UNIVERSITA' DEGLI STUDI DI BARI ALDO MORO
CLINICA OCULISTICA AZIENDA OSPEDALIERA POLICLINICO DI BARI
DIRETTORE PROF. SBORGIA C.

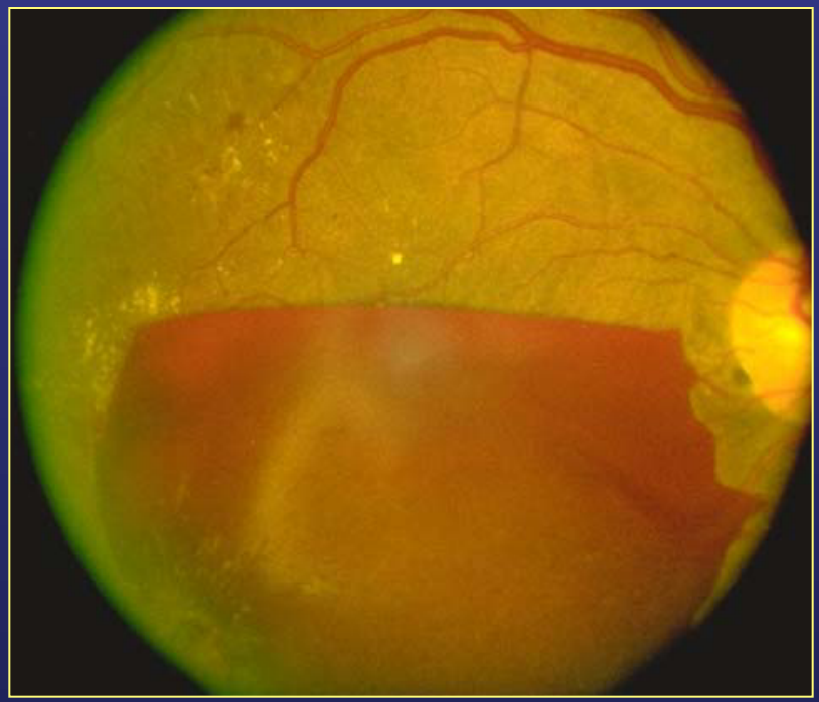
CHIRURGIA NELLA RETINOPATIA DIABETICA

DR RECCHIMURZO NICOLA
DR LUIGI SBORGIA

VITRECTOMIA NELLA RETINOPATIA DIABETICA PROLIFERANTE

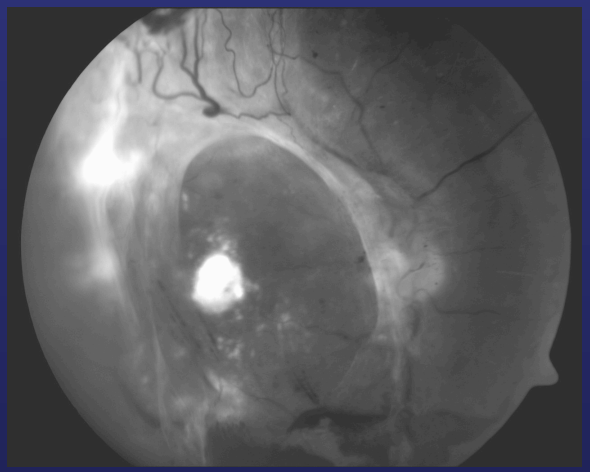
- **INDICAZIONI**

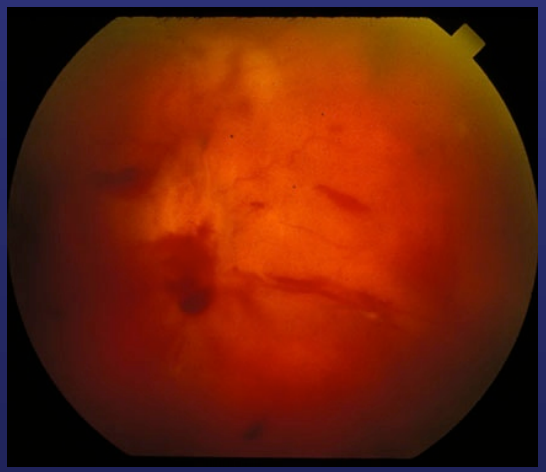
- **TECNICA**

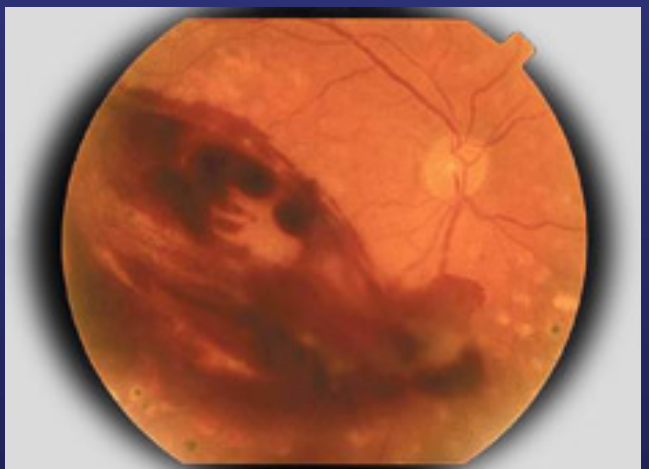


INDICAZIONI NELLA RDP COMPLICATA

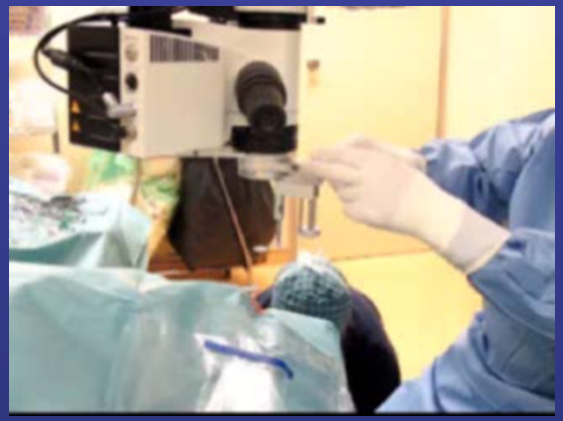
- EMOVITREO
- DISTACCO DI RETINA TRAZIONALE CON INTERESSAMENTO MACULARE
