hge(intragelel,subhyaloid and premacular).
- ❖ Tractional RD involving or threatening the fovea
- ❖ Combined tractional and rhegmatogenous RD





- ❖ Tractional macular edema
- ❖ Non tractional refractory macular edema

Preoperative evaluation

- ❖ Blood sugar
- ❖ Blood pressure
- ❖ Anticoagulants&Antiplatelets stopped
- ❖ Correlate vision with anatomy
- Neovessels on iris or angle
- ❖ B.Scan in hazy fundus view
- ❖ Preoperative laser or antivegf
- ❖ Issue of combined cataract extraction

Counselling

Favourable prognostic criteria

- ❖ Preoperative VA > 5/200
- ❖ Absence of NVI or NVG
- ❖ PRP of at least one fourth of the fundus

Favourable prognostic criteria

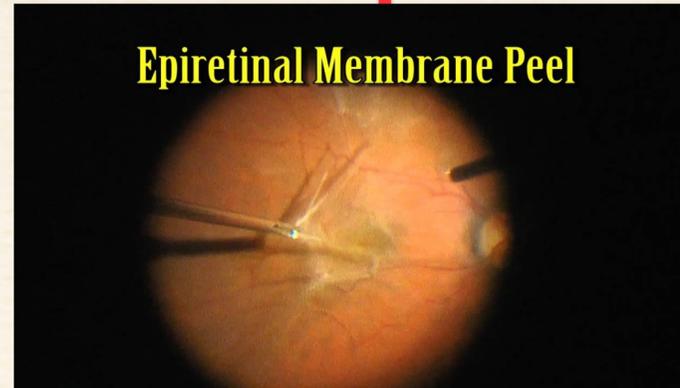
- ❖ Predominantly active neovascularization
- ❖ No long-standing macular detachment
- ❖ No extensive fibrovascular proliferations
- ❖ Intact ELM& ellipsoid zone

3 forms of diabetic retinopathy will be faced during vitrectomy:

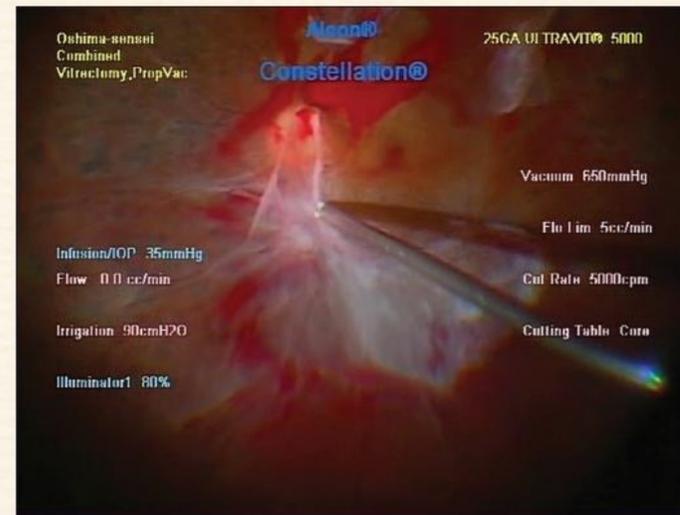
- PVD with vitreous hge
- Partial anterior PVD with taut posterior hyaloid with aggressive proliferations at posterior pole
- No PVD with aggressive proliferations allover the retina

How to remove proliferations?

