

DISTACCO DI RETINA E SPENDING REVIEW

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REIBALDI*



S.O.Si.
Società Oftalmologica Siciliana

XLI Congresso

Le linee guida in oftalmologia

Il pronto soccorso oculistico

Femtolaser Cataract Surgery



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14•15•16 Aprile 2016

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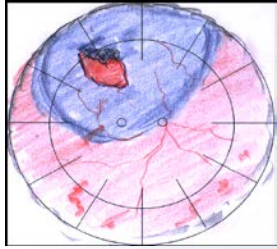
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FAD "IL GLAUCOMA" (Parte seconda)
di L. Buratto - L. Caretti
20 crediti ECM

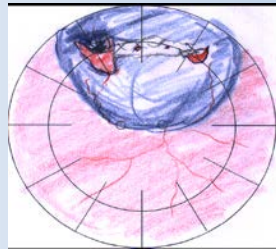
SCOPO

Confronto tra i costi di un intervento per distacco di retina considerando il DRG e l'utilizzo dei materiali in casi selezionati che possano essere trattati sia ab esterno che ab interno

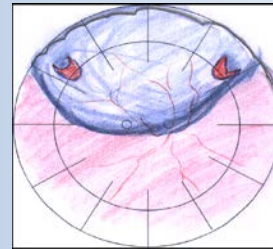
CRITERI DI INCLUSIONE



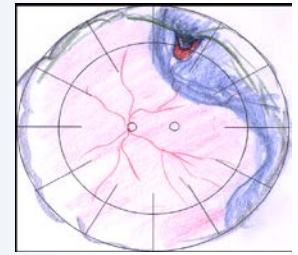
Large breaks



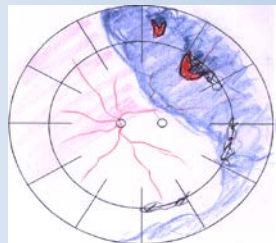
Multiple breaks



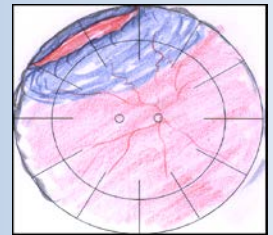
Superior bullous detachment



Marked vitreous traction



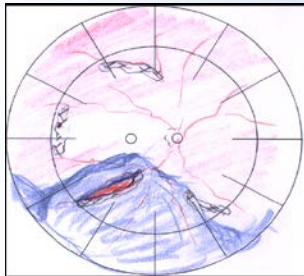
Different a./p. localisation



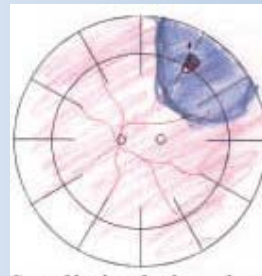
Retinal tear < 2 clock hours

*Scleral Buckling versus
Primary Vitrectomy in
Rhegmatogenous Retinal
Detachment
(SPR Study): Report No. 1
Graefes Arch Clin Exp 2001*

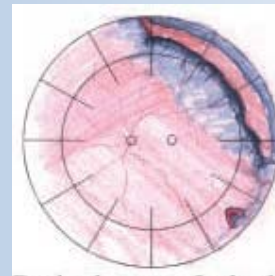
CRITERI DI ESCLUSIONE



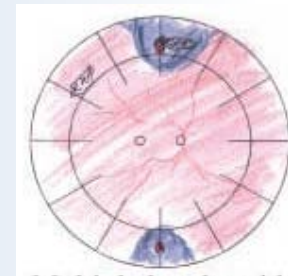
Central extension break



Small single break or neighb. small breaks



Retinal tear > 2 clock hours



Multiple breaks with localized detachment(s)

