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FP4: Free Paper Public Health

Chairman: Watanee Jonchitr
Co-chairman: Farida Sirian
Judge: Apirak Chaiwiratana

FP4-01: High prevalence of myopia among first year medical students of Faculty of Medicine Universitas Gadjah Mada, Yogyakarta, Indonesia – Agung Nugroho (Indonesia)

FP4-02: Diabetic retinopathy screening in Brunei Darussalam: Nadir Ali (Brunei Darussalam)

FP4-03: Visual acuity improvement and cost saving of vitrectomy between local anesthesia and general anesthesia - Gilbert WS Simanjuntak (Indonesia)

FP4-05: Validation study to prevalence of blind resulted from NHBR 2013- Farida Sirian (Indonesia)

FP4-06: A retrospective review on the causes of blindness and visual impairment among children who were enrolled in a school for the blind in Manila Philippines from 1996 to 2012- Carlos Chua (Philippines)

FP4-07: Prevalence of glaucoma and diabetic retinopathy in the elderly Javanese Indonesian population: The Yogyakarta eye study- Suhardjo Ranu (Indonesia)

10.00-10.30: Coffee Break and E-Poster Presentation
SYM 8-L5: Oculoplastic

Instruction Course II: Diagnosis and Management of Lacrimal Diseases

Chairman: Sunisa Sintuwong
Co-chairman: Thanypat Benjhwaleemas

How to diagnose the tearing patient and office procedures for tearing patients- Kyung In Woo (Korea)

Pearls for endoscopic lacrimal surgery- Bobby S Korn (US)

The Jet door flap- Nattawut Wanumkaen (Thailand)

The failed DCR: What next- Don O Kikawa (US)

SYM 8-L7: ASEAN Eye Hospital Association

Information Technology: Electronic Medical Records and Mobile Eye Apps Changing Delivery of Eye Care Worldwide

Chairman: Sirtihorn Rutnin
Co-chairman: -

Implementation of EMR in Jakarta Eye Center: Paperless records, steps for faster service- Johan Hutaurak (Indonesia)

EMR implementations in eye hospitals in the USA: Successes & challenges- Robert Betz (USA)

Mobile apps and automation: Enhancements for fast and seamless patient care- Jean-Pierre Dumas (Thailand)

Mobile Apps improving patient care and collaborative with eye care providers- Charity Wai (Singapore)

10.00-10.30: Coffee Break and E-Poster Presentation
FP4-03

Visual acuity improvement and cost saving of vitrectomy between local anesthesia and general anesthesia

Gilbert W S Simanjuntak

Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
Department of Ophthalmology, Cikini KCI Hospital, Jakarta, Indonesia

Presenting author e-mail: retinoid@yahoo.com
Contact E-mail: retinoid@yahoo.com

Abstract:

Objective: To report cost-effectiveness analysis of vitrectomy between local and general anesthesia for rhegmatogenous retinal detachment.

Methods: Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy, and units cost data were given by both hospitals.

Results: The amount of Rp. 23.959.000 - was needed to achieve effectiveness 32% in general anesthesia. The amount of Rp. 15.950.200 - was needed to achieve effectiveness 80% in local anesthesia. These data interpretation and extrapolation should be done cautiously. There is cost-minimization 50.12% when doing vitrectomy under local versus general anesthesia.

Conclusions: Vitrectomy for rhegmatogenous retinal detachment can be done under local anesthesia with higher effectiveness and lower cost.

Keywords: Local anesthesia, retinal detachment, cost-effective analysis

FP4-05

Validation study to prevalence ofblind resulted from NHBR 2013

Farida Sirian¹, Lulu Fattah², Nylvia Sardi¹, Yeni Dwi Lestari²

¹Vice President, Indonesia Ophthalmologist Association, Indonesia
²Research and Development Section, IGA, Indonesia
³Community Program Section, IGA, Indonesia

Presenting author e-mail: sirianfarida@gmail.com
Contact E-mail: sirianfarida@gmail.com

Abstract:

Objective:

- to know validity of the data of Blind n VI from NBHR 2013
- to find the correction factor of the data of Blind and VI from NBHR 2013

Method: The data of blind and visual impairment (n: 150) reported by NHBR will be reconfirmed by ICA enumerators in 3 provinces selected and will use stata 12 for data analyzing.