- OPACITA’ MEZZI DIOTTRICI CHE IMPEDISCONO FOTOCOAGULAZIONE



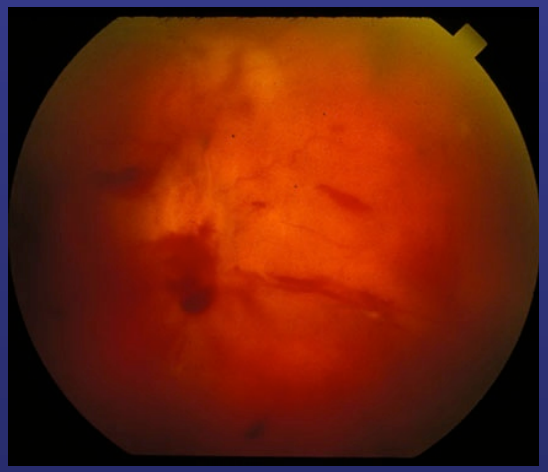




EMOVITREO



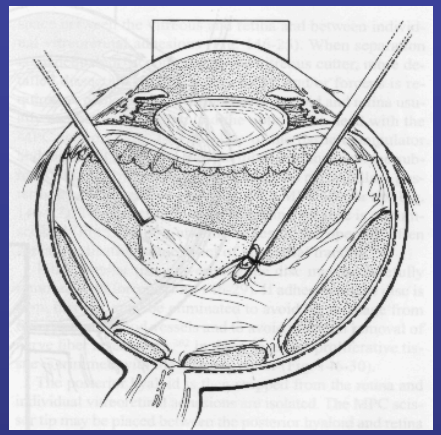
•PRINCIPALE INDICAZIONE



The Diabetic Retinopathy Vitrectomy Study Research Group. Early vitrectomy for hemorrhage in diabetic retinopathy: Four-year results of a randomized trial: DRVS Report 5. Arch Ophthalmol, 1990.
The Diabetic Retinopathy Vitrectomy Study Research Group. Early vitrectomy for severe vitreous hemorrhage in diabetic retinopathy: Two-year results of a randomized trial: DRVS Report 2. Arch Ophthalmol, 1985.