❖ Peeling



❖ Segmentation

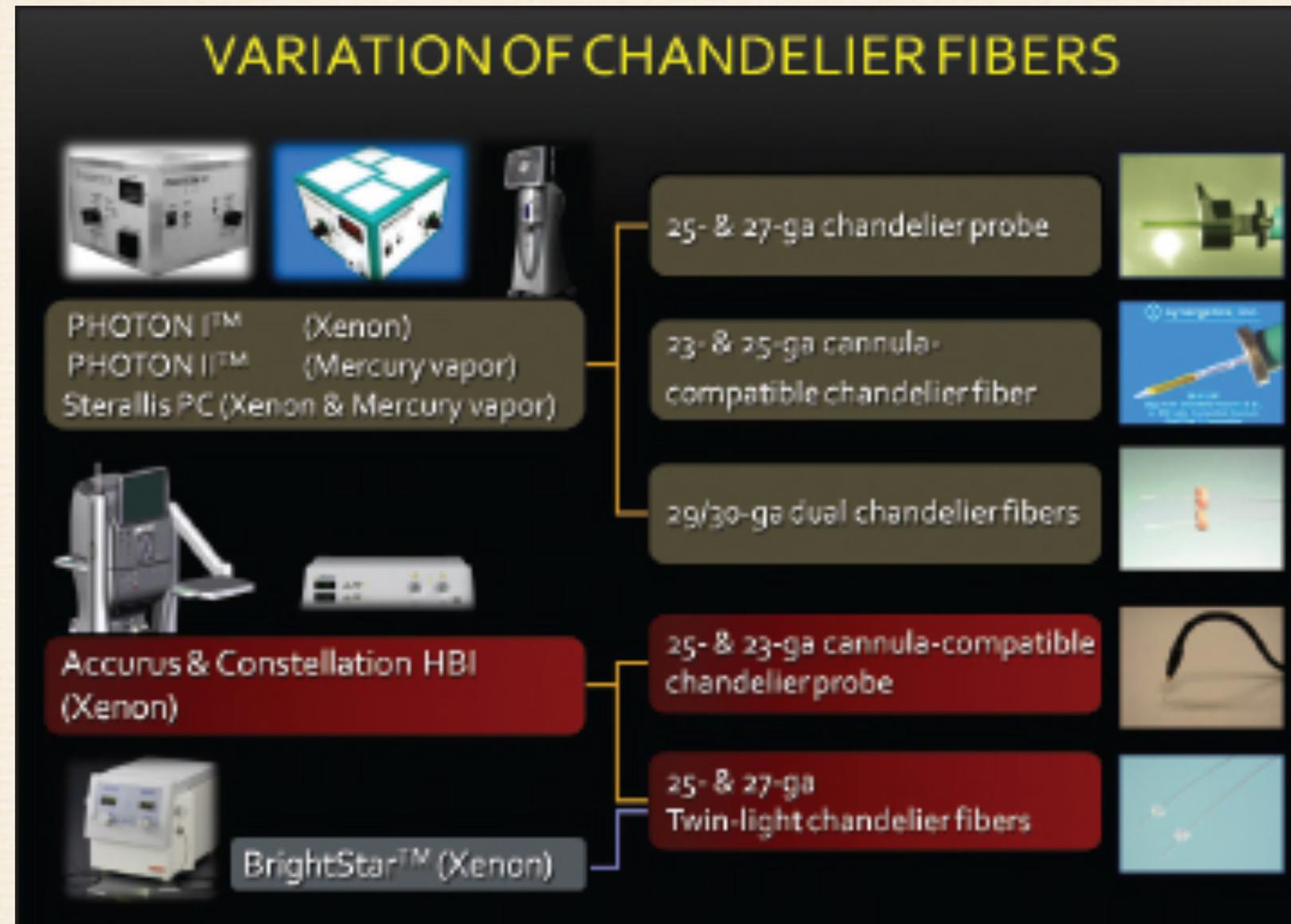


❖ Delamination





Bimanual vitrectomy



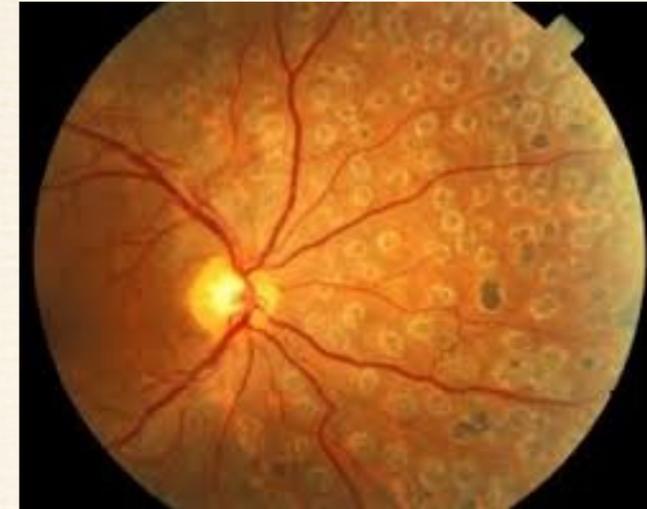
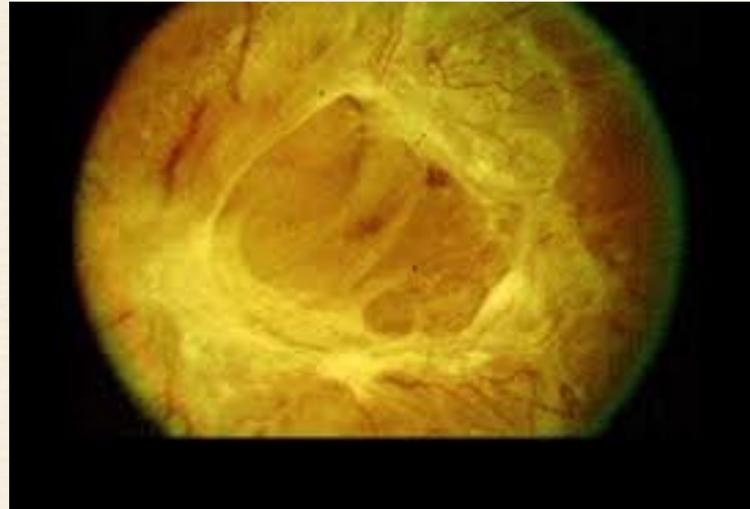


Dr. Mahmoud Khalil

Tamponade

- ❖ Air
- ❖ Gas: SF₆, C₃F₈
- ❖ Silicone oil

Conclusion



- ❖ when vitrectomy is done in the right time in diabetics, It can return their eyes to life.




Thank You!!!
..