Results: will be presented later

Conclusion: will be presented later

Keywords: Prevalence of blind, validity, NHBR 2013
FP6-01

Foveal sensitivity after half-dosage Visudyne with Photodynamic therapy in Central Serous Chorioretinopathy (CSCR)

Papawan Pitajaturon1, Thuss Sangmuang, Tanapai Ratnapakorn, Suthasinee Srinawat, Cheavakj Bhoombunchoo, Yusanan Yospalboon

Department of Ophthalmology, Khonkaen University, Thailand

Contact E-mail: yusanan66@gmail.com

Abstract:

**Objective:** To study foveal sensitivity in patients who got half-dosage visudyne with full fluence photodynamic therapy (HD-PDT).

**Methods:** 24 patients, were diagnosed CSCR and treated with HD-PDT were enrolled in this study. Both oculars were examined including best corrected visual acuity (BCVA) in LogMAR, macular thickness (μm), macular volume (mm³) and IS/OS junction, computerized tomography visual field in program 10-2 with foveal threshold (dB) and mean retinal sensitivity (dB) both eccentric and quadrant area. The data of study eye was compared with the data of another as control. Spot size of LASER (μm), duration (week) before treatment and after treatment was recorded. STATA was statistic analysis.

**Results:** 17-patient was male and mean age was 46-year-old (36-68). BCVA before and after HD-PDT was 0.26±0.3 LogMAR and 0.07±0.15 LogMAR, respectively (p<0.05). Mean spot size of LASER was 2.116 μm (1.086-4.398 μm), mean duration time before treatment was 32 weeks (15-56 weeks) and after treatment was 130 weeks (48-216 weeks). Foveal threshold was 28.75±6.52 dB in study eye and 32.33±3.35 dB in control eye, (p<0.05). The 5-patient was loss IS/OS junction and the 2-patient was subretinal fluid persistent.

**Conclusion:** HD-PDT can promote clinically statistical significant improving visual acuity but it can affect the foveal and retinal sensitivity. Monitoring in foveal sensitivity and visual acuity may be necessary in long-term follow-up.

**Keywords:** CSCR, Photodynamic therapy, foveal sensitivity

FP6-02

Membrane peeling and shorter waiting time increase succesfull rate of retinal detachment surgery

Gilbert WS Simanjuntak1,2

1Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
2Department of Ophthalmology, Ciliwung CE Hospital, Jakarta, Indonesia

Contact E-mail: retinal@yahoo.com

Abstract:

**Objective:** To report vitrectomy result of retinal detachment.

**Methods:** Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy. Surgical procedure was recorded, and analyzed.

**Result:** Effectiveness was 80% under local anesthesia, and 32% under general anesthesia. These data interpretation and extrapolation should be done cautiously. Multivariate analysis of effectiveness and cost showed that variables of detachment duration if less than 4 weeks (RR 1.85) and of local anesthesia (RR 2.58) were contributing for better surgical outcome. Shorter waiting time (time needed for surgery after diagnosed) and more membrane peeling done in local anesthesia group were different variables (p 0.00) between two groups significantly.

**Conclusions:** Membrane peeling and shorter waiting time increase successful rate of vitrectomy for retinal detachment.

**Keywords:** Successful rate, health service, membrane peeling
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<thead>
<tr>
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<td>Srivannaboon, S</td>
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</table>
Dear Gilbert W S Simanjuntak,

Thank you very much for your kind submission. The recommendation on your abstract submission is as below for your kind information. If your status is accepted, you are requested to register by 20<sup>th</sup> December 2013, 24.00 hrs at GMT+7 to include your abstract in final program book.

**Your initial submission:**
Submission number: ABS0039
Abstract presentation type : Either Oral or PosterPresentation
Abstract topic area : Vitreous and Retina
Abstract title: Membrane peeling and shorter waiting time increase successfull rate of retinal detachment surgery

**Your abstract was accepted as oral presentation.**
**Your recommended topic area is** Vitreous and Retina

We thank you very much for your kind participation and we remain available for any query.

