

## Abstract 113

### POSTOPERATIVE COMPLICATIONS OF COMBINED PHACOEMULSIFICATION AND PARS PLANA VITRECTOMY IN DIABETIC RETINOPATHY PATIENTS

Oral

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#### **Purpose:**

To compare intra- and postoperative complications in combined phacoemulsification and pars plana vitrectomy surgeries performed in patients with non-proliferative diabetic retinopathy (NPDR) versus proliferative diabetic retinopathy (PDR).

#### **Methods:**

Retrospective, case series of patients with diabetic retinopathy who underwent combined phacovitrectomy surgery between 2008 and 2017. We compared intraoperative complications including posterior capsular rupture and retinal tear, and postoperative complications including corneal edema, macular edema (ME), epiretinal membrane (ERM), neovascular glaucoma and persistent inflammation.

#### **Results:**

A total of 104 eyes of 104 patients were included in this study. 24 eyes (23.1%) were categorized as NPDR and 80 eyes (76.9%) as PDR. The most common intraoperative complication was retinal tear (8% in NPDR and 19% in PDR,  $p=0.195$ ) and postoperative complication was ME (29% in NPDR and 26% in PDR,  $p=0.778$ ). There were no statistically significant differences in intra- and postoperative complication rates between the NPDR and PDR groups, even after adjusting for confounders; patient age at surgery and indication for surgery.

#### **Conclusions:**

After combined phacovitrectomy in NPDR and PDR patients, new-onset ME was found in about a quarter of eyes in both groups. Intraoperative anti-VEGF or steroid administration, and intense postoperative anti-inflammatory medication and follow-up should be regarded after phacovitrectomy regardless of the DR level.