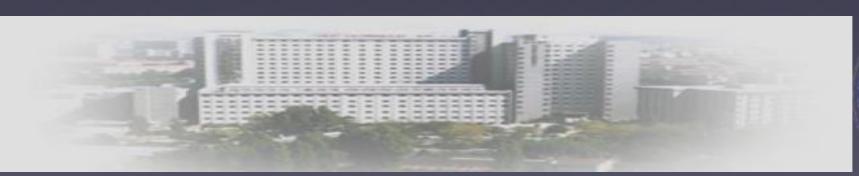
# Surgical Approach to massive subretinal hemorrhages secondary to neovascular ARMD

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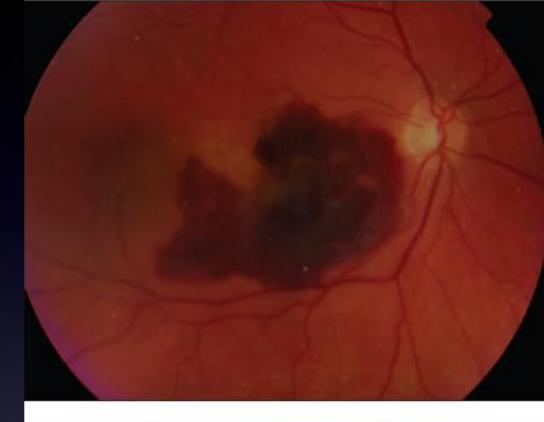
# Causes of Submacular Hemorrhage

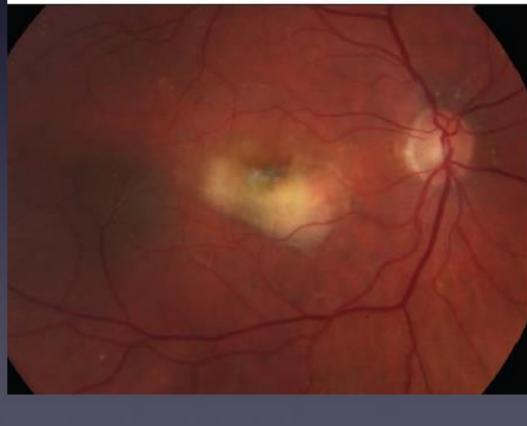
- exudative age-related macular degeneration,
- macroaneurysms,
- polypoidal choroidal vasculopathy,
- trauma

Poor visual prognosis if left untreated mechanical damage to the

mechanical damage to the PR by fibrin infiltration between the IS and OS of PR .....destructive shearing of the cells.

- iron and hemosiderin (hemolysis): direct toxic effects on PR.
- If the subretinal clot is too thick, diffusion of nutrients from the choroid to the PR can be impaired.