**Best Regards,**

Paisan Ruamviboonsuk MD.
Chairperson of 1st AOS 2014 Organizing Committee

Congress Secretariat: conference@aos2014bangkok.org
http://www.aos2014bangkok.org
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Gillbert W. S. Simanjuntak

has been awarded

the BEST PAPER in session of

RETINA

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‘Ten Countries, One Society, One Vision’
July 9-11, 2014

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Chairman, Organizing Committee

Jutalai Tanterdtham, MD
Scientific Committee Chair
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'Ten Countries, One Society, One Vision',
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Membrane peeling and shorter waiting time increase successful rate of retinal detachment surgery

Gilbert W S Simanjuntak

1Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
2Department of Ophthalmology, Cikini CCI Hospital, Jakarta, Indonesia

Presenting author e-mail: retinaid@yahoo.com
Contact E-mail: retinaid@yahoo.com

Abstract:

Objective: To report vitrectomy result of retinal detachment.

Methods: Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy. Surgical procedure was recorded, and analyzed.

Result: Effectiveness was 80% under local anesthesia, and 32% under general anesthesia. These data interpretation and extrapolation should be done cautiously. Multivariate analysis of effectiveness and cost showed that variables of detachment duration if less than 4 weeks (RR 1.85) and of local anesthesia (RR 2.58) were contributing for better surgical outcome. Shorter waiting time (time needed for surgery after diagnosed), and more membrane peeling done in local anesthesia group were different variables (p 0.00) between two groups significantly.

Conclusions: Membrane peeling and shorter waiting time increase successful rate of vitrectomy for retinal detachment.

Keywords: Successful rate, health service, membrane peeling
Membrane peeling and shorter waiting time increase successful rate of retinal detachment surgery

Gilbert WS Simanjuntak

Dept. of Ophthalmology Medical Faculty UKI
Cikini Eye Institute/Cikini CCI Hospital
Jakarta, Indonesia
no financial interest in items discussed
Objective

✓ To report vitrectomy result of retinal detachment from two different hospitals

Methods

✓ Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria.

✓ Improvement was visual acuity increased two or more logMAR scale after vitrectomy.

✓ Surgical procedure was recorded, and analyzed.
Pre operative equality:

- Initial VA
- Funduscopic finding including
  - Tear size
  - Duration of detachment
  - Media clarity

Surgical procedure: complete procedure (BB + PPV ± MP ± HF + EL + Tamponade)
## Result

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group 1</th>
<th>Group 2</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demography:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Age (year)</td>
<td>$46.42 \pm 16.25$</td>
<td>$50.28 \pm 13.36$</td>
<td>0.20</td>
</tr>
<tr>
<td>- Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>35 (70 %)</td>
<td>42 (84 %)</td>
<td></td>
</tr>
<tr>
<td>Medium-Low</td>
<td>15 (30 %)</td>
<td>8 (16 %)</td>
<td>0.15</td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>27 (54 %)</td>
<td>27 (54 %)</td>
<td>0.58</td>
</tr>
<tr>
<td>Female</td>
<td>23 (46 %)</td>
<td>23 (46 %)</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmology:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Detachment (day)</td>
<td>$110.80 \pm 24.13$</td>
<td>$85.08 \pm 17.52$</td>
<td>0.43</td>
</tr>
<tr>
<td>- Initial BCVA</td>
<td>$2.10 \pm 0.622$</td>
<td>$1.97 \pm 0.92$</td>
<td>0.42</td>
</tr>
<tr>
<td><strong>General condition:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hemoglobin</td>
<td>$15.11 \pm 0.94$</td>
<td>$15.51 \pm 1.17$</td>
<td>0.17</td>
</tr>
<tr>
<td>- Leukocyte</td>
<td>$7.48 \pm 0.89$</td>
<td>$7.68 \pm 0.78$</td>
<td>0.71</td>
</tr>
<tr>
<td>- Thrombocyte</td>
<td>$240.40 \pm 25.15$</td>
<td>$247.88 \pm 30.20$</td>
<td>0.28</td>
</tr>
<tr>
<td>- Blood sugar</td>
<td>$89.82 \pm 9.80$</td>
<td>$88.62 \pm 9.70$</td>
<td>0.77</td>
</tr>
<tr>
<td>- Prothrombine time</td>
<td>$12.72 \pm 0.76$</td>
<td>$12.40 \pm 0.57$</td>
<td><strong>0.06</strong></td>
</tr>
<tr>
<td></td>
<td>Improvement</td>
<td>No Improvement</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>mean</td>
<td>2.01</td>
<td>2.06</td>
<td></td>
</tr>
<tr>
<td>sd</td>
<td>0.86</td>
<td>0.68</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p</td>
<td>0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Group 1</td>
<td>Group 2</td>
<td>p</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>------------------------------</td>
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<tr>
<td><strong>Pre-operasi</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detachment duration (day)</td>
<td>$95.96 \pm 18.46$</td>
<td>$125.44 \pm 23.79$</td>
<td>0.33</td>
</tr>
<tr>
<td>- Pre-op waiting time</td>
<td>$14.64 \pm 3.61$</td>
<td>$10.88 \pm 6.83$</td>
<td>0.00</td>
</tr>
<tr>
<td>- Range</td>
<td>1 - 123</td>
<td>0 - 335</td>
<td></td>
</tr>
<tr>
<td>Detachment duration prehospital</td>
<td>$83.44 \pm 18.46$</td>
<td>$114.56 \pm 19.98$</td>
<td>0.23</td>
</tr>
<tr>
<td>- Range</td>
<td>3 - 729</td>
<td>6 - 667</td>
<td></td>
</tr>
<tr>
<td><strong>During surgery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membrane peeling (PVR)</td>
<td>- Done 2 (4%)</td>
<td>16 (32%)</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>- Undone 48 (96%)</td>
<td>34 (64%)</td>
<td></td>
</tr>
</tbody>
</table>
# Multivariate Modelling

