



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

Dr. Vatsal S. Parikh M.S., D.O.M.S., F.C.P.S.

FELLOW SANKARA NETHRALAYA, (CHENNAI)

210-211, Radhe Vallabh C.H.S. (Formerly Modi Chambers),
2nd Floor, French Bridge Corner, Opera House, Mumbai - 400 004.

Tel. : +91-22-2388 0505, 2380 4086, 2386 4191

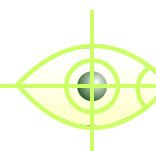
Resi.: 2367 7111, 2361 2996 • Fax : 2388 7738

Email : rajvi@vsnl.com • Website : www.drushti.com

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

Eye & Retina Centre
& Rajvi Nursing Home



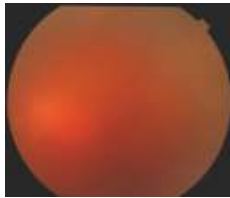
Putting 'EYE' before 'I'

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

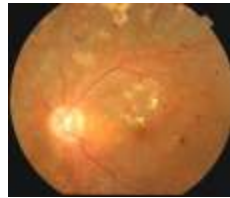
Removal of vitreous was once thought of a dangerous procedure and not done as a routine. With understanding the disease and advent of modern vitreoretinal instruments and technique, it is done in a wide variety of patients with predictable results.

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.

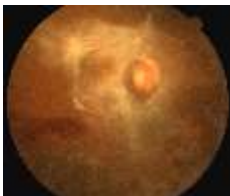


Vitreous Haemorrhage
Pre operation

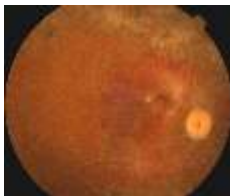


Vitreous Haemorrhage
Post operation

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

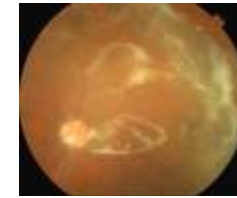


Diabetic Retinopathy
Post operation

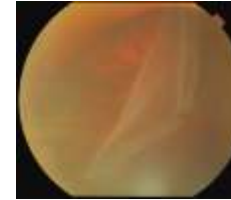
Complicated Retinal Detachment or Giant Retinal Tear can be treated well by vitrectomy, removal of scar tissue around retina, endolaser, silicon oil temponade and scleral buckling. Perfluorocarbon liquid (PFCL) may be used during surgery to reattach retina.



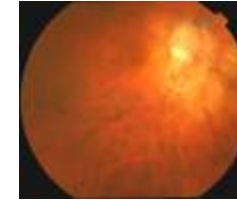
Complicated RD
Pre operation



Complicated RD
Post operation

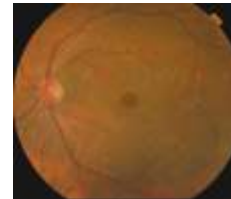


Giant Retinal Tear
Pre operation

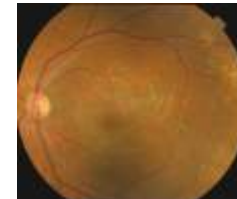


Giant Retinal Tear
Post operation

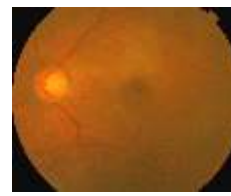
Macular Hole & Macular Pucker are managed very well by vitrectomy operation with good anatomical result. The vision improvement is modest in successful surgeries.



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.