Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/eye-on-ocular-health/macula-off-retinal-detachment-surgery-timing/56546/

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Balancing Urgency and Outcomes in Macula-Off Retinal Detachment Surgery

Announcer:
Welcome to *Eye on Ocular Health* on ReachMD. On this episode, we'll hear from Dr. Akshay Thomas, a vitreoretinal surgeon and director of the uveitis service at Tennessee Retinal. He'll be sharing his perspective on surgical timing for macula-off retinal detachments, which he also discussed at the 2026 Vit-Buckle Society Annual Meeting. Here's Dr. Thomas now.

Dr. Thomas:
When we're considering timing for when we repair a retinal detachment in which the macula is off, there's a number of considerations. The short version is that we do not have a consensus on the optimal timing for surgery for macula-off retinal detachment. That being said, we have data that suggests operating within the first few days after seeing a patient is better than operating several days after seeing the patient. Some of the theories behind it are that with more prolonged retinal detachments, maybe there is progressive photoreceptor loss. The challenge with a lot of these studies is that not all retinal detachments are anatomically similar, not all retinal detachments are repaired the same way, and not all patients' photoreceptors and retinas act the same way. So those are confounders that we really can't control for.

But that being said, for most of us, if we have a patient with a macula-off retinal detachment, we try to do the surgical repair just as soon as possible. It's typically a situation where we're not rushing to do something in the middle of the night. We've got lots of very good data showing that when scheduling urgent surgery, there's better overall outcomes than when you do something emergently, where you may not have the time to medically optimize your patient. You may be operating with an after-hours staff that is tired and perhaps a team that doesn't do retinal detachment surgery all day, every day. So we're trying to do them as soon as possible, but for the most part, we're not doing them emergently, unless there's some other confounding variable that forces us in that direction—for example, if it's a patient who only has one eye, or someone who is about to go out of town, we have to get prepared in a very timely fashion. If not, we try to do it within a couple days.

Some other considerations when it comes to repairing macula-off retinal detachments are that practice patterns across locations and across physicians are going to vary. Sometimes, how we do things will be influenced by our own experiences and based on patient symptoms. So, for example, we have a patient who went in for a routine eye exam and didn't realize they had a macula-off retinal detachment until they covered an eye and realized they couldn't see well out of the eye. We therefore don't know the exact duration of the macula-off retinal detachment. That perhaps is one where we may be willing to wait a few days longer than we might have been willing to wait for another retinal detachment. However, if you have a patient who knows for a fact they lost vision that morning, and even if you see them and they're macula-off, we might still tend to repair that sooner—by the next day, like we would a macula-on retinal detachment—just because the duration of symptoms has been so short.

And the other part of this is, if we look at some of the outcomes of macula-off retinal attachment repair, we have data from the 90s which basically said that if we had a patient who comes in and they've had a macula-off retinal detachment for about a week's duration or less, clinical outcomes were similar, whether they were repaired within one to two days, three to four days, or six to seven days. That's, for the most part, the data that we have leaned on when we say that it's reasonable to repair a macula-off retinal detachment within a week of presentation.

But the way that retinal detachments were repaired in the 90s is probably different than how we do them now. We've got some newer data which shows a slight trend towards operating within zero to three days having slightly better visual outcomes than repairing four to seven days out. But again, there's lots of confounding variables that we can't account for. So I think the general consensus is we just try to do things just as soon as possible, but not emergently.

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Announcer:
That was Dr. Akshay Thomas sharing insights on timing in macula-off retinal detachment surgery. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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