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A SIMPLE TECHNIQUE TO REDUCE THE ANTERIOR CHAMBER HEAVY SILICONE OIL RESIDUES AFTER EXTRACTION PROCEDURES

Poster

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Purpose:

To describe a simple technique to reduce the anterior chamber heavy silicone oil (HSO) residues after HSO extraction. We use this procedure routinely during the HSO extraction surgery.

Methods:

After placed the three 23-Gauge trocars and the infusion canula, we open the infusion system with a 25mmHg pressure. We open the anterior chamber with a 20-Gauge needle at 10 o'clock position for the right eye and 2 o'clock position for the left eye. We enter in the anterior chamber with a 25 Gauge backflush flute with a silicone tip needle. We use the passive aspiration, produced by the infusion pump at 25 mmHg, to remove the silicone micelles deposited in the iridocorneal angle and on the IOL surface. After this procedure we continue with the standard HSO extraction technique.

Results:

In comparison with poli-dimethylsiloxane (PDMS), the use of HSO is more frequently associated to inflammatory reactions and increase in IOP in susceptible patients. Higher inflammatory reactions using HSO seem to be triggered due to their emulsification tendency¹. The duration of tamponade application seems to be associated to an increased risk of inflammation²⁻⁴. We believe that leaving silicone micelles in the anterior chamber, after silicon extraction, can promote inflammation and IOP elevation. We have been using this procedure routinely during the HSO extraction surgery for 2 years. We had no cases of IOP elevation or inflammation after HSO extraction.

Conclusions:

Studies are needed for validation of this technique.