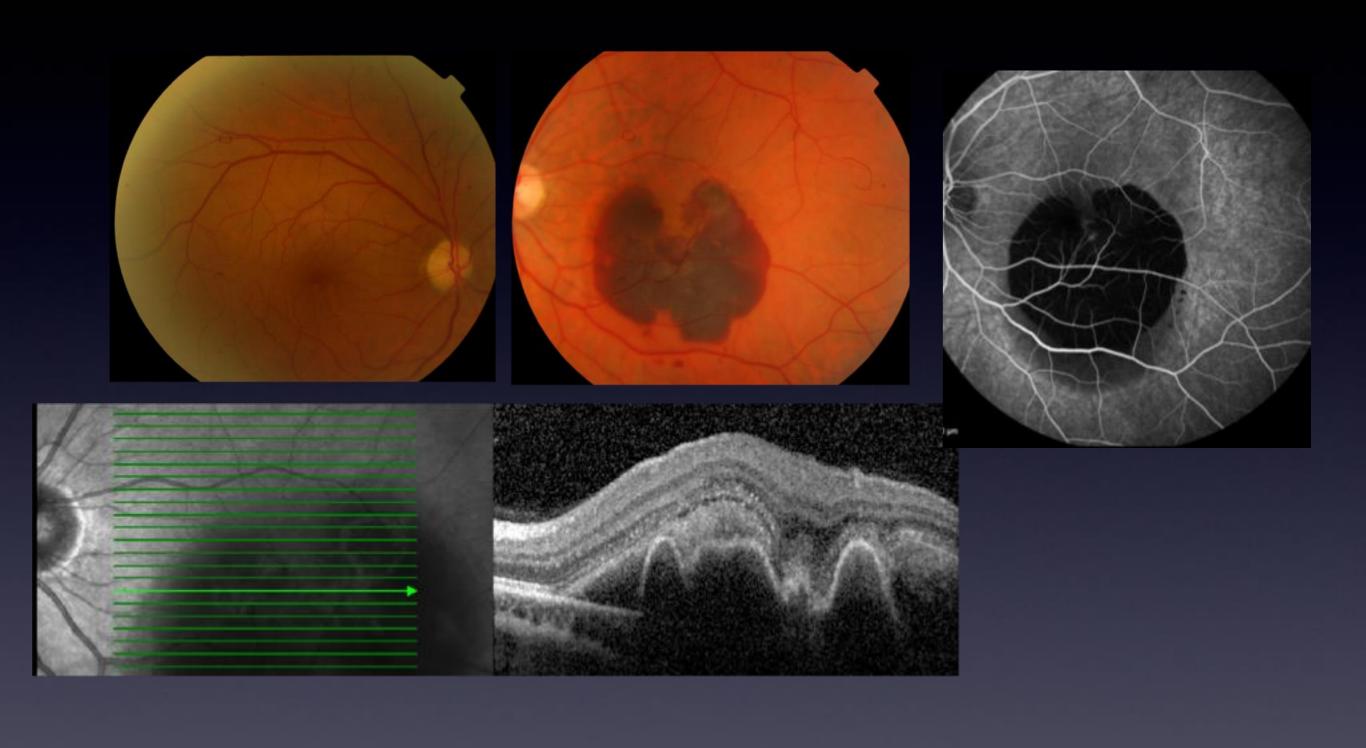
#### Approach to patient

- Decisions must be made on a case-bycase basis.
- If the hemorrhage >50% of the lesion
- If it affects fovea
- Within 2 weeks

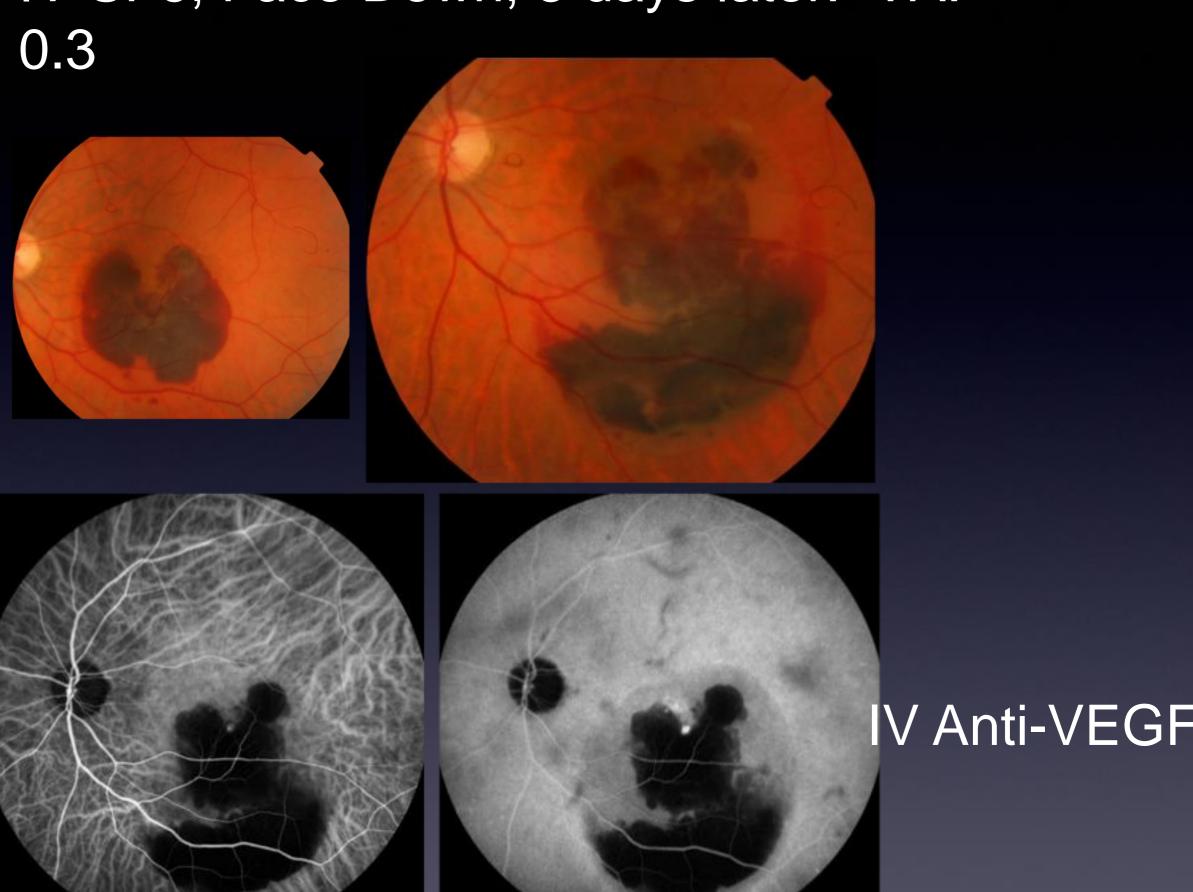
### Treatment Options for Submacular Hemorrhage

