MACULAR HOLE REPAIR: EFFECT OF SIZE AND NON-SUPINE POSTURE ON POST-OPERATIVE OUTCOMES

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Purpose: Traditionally, for achieving a favorable post-operative outcome a face-down posturing (FDP) for up to two weeks is considered critical for successful closure of the macular hole (MH). FDP, however, is uncomfortable, disabling and associated with a major burden to patient. The aim of our study is to examine the role of MH size and non-supine posturing in MH closure.

Methods: A review of data for 115 eyes with idiopathic macular holes treated surgically between 2016 and 2019 was performed. Exclusion criteria included vitreomacular traction, previous retinal detachment, chronic or myopic MH. All patients were evaluated and surgically managed by a single surgeon.

Results: The average age was 69.1 years old and females comprised 72.2% of this group. Anatomical success was achieved in 93% of cases with a single operation (108 patients). In particular MH closure in small holes (=400 um) was 96.5% and 91.3% in large MH (400 um). Vision improved in 86% of the patients. Average preoperative best corrected visual acuity was 20/200 with overall improvement of 5 Snellen lines. Small holes improved in 84% and average of 3 Snellen lines whereas large hole improve in 88% and average of 6 Snellen lines.

Conclusions: Favorable anatomical and functional outcomes were achieved with the elimination of face down positioning in the postoperative period. These outcomes are comparable to the traditional FDP. Additional benefits are an increase in patient acceptance, compliance and the number of patients eligible for the procedure.

Disclosure: No. No financial support