EMOVITREO: TIMING CHIRURGICO

- VPP PRECOCE
- VPP DIFFERITA



ELEMENTI CLINICI CONDIZIONANTI:

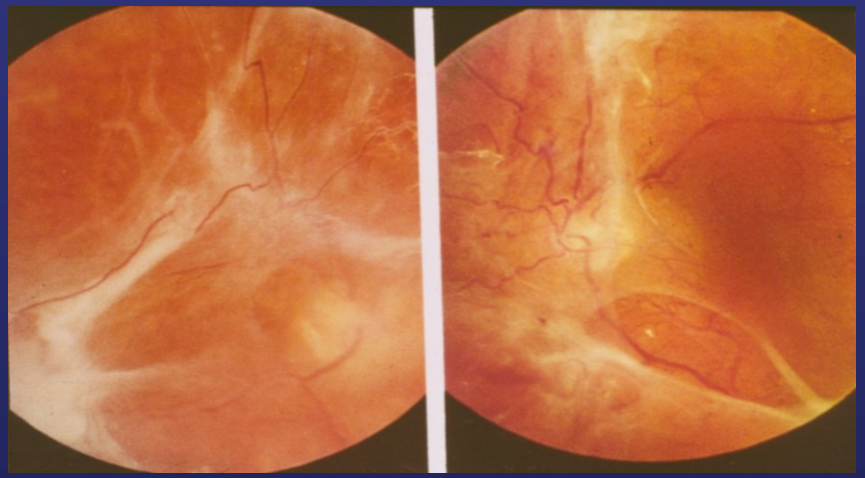
- DIABETE TIPO I II
- FOTOCOAGULAZIONE PRESISTENTE
- ESTENSIONE E LOCALIZZAZIONE DELLA TRAZIONE FIBROVASCOLARE (MACULA PAPILLA)
- RIDUZIONE A.V.

The Diabetic Retinopathy Vitrectomy Study Research Group. Early vitrectomy for hemorrhage in diabetic retinopathy: Four-year results of a randomized trial: DRVS Report 5. Arch Ophthalmol, 1990.
The Diabetic Retinopathy Vitrectomy Study Research Group. Early vitrectomy for severe vitreous hemorrhage in diabetic retinopathy: Two-year results of a randomized trial: DRVS Report 2. Arch Ophthalmol, 1985.

DISTACCO DI RETINA TRAZIONALE

- DDR TRAZIONALE MACULARE (15%)
- DDR TRAZIONALE E REGMATOGENE COMBINATO (VPP URGENTE)
- DDR TRAZIONALE CIRCOSCRITTO ED EXTRAMACULARE:

  DIABETE TIPO I
  FOTOCOAGULAZIONE PANRETINICA INCOMPLETA



DDR TRAZIONALE

FATTORI PROGNOSTICI NEGATIVI :

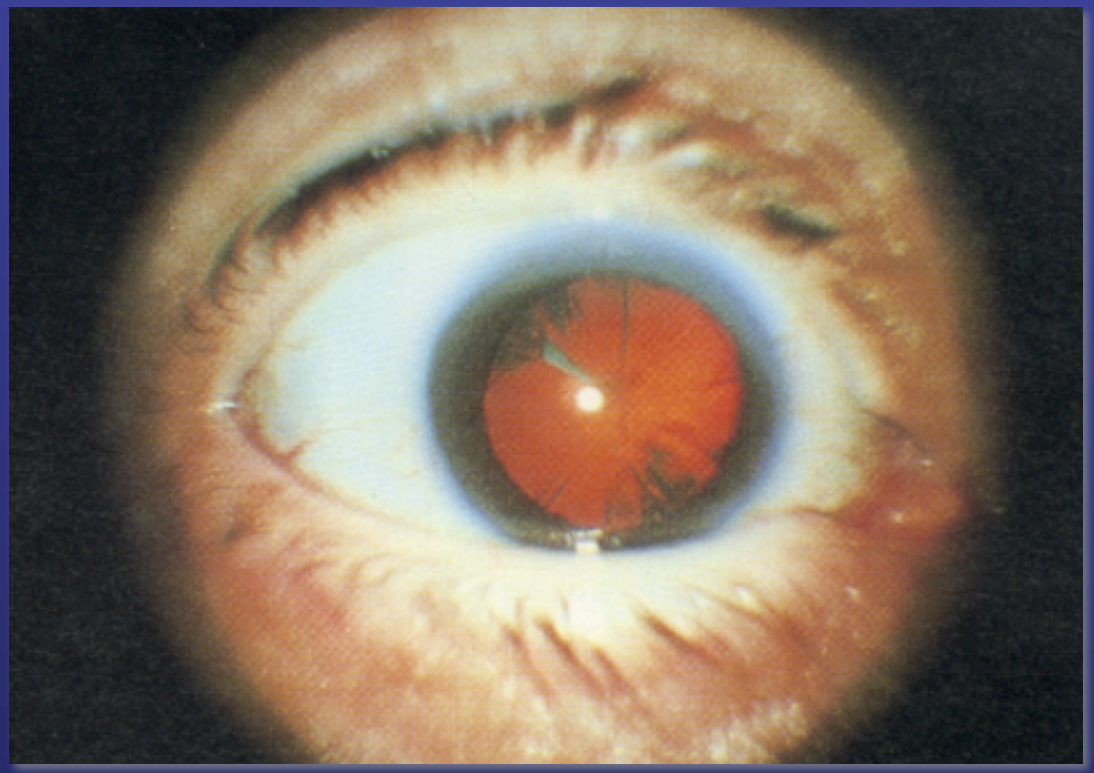
- **ETA' > 50 aa**
- **DIABETE TIPO II**
- **RUBEOSI IRIDEA**
- **PREOP AV < 20/200**
- **DISTACCO TRAZ MACULARE< 30gg**