- Anti-VEGF
- IV Gas +/- tPA, face down
- PPV+Subretinal tPA +Gas
- or....
- Macular translocation
- Choroidal patch graft

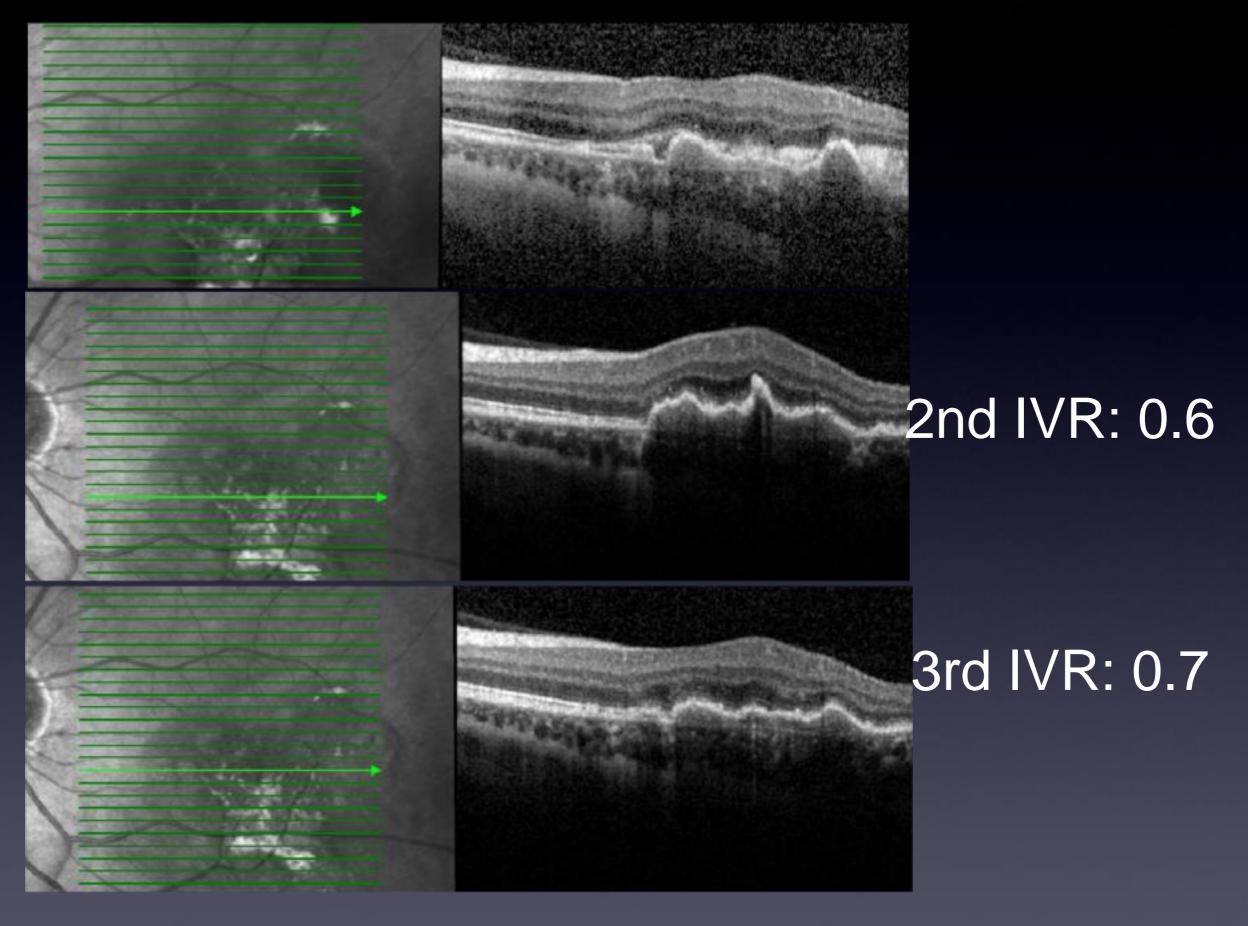
#### 47y old F, VA: CF 1m



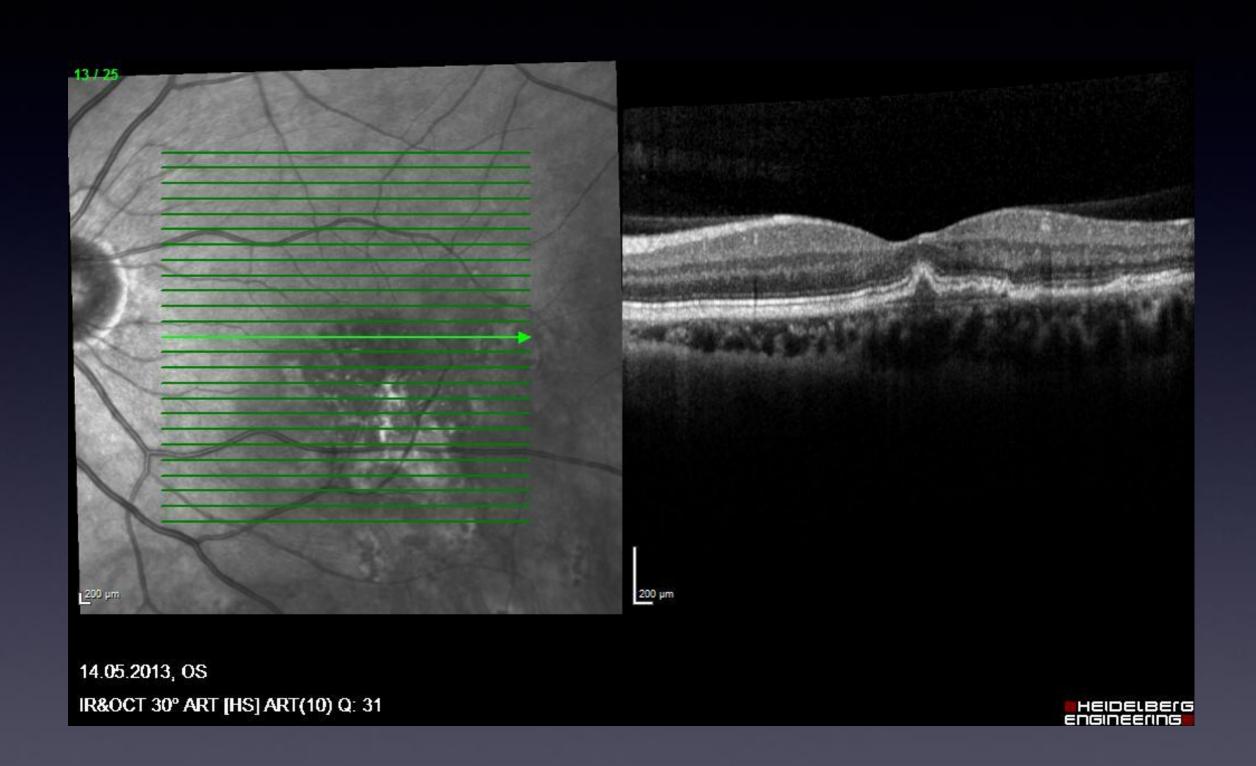
• IV SF6, Face Down, 3 days later: VA:



