

# Why Does Pneumatic Retinopexy Have Such Varied Outcomes?



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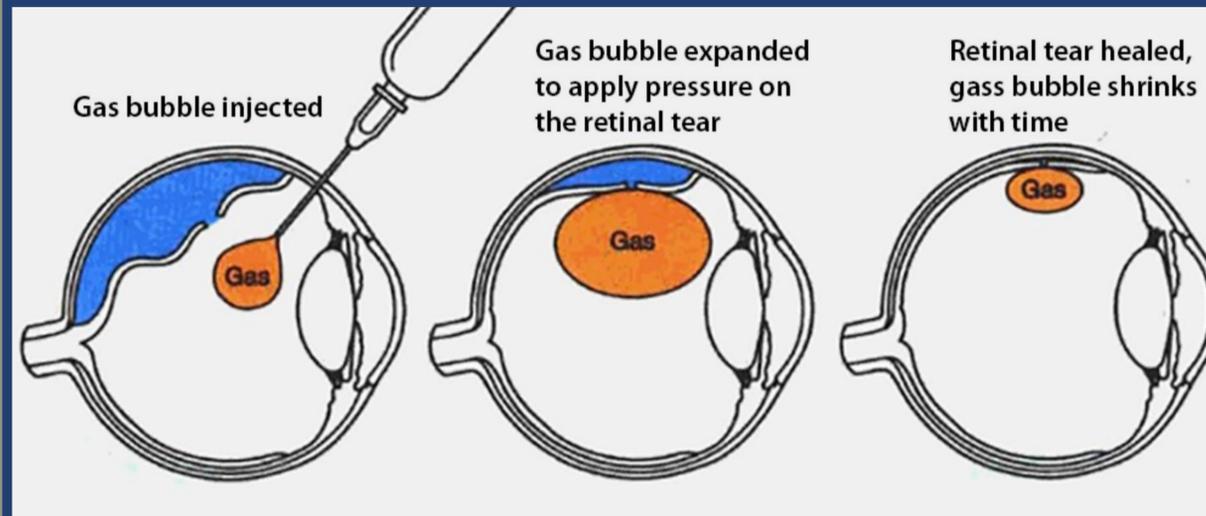
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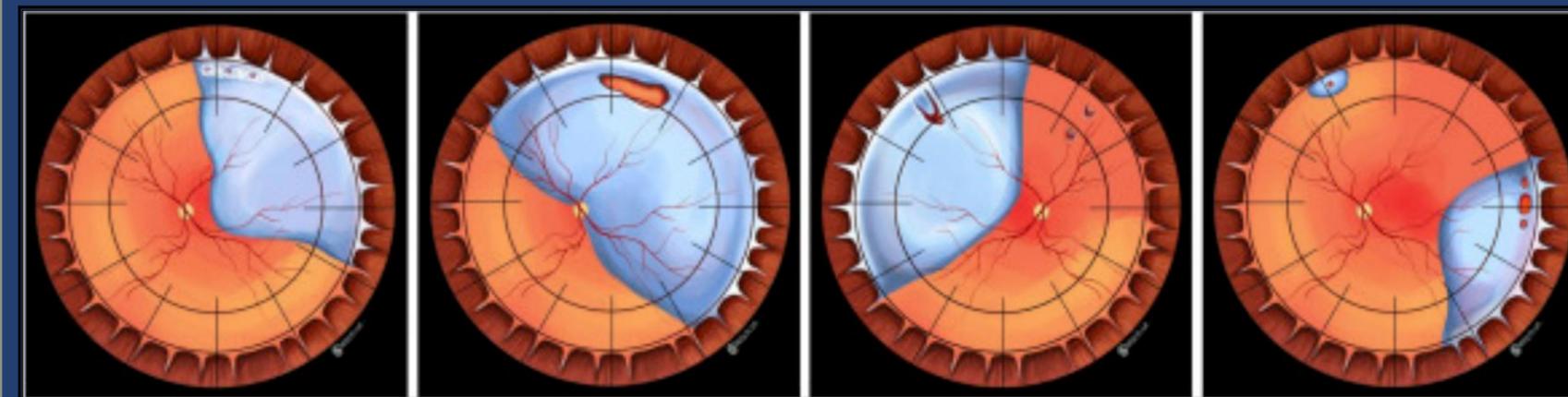
## INTRODUCTION

- Pneumatic retinopexy (PR) is used to repair retinal detachments ideally in phakic patients who have a single break or multiple smaller breaks in the superior 8 clock hours of the fundus
- The single-procedure success rate of PR is highly variable and has been reported to range between 43.7% and 95.5%, with a mean of 74.4% across all studies<sup>2</sup>



Study Date, Author	Single Op. Suc. Rate	Secondary Op. Suc. Rate
2006, Zaidi <sup>5</sup>	54.1%	66%
2018, Hiller <sup>1</sup>	80.8%	98.7%
2015, Cohen <sup>3</sup>	59.5%	97.6%
2002, Kleinmann <sup>4</sup>	75%	95%

- A previous multi-institutional study showed that success rates between vitreoretinal fellows varied depending on how many PR procedure had been performed by that fellow
- This begs the question: Is variable training a culprit in the variable success rates we see?



Examples of good candidates for pneumatic retinopexy

## METHODS

- Through the use of Qualtrics (QR Code above) we are performing a cross-sectional study of the continent's vitreoretinal fellows
- There are roughly 100 vitreoretinal fellowships throughout USA and Canada
- We are gathering geographic data as well as specific information regarding how these fellows are trained to repair retinal detachments:
  - Variety of methods, quantity of surgeries, surgical techniques/preferences, confidence, scenario-based responses, and patient selection
- The short survey takes less than 10 minutes to complete
- Program coordinators were contacted and instructed to forward the survey to their 1<sup>st</sup> and 2<sup>nd</sup> year fellows
- After the survey has been available for roughly 5 weeks, the results will be statistically analyzed to better understand the training, practice, and geographical variability of pneumatic retinopexy

## DISCUSSION

- Subspecialty fellowships are not regulated by the ACGME, thus there is no widely accepted/approved curriculum
- The results of this study could be used to help with future endeavors to improve and standardize fellowship curriculum and ultimately improve patient outcomes when PR is utilized

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