BCVA FINALE > 1/10:
- MACULA OFF DA Più 30gg: 41%
- MACULA OFF DA MENO 30gg: 75%

La Heij EC et al. Clinical variables and their relation to visual outcome after vitrectomy in eyes with diabetic retinal traction detachment. *Graefes Arch Clin Exp Ophthalmol, 2004.*
Joussen AM et al. *In Lang GE ed. Diabetic retinopathy Dev Ophthalmol Basel Karger 2007, 39: 69-87*

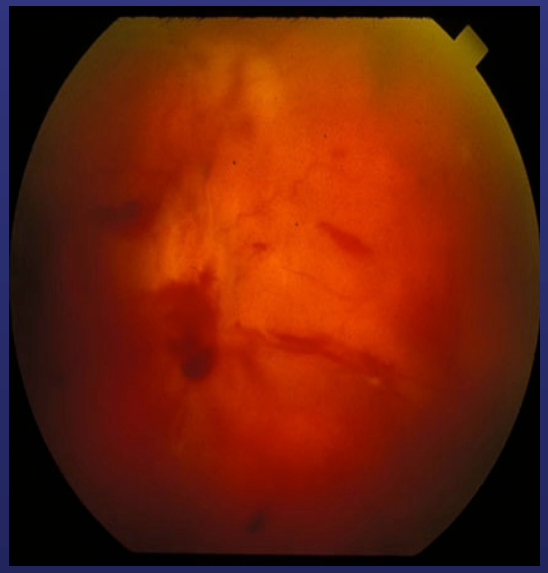
OPACITA’ DEI MEZZI DIOTTRICI CHE NE IMPEDISCONO LA FOTOCOAGULAZIONE