#### a month after 1st anti-VEGF: VA: 0.5

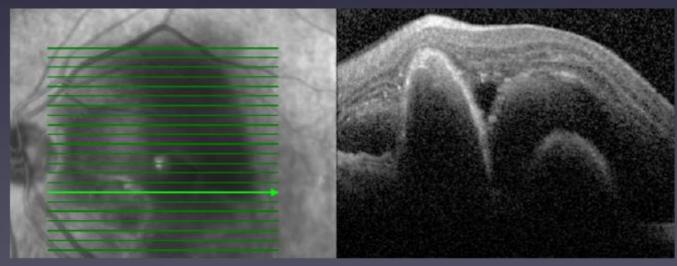


#### Last visit: VA: 0.8



#### 64y old M, VA: CF 2m (L)

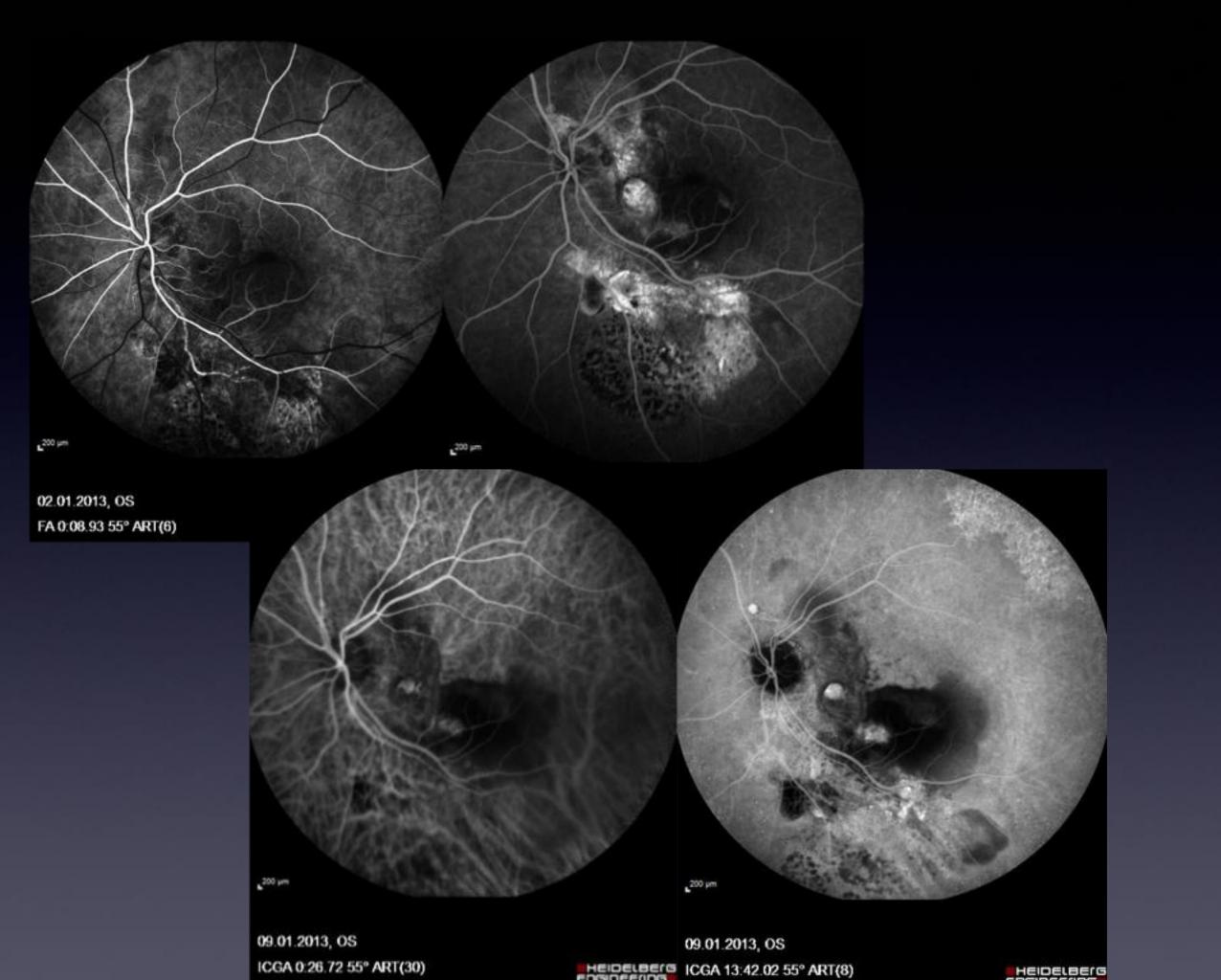




