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Changes from Beginning to Present in the Treatment of a Retinal Detachment

Ingrid Kreissig

University of Heidelberg, Germany

The changes in the treatment of a retinal detachment will be analysed, starting from its beginning up to present. There had been a change from a surgery of the entire retinal detachment to a surgery limited to the area of the break, which, however, had to be found precisely. To make this easier possible, 8 Rules were defined to localize the break. Subsequently a change from the extraocular approach for treatment to an intraocular approach had followed.

In the beginning of the 21st century 4 major surgical techniques for repair of a retinal detachment had developed. But all of them have still one issue in common: To find and close the retinal break which had caused the detachment and which would cause a redetachment, if not found and sealed off sufficiently.

Conclusion: To find and close sufficiently the break(s) in a retinal detachment had been the efforts of retinal detachment surgeons during more than 8 decades. However, today 4 postulates have to be fulfilled for any applied option of a retinal detachment surgery: (1) The retinal reattachment should be obtained with the 1st operation, (2) the procedure should harbour a minimum of morbidity, (3) not result in secondary complications jeopardizing regained visual acuity and (4) it should be performed on a small budget and in local anaesthesia, by this taking in account the upcoming high costs for the presently available helpful treatment options for AMD.