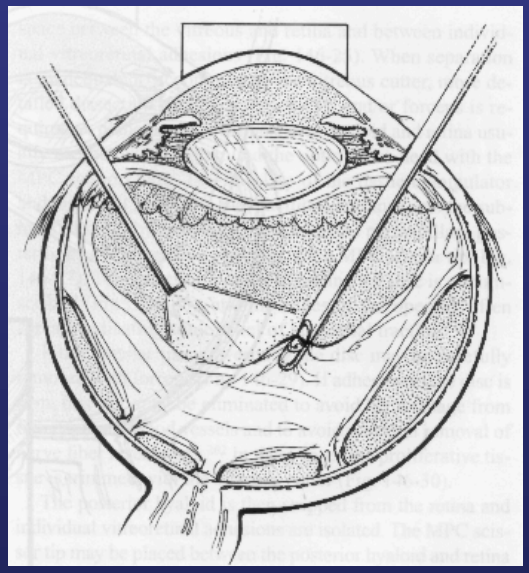
- CATARATTA

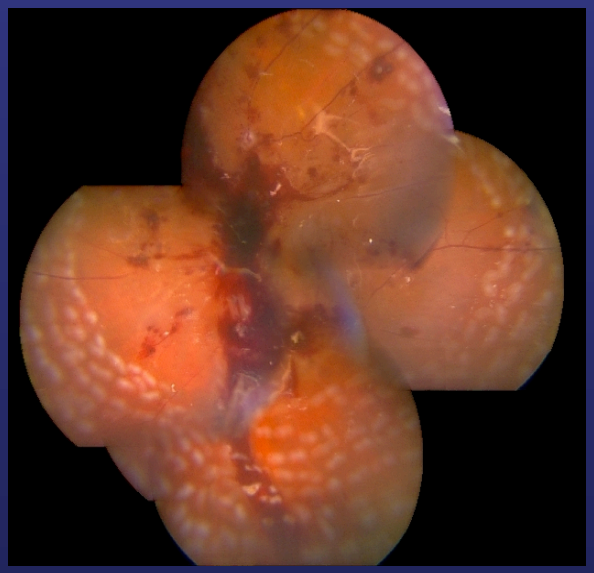


SCOPO DELLA VITRECTOMIA NELLA RDP

- RIMUOVERE IL VITREO EMORRAGICO
- ASPORTAZIONE DELLA IALOIDE POSTERIORE E LE MEMBRANE FIBROVASCOLARI
- ENDOFOTOCOAGULAZIONE







TECNICA CHIRURGICA

ANTIVEGF

EMOVITREO

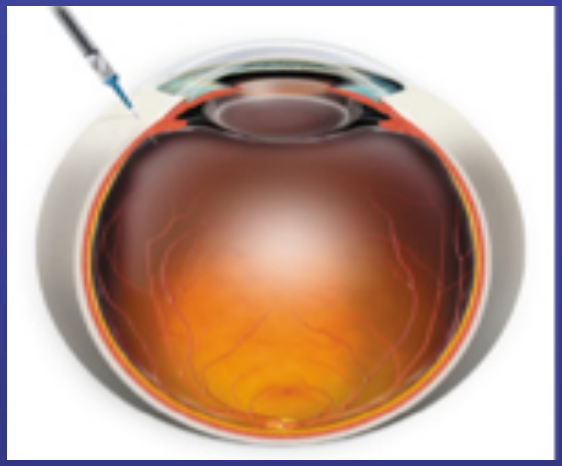
DDR TRAZIONALE

FACO+IOL

VPP 23-25 GAUGE
PEELING MLI ?
PANFOTOCOAGULAZIONE

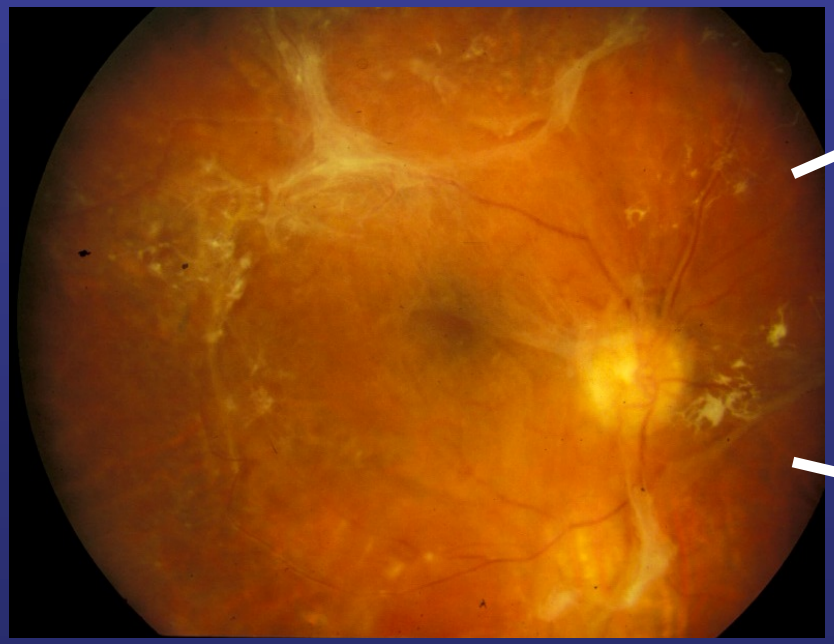
VPP 23-25 GAUGE
DELAMINAZIONE E SEGMENTAZIONE
VPP EN BLOC

