

Managing complications of scleral buckling surgery

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ABSTRACT

Scleral buckling is an effective surgical procedure to treat rhegmatogenous retinal detachment. It involves the principle of detection of retinal breaks, sealing of retinal breaks with cryotherapy and supporting the breaks. The breaks are supported by buckle element, which is sutured radially or circumferentially on to the sclera. Subretinal fluid may be drained in certain circumstances, such as in bullous retinal detachment. In this presentation, complications associated with scleral buckling surgery will be highlighted. These include intraoperative complications such as complications associated with suturing of sclera, drainage of subretinal fluid, cryotherapy and injection of gas. While postoperative complications include exposure, infection and migration of the buckle.

Dealing with recurrent pterygium

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ABSTRACT

Pterygium is a common condition; easily diagnosed but difficult to treat in the sense that it commonly recurred after excision. Even in the best of hands and the goal-standard treatment (conjunctival auto-graft) the recurrence rate can be as high as 16.7% according to Matthias Fuest, Jodhbir S. Mehta & Minas T. Coroneo (2017). Dealing with recurrent pterygium is even more challenging. Few factors need to be considered and it has to be tailored to individual patient. Factors like level of visual acuity, degree of aggressiveness of the recurrence, multiple recurrence, limbal deficiency and presence of other complications such as symblepharon, restriction of ocular motility need to be factored with regards to the modalities of treatment. It may be ranged from conservative management to combination of various procedures like usage of various adjuvant therapies, limbal autograft and release of symblepharon with or without grafts. It is not an easy and straight-forward decision and may need multipronged approaches.