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Restrictive strabismus surgery using topical anesthesia

In thyroid ophthalmopathy, approximately 5% of patients may require strabismus surgery, the goal of the surgical intervention being the release of diplopia in primary and reading positions. In such cases, intraoperative dosage depends on the deviation measured preoperatively, the intraoperatively tested passive motility and the surgeon's experience.

However, the overcorrection, which occurs even after adjustable surgery, can lead to a series of complications, especially in cases of inferior muscle recession (most commonly affected in thyroid ophthalmopathy): ocular proptosis growth, lower eyelid retraction, vertical incomitance (A phenomena), down-gaze limitation, secondary contracture of the ipsilateral antagonists. To minimize all these risks, in cases of thyroid ophthalmopathy we practice restrictive strabismus surgery using topical anesthesia, this method having the advantage of active motility testing intraoperatively comparing to adjustable surgery

This paper presents step by step an inferior rectus recession performed after topical anesthesia cases with severe hypotropia.

Biography

Ciubotaru Andreea completed her Medical degree at Carol Davila University of Medicine and Pharmacy, Romania in 1998 and; Ophthalmology Residency at Emergency Eye Hospital, Bucharest from 2000–2005. In 2011, she completed her PhD at Ludwig Maximilian University Munich, Germany, with the thesis entitled "The superior oblique posterior tenectomy as therapy for congenital Brown's syndrome". Since 2007, she is the Medical Director of Infosan Eye Clinic Bucharest; President of Romanian Society of Pediatric Ophthalmology and Strabismus and Member of Romanian Society of Cataract and Refractive Surgery and Board Member of Romanian Society of Ophthalmic Genetics. She contributes as author in many Romanian and international congresses and also books of ophthalmology. Her preferred topics are strabismus, amblyopia, congenital cataract, and ophthalmic genetics.

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