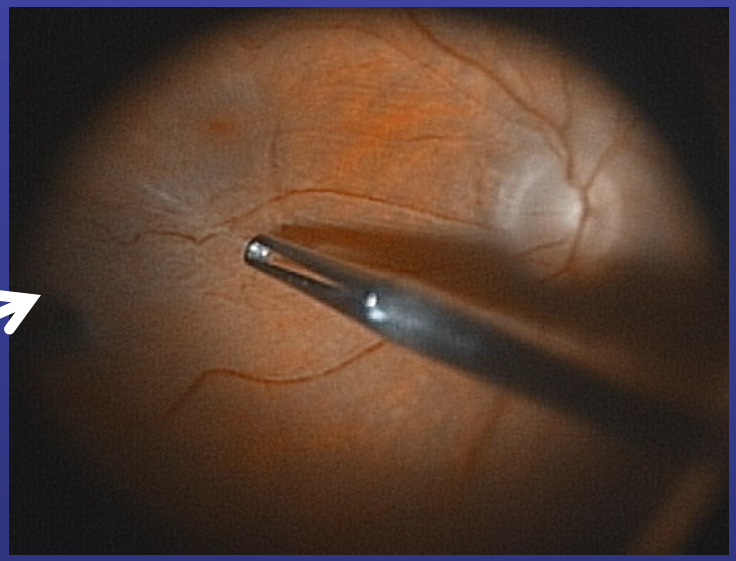
ANTI VEGF PRE OPERATORIO:

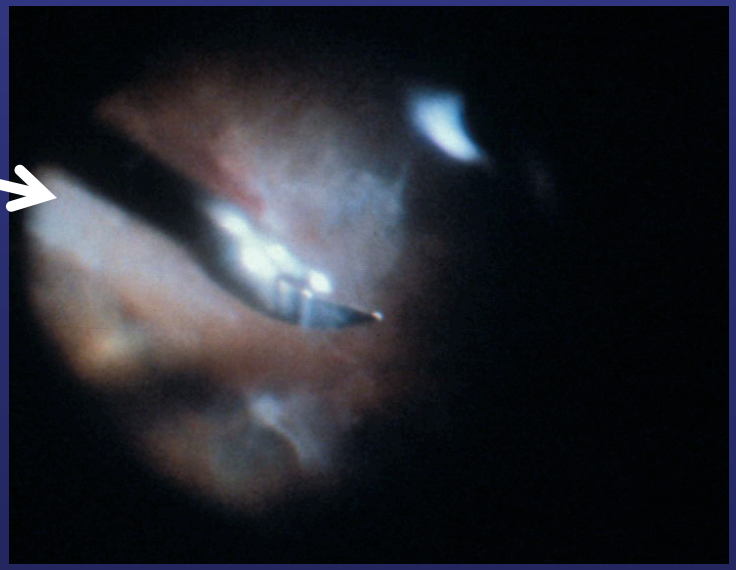


- RIDUCE SANGUINAMENTO INTRAOPERATORIO
- RIDUCE L'INSORGENZA DI ROTTURE IATROGENE
- RIDUCE TIMING CHIRUGICO
- RIDUCE EMORRAGIE POSTOPERATORIE
- NB DDR TRAZIONALE NON SUPERARE 7 GG DALL'ANTIVEGF

