

# Sutureless Transconjunctival 20 Gauge Vitrectomy and Astigmatism

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## Sutureless Transconjunctival 20 Gauge Vitrectomy and Astigmatism

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**Background :** To report result of sutureless transconjunctival vitrectomy and induced astigmatism during learning curve.

**Methods :** The study design was descriptive study. A 20G MVR blade was introduced beveled, slowly, parallel with the limbus, creating conjunctivo-scleral tunnel incision as long as possible. Unnecessary exchange of the instrument through the tunnels was avoided. At the end of the operation intraocular pressure was normalized. Automated-keratometry was done pre-operatively (K1) and day 7 postoperatively (K2). Intraocular pressure was measured preoperatively; day 1, day 3 postoperatively. Healed inflammation was evaluated at 3 weeks. All patients grouping in 3 groups consisted of 10, 10 and 12 patients.

**Results :** Of 32 consecutive patients underwent vitrectomy with the technique, the surgeon observed no difficulties for maneuverings while doing vitrectomy as with conventional 20G vitrectomy. Comparing induced astigmatism, there was no significant difference between early learning curve (group 1 consist of 10 patient) with other groups. It was shown that clinically, the true learning curve were the first three patient as seen in group 1, and the rest cases need almost similar Total Time.

**Conclusion :** Transconjunctival sutureless 20G needs induced non significant astigmatism during learning curve.

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★ Eustratios V. Gotzaridis. "Sutureless Transconjunctival 20 Gauge Pars Plana Vitrectomy", Seminars in Ophthalmology, 2009

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