



**Endophthalmitis** due to very virulent organisms or unresponsive to medical treatment can be treated by vitrectomy in a good no. of patients.



**Endophthalmitis  
Pre operation**



**Endophthalmitis  
Post operation**

### **Sequelae of Vitrectomy**

Silicone oil removal is done after 3 to 6 months if the retina is attached and stable to prevent long term complications.

Cataract may need removal.

Retinal Detachment can sometimes occur following vitrectomy and may need another surgery.

### **Postoperative period**

Per say it is not a painful procedure and the recovery is good. However if any gas is injected in the eye at the end of surgery, patient may have to maintain a particular position for a couple of days to a week. Also flying is not permitted for 2 months usually if gas is ejected during surgery.



## Drushti

Eye & Retina Centre  
& Rajvi Nursing Home  
ISO 9001 : 2000 Certified

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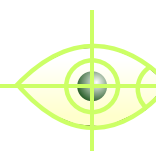
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Timing : Mon. to Fri. 3.30 to 8.30 p.m. Sat. 9 a.m. to 1 p.m.

*Donate Eyes, Restore Sight*

## VITRECTOMY



## Drushti

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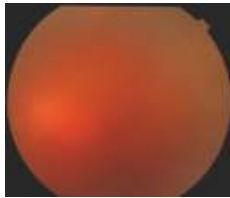
Putting 'EYE' before 'I'

Specialist in Diseases of Vitreous & Retina  
Lasers & Ultra Sonography & Microsurgery of Eye

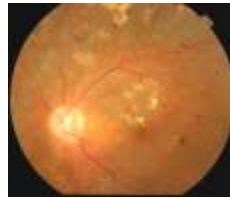
Removal of vitreous was once thought of a dangerous procedure and not done as a routine. With understanding the disease and advent of modern vitreoretinal instruments and technique, it is done in a wide variety of patients with predictable results.

In this procedure diseased vitreous is removed, and it is replaced by ringer lactate solution. Vitrectomy is helpful in following conditions:

**Vitreous Haemorrhage:** due to injury, eale's disease, diabetic retinopathy or vascular occlusion are managed by simple vitrectomy with good results. Laser photocoagulation may be done as a supplemental treatment at the end of surgery.

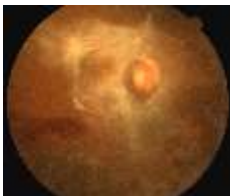


**Vitreous Haemorrhage**  
Pre operation

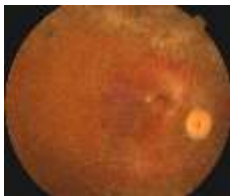


**Vitreous Haemorrhage**  
Post operation

**Diabetic Retinopathy** with advanced fibrovascular proliferation or traction on macula or detachment can be managed reasonably well with highly skilled bimanual vitrectomy techniques combined with endolaser and gas or silicon oil.



**Diabetic Retinopathy**  
Pre operation

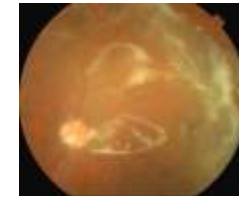


**Diabetic Retinopathy**  
Post operation

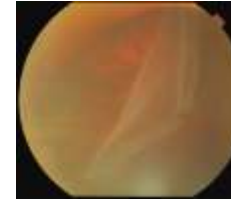
**Complicated Retinal Detachment or Giant Retinal Tear** can be treated well by vitrectomy, removal of scar tissue around retina, endolaser, silicon oil temponade and scleral buckling. Perfluorocarbon liquid (PFCL) may be used during surgery to reattach retina.



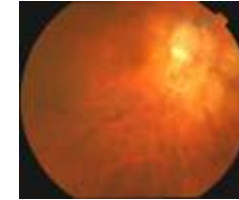
**Complicated RD**  
Pre operation



**Complicated RD**  
Post operation

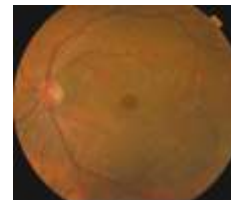


**Giant Retinal Tear**  
Pre operation

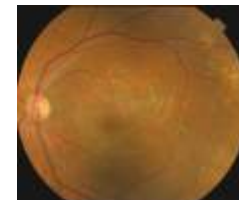


**Giant Retinal Tear**  
Post operation

**Macular Hole & Macular Pucker** are managed very well by vitrectomy operation with good anatomical result. The vision improvement is modest in successful surgeries.



**Macular Hole**  
Pre operation



**Macular Hole**  
Post operation



**Macular Pucker**  
Pre operation



**Macular Pucker**  
Post operation

Complications following Phakoemulsification surgeries for cataract are managed very well with predictable result by vitrectomy procedure.