Precedenti chirurgie retiniche

PARAMETRI VALUTATI

Riaccolamento retinico

Acutezza visiva

Comparsa o aumento significativo cataratta

Ipertono/ipotono postoperatorio

PVR

Membrane epiretينية

Emorragia endovitrea/intraretinica/coroideale

Distacco di coroide

Modifica refrazione

Infezione e/o estrusione materiale indentante

Diplopia

Costi

MATERIALI E METODI

51 pazienti: 27 uomini, 24 donne

Età: 31/64 anni

59 occhi fuchici

Pazienti inseriti in 2 gruppi in maniera randomizzata:

Gruppo A: intervento ab esterno (30 occhi)

Gruppo B: vitrectomia (29 occhi)

Valutazione pre e post operatorie :

- Acuità visiva con tavole di Snellen a 5 mt
- Segmento anteriore : lampada a fessura con valutazione del cristallino mediante LOCS III system
- Tonometria ad applanazione
- Oftalmoscopia binoculare indiretta con lente da 20D ed indentazione

[Invest Ophthalmol Vis Sci](#). 2013 Jan 9;54(1):280-7. doi: 10.1167/iov.12-10657.

Cataract conversion assessment using lens opacity classification system III and Wisconsin cataract grading system.

Wong WL¹, Li X, Li J, Cheng CY, Lamoureux EL, Wang JJ, Cheung CY, Wong TY.

L'intervento ab esterno è consistito in:

Apertura della congiuntiva, isolamento dei muscoli retti, localizzazione di rottura o rotture retiniche, cerchiaggio in banderella di silicone, eventuale piombaggio in silicone duro scanalato, puntura evacuativa, serraggio del cerchiaggio, criopessia ai bordi della/e rottura/, chiusura della congiuntiva.

La vitrectomia è consistita in:

Localizzazione della/e rottura/e, apertura a tunnel della congiuntiva e della sclera con meringotomo da 23 G, vitrectomia centrale, immissione di 1 cc di PFCL, completamento della vitrectomia in media ed estrema periferia, riempimento di tutta la CV con PFCL, endofotocoagulazione all'intorno della/e rottura/e, scambio PFCL-aria, aria-SF6 al 20%. Eventuale cauterizzazione delle brecce sclerali.

Il trattamento farmacologico e i controlli effettuati sono stati identici nei 2 gruppi.

Consuntivo a 24 mesi dall'intervento: gruppo A: 29 occhi; gruppo B: 27 occhi.

Non hanno completato il follow up: 1 caso nel gruppo A e 2 nel gruppo B.

RISULTATI

Riaccollamento retinico

	N. casi	%
Gruppo A	28	96.55
Gruppo B	26	96.23

P. Non
significativa

Riaccollamento con secondo intervento

	N. casi	%
Gruppo A	3	10.71
Gruppo B	2	7.69

Insuccesso

	N. casi	%
Gruppo A	1	3.44
Gruppo B	1	3..70

Tutti per PVR

Acutezza visiva

	> 7/10	4/10 – 7/10	1/10 – 4/10
Gruppo A	3 (10.71)	16 (57.14)	9 (32.14)
Gruppo B	2 (7.69)	14 (53.84)	10 (38.40)

Comparsa o aumento significativo cataratta

	N. casi	%
Gruppo A	3	10.71
Gruppo B	20	76.92

P < 0.01

Modifica refrazione

	N. casi	%
Gruppo A	22	78.57
Gruppo B	4	15.38

P < 0.01

* Refrazione > o < di 1,5 diottrie

Altre complicanze

	Gruppo A	Gruppo B
Ipertono/ipotono	/	/
PVR	/	/
Membrane epiretinarie	2 (6.89%)	1 (3.70%)
Emorragie	/	/
Distacco di coroide	/	/
Infezione/estrazione	/	/
Diplopia	/	/

COSTI



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graph TD; COSTI --> Ricovero["Ricovero (DRG)"]; COSTI --> Utilizzo["Utilizzo materiali"]
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Ricovero
(DRG)

Utilizzo
materiali

[Possibilities and limitations of the surgery of the eye's posterior segment under the outpatient conditions].

[Article in Czech]

Dolezalová J¹, Karel I, Záhlava J, Lesták J.