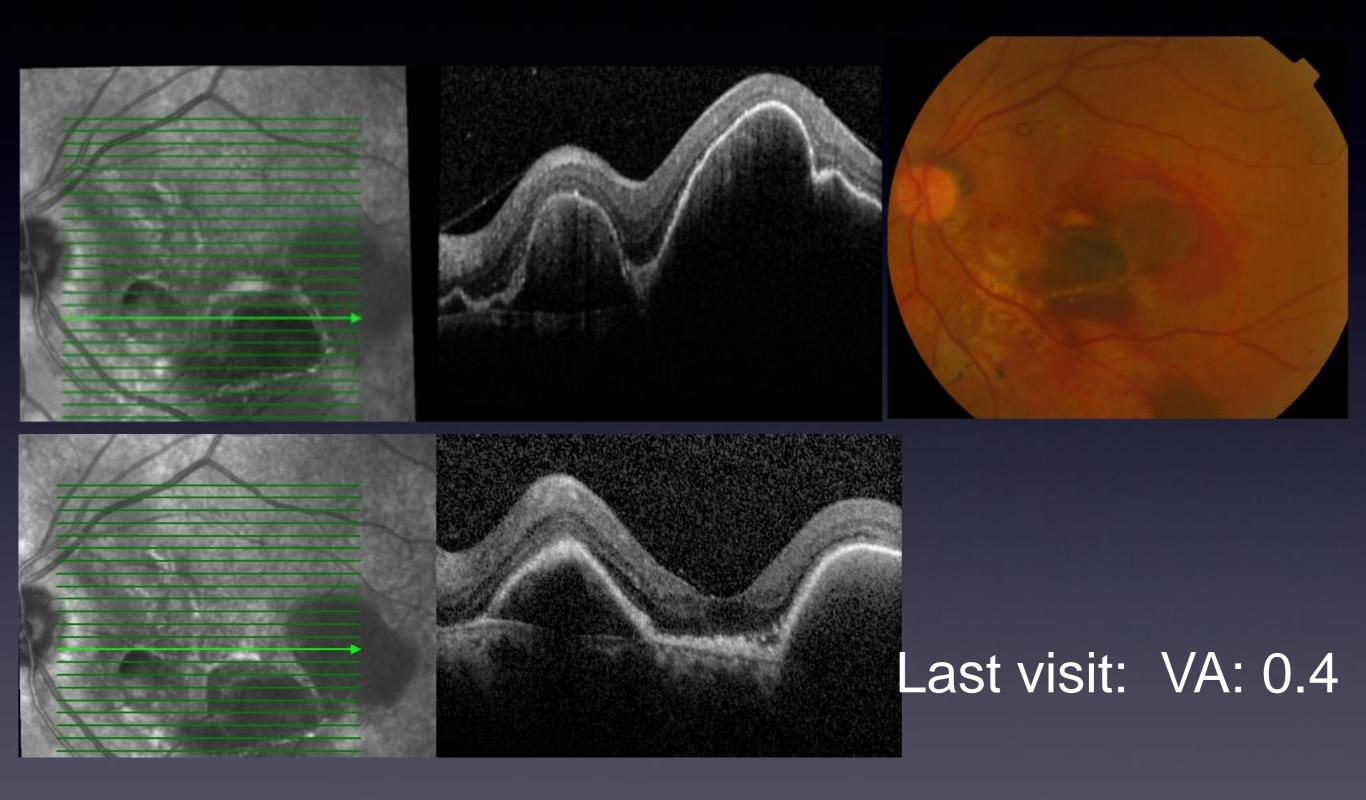
• SF6 Gas + IV tPA

#### VA: 0.2 (5 days later)





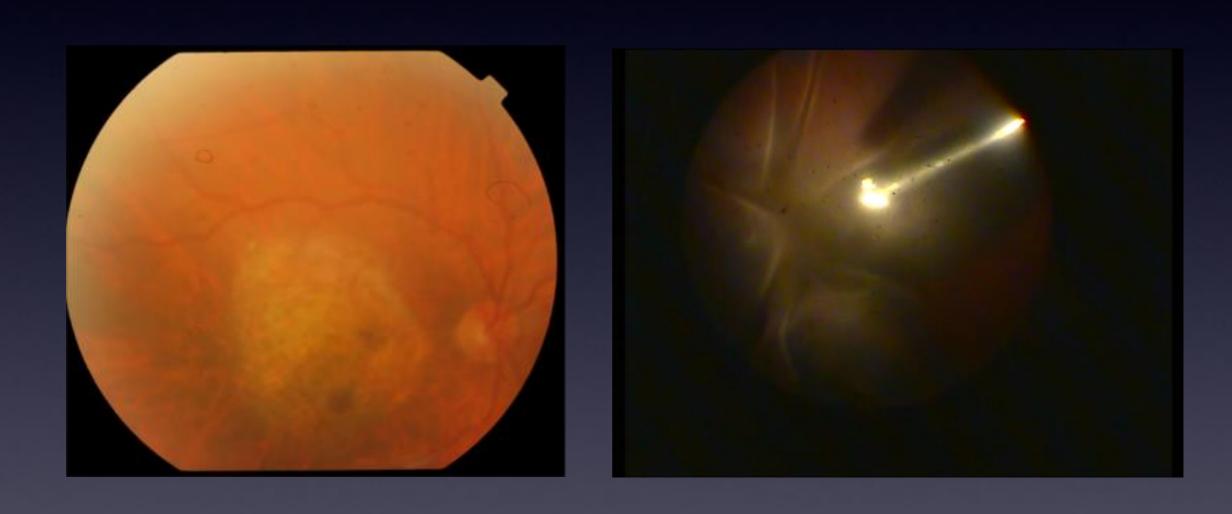
#### 1x PDT + 2x anti-VEGF: VA: 0.4



## Large Bullous Hemorrhagic Retinal