<table>
<thead>
<tr>
<th>Variable</th>
<th>$\beta$</th>
<th>OR (95% CI)</th>
<th>RR corrected (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia (local vs general)</td>
<td>2.31</td>
<td>8.51</td>
<td>2.58</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3.53 – 20.52)</td>
<td>(2.04 – 13.35)</td>
</tr>
<tr>
<td>Age (&lt;50 yrs vs ≥50 yrs)</td>
<td>-1.41</td>
<td>0.96</td>
<td>0.32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.94 – 0.99)</td>
<td>(0.14 – 0.66)</td>
</tr>
<tr>
<td>PVR (MP done vs undone)</td>
<td>-0.44</td>
<td>0.78</td>
<td>0.73</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.25 – 2.42)</td>
<td>(0.20 – 1.57)</td>
</tr>
<tr>
<td>Detachment duration (&lt;4 wks vs ≥ 4 wks)</td>
<td>1.13</td>
<td>3.08</td>
<td>1.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.00 – 9.51)</td>
<td>(0.98 – 2.58)</td>
</tr>
</tbody>
</table>

Logit [Improvement] = - 1.351 + 2.312*Anesthesia - 1.410*Age - 0.438*PVR + 1.131*Detachment duration
Probability for improvement

\[ P = \frac{\text{Exp} (-1.351 + 2.312 \times \text{Anesth} - 1.410 \times \text{Age} - 0.438 \times \text{PVR} + 1.131 \times \text{Detachment duration})}{1 + \text{Exp} (-1.351 + 2.312 \times \text{Anesth} - 1.410 \times \text{Age} - 0.438 \times \text{PVR} + 1.131 \times \text{Detachment duration})} \]

Variable of break size and location was recorded incomplete, not comparable.
Discussion

✓ PVR grade A and B, need only vitrectomy

✓ There is no significant difference of surgical result between operator, even between new and experienced surgeon [Mazinani BAE 2012]

✓ Younger age increased risk of PVR, which may cause redetachment
✓ Proliferative vitreo-retinopathy (PVR) reduce probability of retinal attachment,
  ✓ RR 0.73 (95% CI: 0.20 – 1.57)
✓ Model is significant (p 0.00), and $R$ square 0.398

[Daniel WW 1987]
Conclusion

Better surgical outcome can be achieved by:

- Shorter waiting time preoperative in hospital
- More membrane peeling procedure (cleaner surgery)
THANK YOU