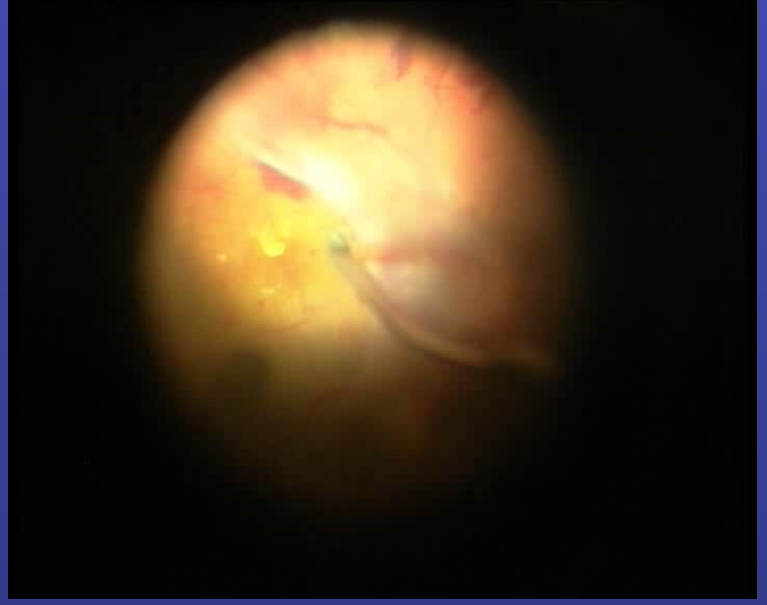
Segmentazione + delaminazione





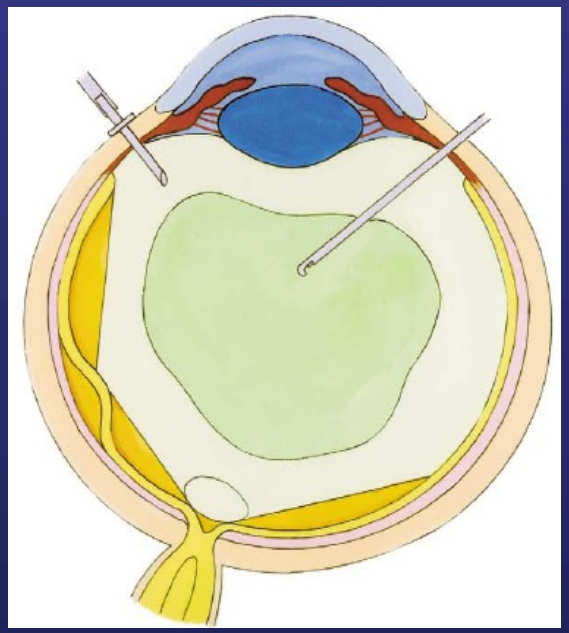


Escissione membrane en bloc

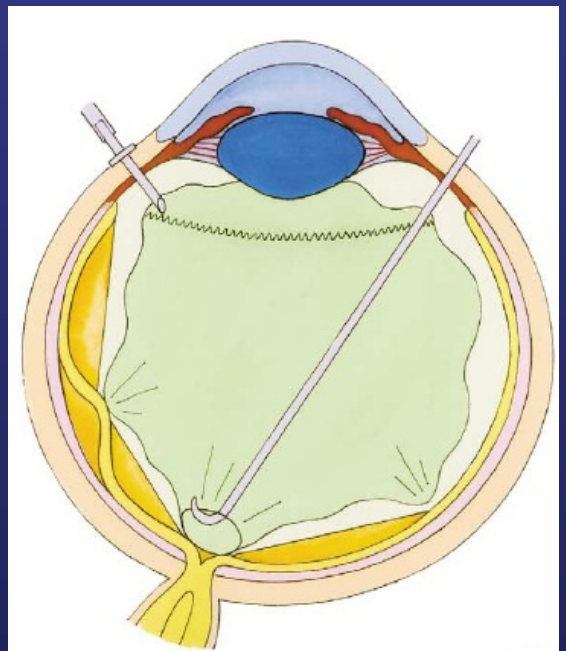


Tecnica en bloc modificata (Kakehashi A. AJO 2002)

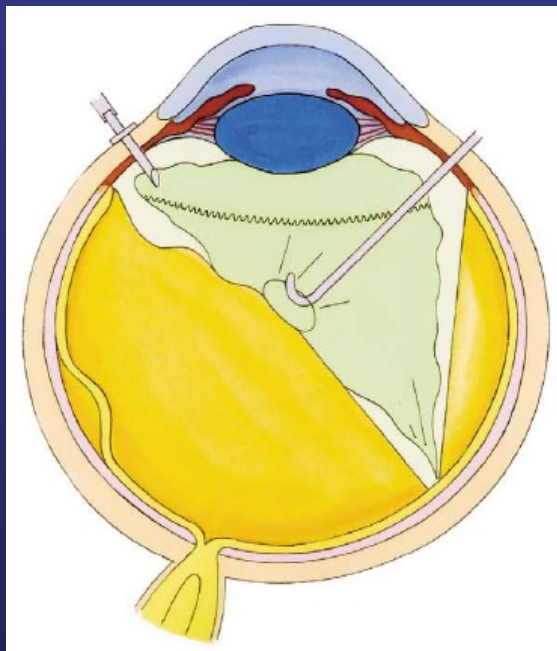
vitrectomia centrale



uncino attraverso l'anello gliale di Weiss



escissione membrane en bloc



GRAZIE DELL' ATTENZIONE