Author information

Abstract

The goal of this article was to analyze possibilities of the vitreoretinal surgery under the outpatient conditions and to set its limitations. During the period January 1st-September 30th, 2004, there were performed 95 operations of 78 eyes in 77 patients. Number of men and women was practically equal; the age ranged 17-86 years (average 62.6 years). We operated on mostly the **retinal detachment**. These as well as other **procedures**, including also the extreme surgery with relaxing retinectomy, extraction of the subretinal tractions and membranes, silicone oil implantation or extraction, or operations combined with the cataract surgery and intraocular lens implantation. Surgeries were performed under local anesthesia combined with analgesia and sedation introduced by anesthesiologist, who was always present and monitored the patient. Surgeries were performed by means of A.V.I. lens and Biom as well, with the assistance of a doctor, and later on, solely of a theatre nurse. The surgeon performed the operations by herself and long-term followed up the patients. The variety of vitreoretinal **procedures** did not differ from those performed at the departments of ophthalmology at university hospitals. The **retinal detachment** surgery was more often performed by means of cryosurgical procedure than pars plana vitrectomy undoubtedly because of early recognition of the beginning **detachment**. All vitreoretinal **procedures** may be performed on the outpatient basis. The only limiting factors are the physical condition of the patient and an acute ocular disease demanding urgent surgery in a facility with permanent service. Vitreoretinal surgery in outpatient facility performed under local anesthesia is well tolerated by the patients and the postoperative care under outpatient conditions is of equal quality as in inpatient facilities.

MODALITA' DI RICOVERO

DRG

	ORDINARIO (2 gg)	DAY SURGERY (0-1 g)
DRG 42 Vitrectomia 1472 Immissione sost.vitreali 1475 Endolaser 1424	1616,39 €	1499,17 €
DRG 36 Cerchiaggio+piombaggio 1441 Criopessia 1452	1525,77 €	1468,64 €

UTILIZZO MATERIALI

Gruppo A

Cerchiaggio (15 €)

Piombaggio (5 €)

Suture (44 €)

Totale (64 €)

Gruppo B

Pack 23G (450 €)

PFCL (110 €)

SF6 20% (21.6 €)

Endolaser (101,26€)

Totale (682,86€)

CONSIDERAZIONI E CONCLUSIONI

Modalità di ricovero e tecniche chirurgiche entrambe efficaci

Incidenza cataratta maggiore dopo vitrectomia (p 0.01)

Modifica refrazione maggiore dopo ab esterno (p.0.01)

COSTI Drg : simili

Materiali : ab esterno minori (più di 10 volte!!!)

Cost-Effectiveness of Retinal Detachment Repair

Jonathan S. Chang, M.D. and William E. Smiddy, M.D.

Department of Ophthalmology, Bascom Palmer Eye Institute University of Miami Miller School of Medicine, Miami, FL

Ophthalmology. 2013 Jul;120(7):1440-7. doi: 10.1016/j.ophtha.2012.12.033. Epub 2013 Mar 16.

Surgical management of rhegmatogenous retinal detachment: a meta-analysis of randomized controlled trials.

Soni C¹, Hainsworth DP, Almony A.

Cost Comparison of Scleral Buckle versus Vitrectomy for Rhegmatogenous Retinal Detachment Repair

MICHAEL I. SEIDER, AYMAN NASERI, AND JAY M. STEWART

- RESULTS: When considering all costs, SB was 10.7% less expensive than PPV for RRD repair in phakic patients, whereas PPV was 12% less expensive than SB for RRD repair in pseudophakic or aphakic patients. These conclusions were robust in the sensitivity analysis.
- CONCLUSIONS: SB seems to offer a modest cost savings over PPV for repair of RRD in phakic patients. However, in pseudophakic and aphakic patients, PPV seems to be less expensive than SB. (Am J Ophthalmol 2013; ■: ■-■. © 2013 by Elsevier Inc. All rights reserved.)

Quando possibile praticare chirurgia

AB ESTERNO se si è in grado di eseguirla