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Primary retinal detachment: The development of techniques for repair during the past 85 years

Ingrid Kreissig

University of Mannheim, Germany

Introduction: The evolution of the present surgical approaches for reattachment of a primary rhegmatogenous retinal detachment and the issues which had determined the changes in the various techniques will be analyzed from 1929 to 2014.

Materials & Methods: Literature of retinal detachment surgery during the past 85 years is reviewed of which the author could experience the ongoing changes in the treatment modalities during the past 45 years. During this long period of time 6 conceptual progresses had developed in the treatment of a retinal detachment. That had implied a change from surgery of the entire retinal detachment to a surgery limited to the retinal break and a change from extraocular to intraocular surgery for achieving retinal reattachment.

Results: All 4 major surgical approaches for repair of a primary retinal detachment, applied in the beginning of the 21st century, have still one common premise for sustained success: To find and close the leaking break which caused the primary retinal detachment and which could cause a redetachment, if not sealed off sufficiently. This is independent whether the surgery is limited to the area of the break or extending over the entire detachment, as well whether it is performed as an extra-ocular or intraocular procedure.

Conclusion: To find and close the leaking retinal break in a primary retinal detachment once and for all has accompanied the efforts of the retinal detachment surgeons as a “red thread” over the past 85 years and is still the premise for sustained reattachment. However, four postulates will have to be fulfilled today: Retinal reattachment should be achieved already with the 1st operation, the surgery should have a minimum of morbidity, it should not harbor secondary complications jeopardizing regained visual acuity during subsequent years and the surgery should be performed on a small budget and under local anesthesia.

Ingrid.Kreissig@medma.uni-heidelberg.de

Assessment of ophthalmic drug use at Boru hospital (BH), Dessie, northeast Ethiopia

Oumer Sada

Wollo University, Ethiopia

Background: Recently in the discipline of ophthalmology, there have been many developments and introduction of new ocular therapeutic agents. In order to improve drugs therapeutic efficacy, minimize adverse effects, and delay development of resistance drug utilization trends and patients need to be evaluated periodically.

Objective: To assess the prescribing, drug use and dispensing practice of ophthalmic drugs at Boru Hospital.

Methodology: Cross sectional study was conducted on patients attending outpatient department pharmacy of Boru Meda hospital to collect their medicines. Prescriptions of 84 patients encountered were analyzed using World Health Organization (WHO) prescribing indicators and additional indices.

Result: Analysis showed that the mean number of drug per prescription was 2.2 and 97.2% of prescribed drugs were from the national essential drug list. 89.5% of drugs were prescribed by their generic name. Majority of the prescribed drugs were antibiotics (62.7%) and only 17.7% of the prescriptions had frequency of dosing. Percentage of patients with good post-dispensing knowledge on the dispensed ophthalmic drugs was 37.1%. Dispensing and counseling time were 18sec and 1.30 minute respectively.

Conclusion: The study indicated an awareness of poly-pharmacy but showed ample scope for improvement in encouraging the prescriber to write complete prescription and the dispenser to provide adequate counseling.

oumer.sada@gmail.com