

## Abstract 131

### COMPLICATIONS OF COMBINED VITRECTOMY AND PHACOEMUSLFICATION IN VITRECTOMY FOR DIABETIC RETINOPATHY

Oral

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#### **Purpose:**

Combining vitrectomy with phacoemulsification allows faster visual recovery and enhance cost effectiveness. However, intraoperative and postoperative complications are more likely to occur especially in diabetic patients. Our purpose is to report the complications of phacoemulsification in combination with vitrectomy for in diabetic vitrectomy.

#### **Methods:**

We searched operative records for of 1341 PPV for Diabetic vitrectomy. We reviewed patients records for preoperative characteristics, indications of surgery, the use of preoperative Anti-Vascular Endothelial Growth Factor agents, surgical technique used, Gauge size, type of tamponade, the inclusion of cataract surgery, the rate of complications and visual outcomes.

We included patients who had surgeries from January 2010 until December 2016. Exclusion criteria was indications not related to diabetic retinopathy, short follow up and incomplete documentation. Visual acuity was recorded in the first postoperative visit and 6 months after the surgery or after Removal of Silicon Oil.

#### **Results:**

In total out of 1341 PPV for Diabetic vitrectomy only 289 (21.6%) underwent combined Phacoemulsification.

Cataract surgery related complications with a rate of 13.8% (40 of 289 cataract surgeries) divided into Posterior capsular rupture (PCR), nuclear fragments drop in the vitreous cavity, Aphakia, hyphema and persistent postoperative high IOP.

Overwhelmingly most complications occurred in vitreous hemorrhage 76% cases followed by tractional retina detachment 9%. Of the 39 cases of PCR 5 eyes were left Aphakic Only one patient who was reported to have active Neovascularization of the iris developed postoperative hyphema.

#### **Conclusions:**

Combining phacoemulsification and Vitrectomy for coexisting cataract and Diabetic retinal pathologies has high rate of complication compared to routine cataract surgery. However, these complications are typically managed intraoperatively and yield favorable outcome. We believe that accounting for the financial and patients satisfaction the benefits overweights the risks.