Detachments

- Retinotomy-Choroidal patch graft
- Macular translocation

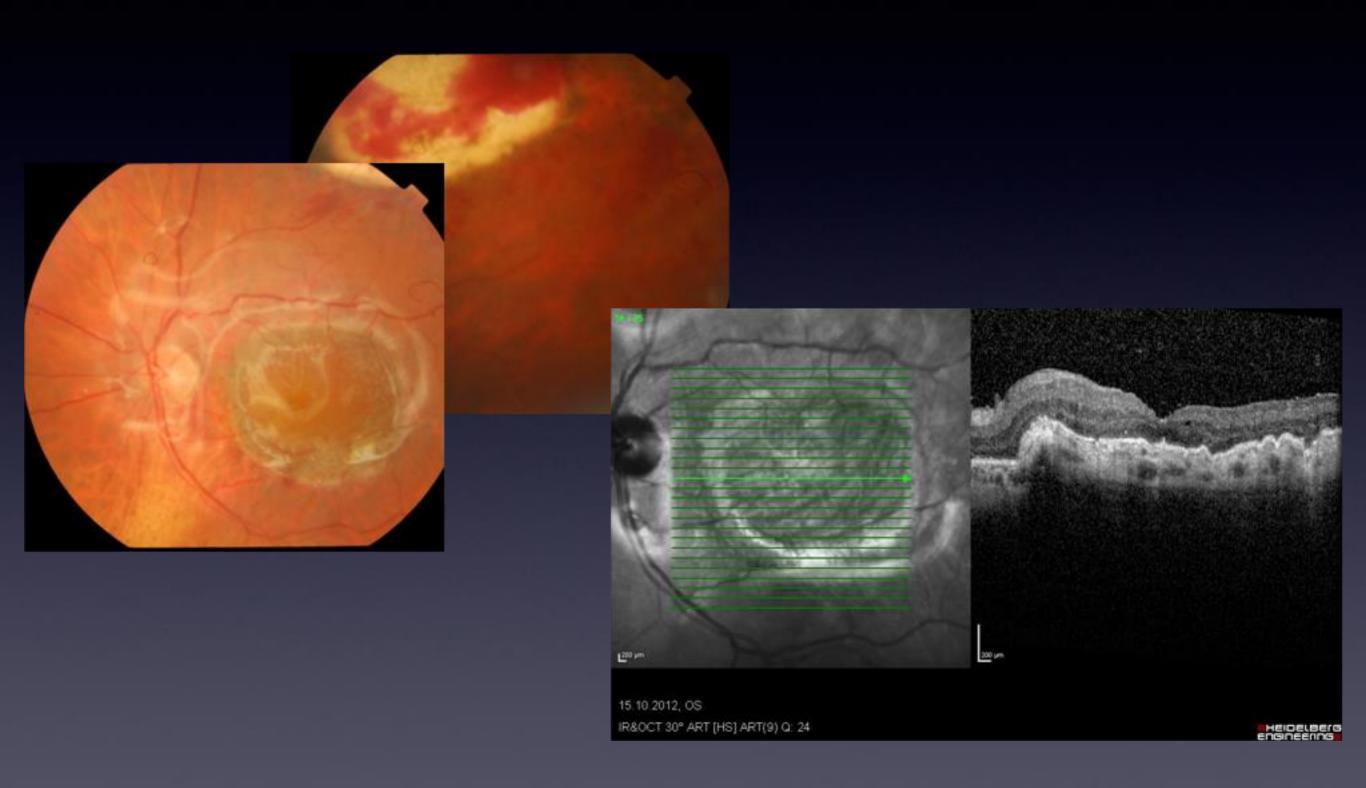
# 69y old M, having injections for ARMD VA: R: CF 2m, L: HM (for the last 2 days)

