Demonstrations on the Treatment of Retinal Detachment

J.		Ten Doesschate
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Utrecht

Discussion

De Haas asked if speaker has ever encountered a filamentary keratitis after sclera operations.

Ten Doesschate: If this complication has ever occurred, it has escaped our notice.

Manschot: In connection with the dangers of puncture after operation, I should like to recall the scratch incision with a lancet used by Prof. Zeeman, which allows a more gradual ebbing away of subretinal fluid.

Ten Doesschate: This is certainly a valuable technique. We also use a modification of this method; puncture of the choroid after a scleral flap has been prepared.

Flieringa: 1. It is not clear to me why, if the sclera is partially necrotic, a "reefing" operation can be performed but a lamellar excision cannot. The introversion of a necrotic mass into the eye-ball is surely very risky. 2. Speaker stresses the importance of avoiding haemorrhages during the operation as far as possible. It is not clear to me how the surgeon is to do this. Of course he must avoid technical mistakes.

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Ten Doesschate: Re 1.: In the cases which we are considering here the sclera is so necrotic that excision is completely impossible. The "reef" is then the only possible way of producing a buckling effect.

Re 2.: One can attempt to prevent haemorrhages by choosing the site of puncture very carefully, by performing the puncture very carefully, and by avoiding rapid lowering of the pressure.

Nevertheless, sometimes severe haemorrhages occur quite unexpectedly.

Janssens: Concerning the measures for preventing haemorrhages in operations for retinal detachment, I should like to draw attention, among other things, to the venae vorticosae.

Schepens points this out, and Weve was also extremely careful in this connection. I have several times seen a subretinal haemorrhage following on a lesion of these veins. The mechanism involved is not clear to me. During dissection it is important to bear in mind that their position is very variable and, when the puncture is made, that the veins traverse the sclera diagonally so that they are vulnerable along a line leading to their exit.

Henkes: The most serious complication of the cerclage operation is thrombosis of the venae vorticosae. The chemosis of the eyelids and conjunctiva
the restriction of movement
etc.

coupled with opacity of the media

make one fear a post-operative infection. Very extensive detachment of the choroid occurs.

According to Duke-Elder

the prognosis is not unfavourable. In a case observed by us

the retina became well apposed
the opacities in the media disappeared
and the chemosis also cleared up. The sight
however
was entirely lost.