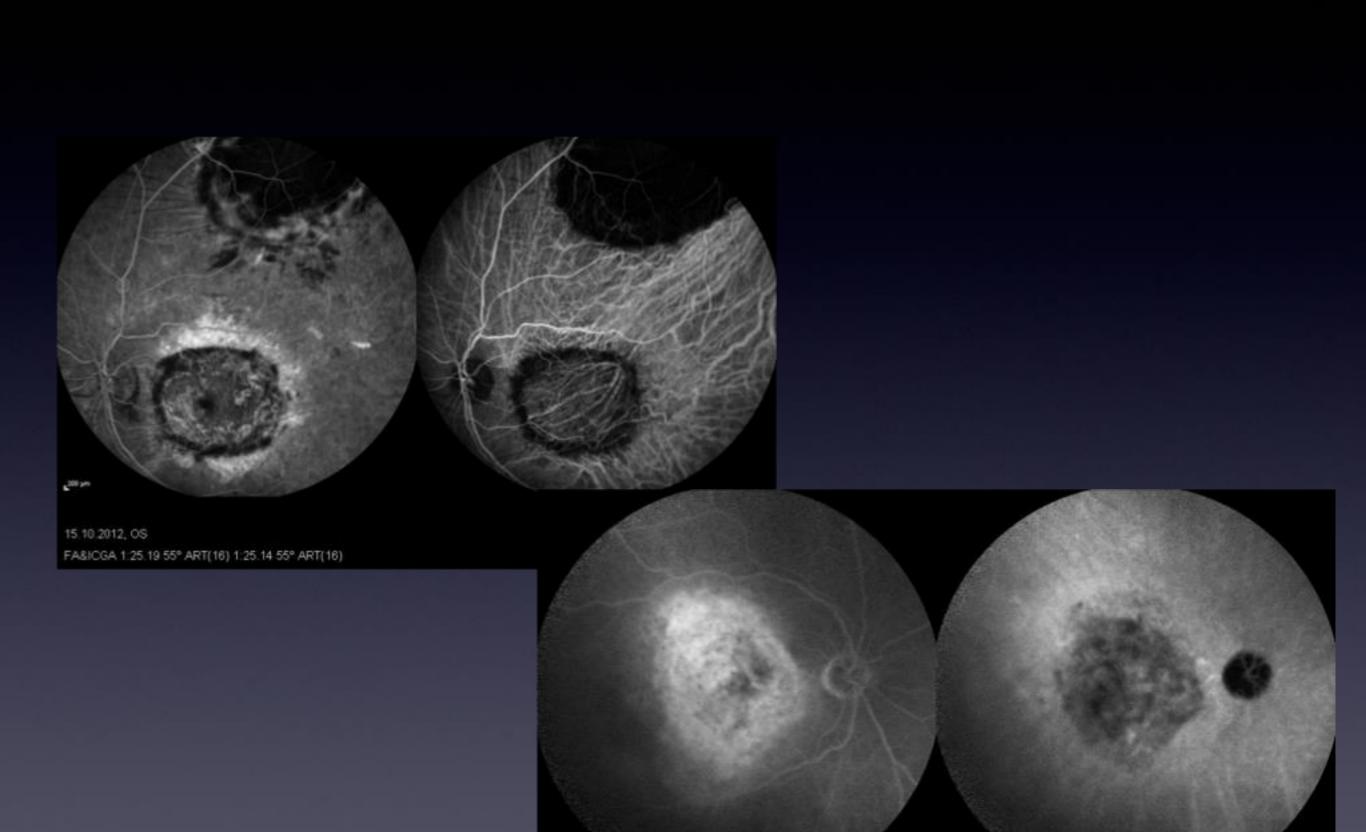


### video

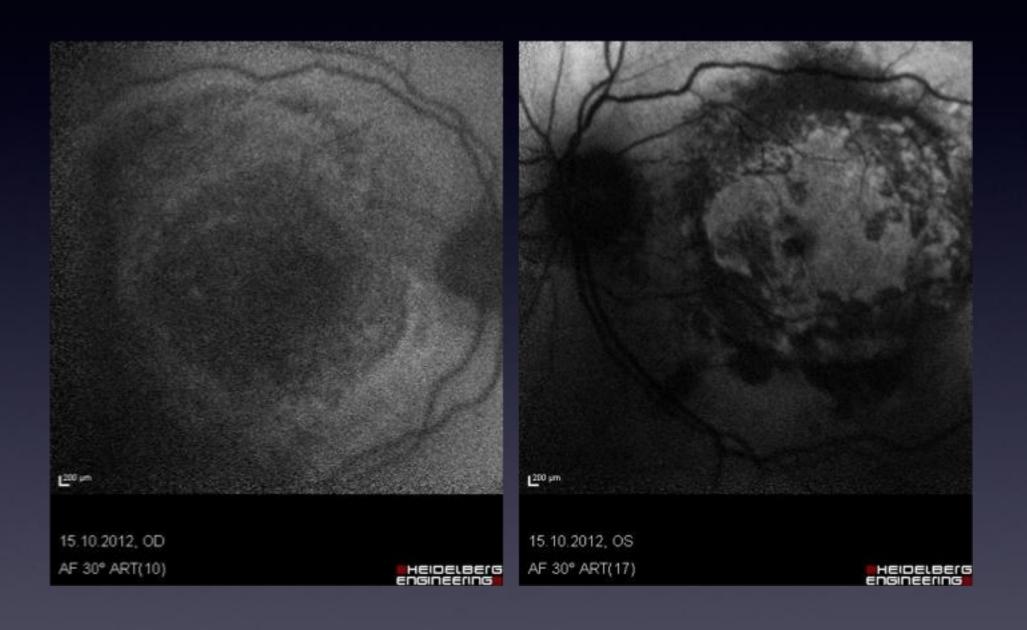


#### Postop 1st month: VA: 0.1





### Postop 7th month: VA: 0.2, near reading: 20/30



### Medicine is a science of ArtI

