

|                 | Panretinal   | Retinal Tear   | Focal NAVILAS  | YAG-Iridotomy   | YAG-Capsulotomy   | SLT  | Laser Suture Lysis   | Cyclophotocoagulation  |
|-----------------|--|--|--|---|---|--|--|--|
| Preparation     | Visual acuity<br>Max. mydriasis<br>Oxybuprocaine / Tetracaine<br>+/- Paracetamol 30 minutes before                   | Visual acuity<br>Max. mydriasis<br>Oxybuprocaine / Tetracaine  | Visual acuity<br>Max. mydriasis  | VA, IOP, Spersacarpine (pilocarpine) gtt, Tetra/Oxy. Gtt<br>+/- Glycerine 10% gtt                         | Visual acuity<br>IOP<br>Max. mydriasis  | Visual Acuity, IOP<br>Tetracain<br>+/- Spersacarpine (pilocarpine) gtt | Visual Acuity, IOP<br>Oxybuprocaine or Tetracaine gtt                    | Visual Acuity, IOP<br>retrobulbar / subtenon anesthesia (in operation room)  |
| Technique       | Valon / Argon Laser / NAVILAS<br>1 burn width apart  | VALON / Argon Laser white spots, 3 rows around tear or until ora, +/- scleral indentation<br>+/- cryotherapy if laser not possible | NAVILAS<br>Lens: NAVILAS Focal (the bigger one)<br>3 test spots outside the macula | Nd:YAG-Laser minimal offset, at 11 or 1 o'clock in crypta, several shots until pigment flows through hole | Nd:YAG-Laser Offset +250um (posterior defocus); Can Opener 360° or inverted U (after PPV), alt. cross; exact focus (pits!), opening not too big   | Nd:YAG-Laser (SLT-Mode)<br>Puls 1<br>minimal offset                    | 16x magnification, lens on conjunctiva, sutures visible after a few sec. | Diode laser + handpiece, ca. 2mm from limbus, leave out at least 1 quadrant (superonasal), in blind eyes 360°, not shots at 9, 12, 3, 6 o'clock                              |
| Spot Size       | 400um, near vascular arcades<br>100-200um  | 200-400um  | 50-100um   |   |   |  | 50um   |  |
| Puls Duration   | 100-150ms (more painful when longer)   | 100-150ms  | 100ms  |   |   |  | 300ms  | 2000ms   |
| Power           | begin with 150-220mW, increase until spots are yellow/white  | 100-220mW up to 600mW e.g. in case of vitreous hemorrhage  | 50-100mW   | 4.0mJ   | 1.0-2.0 mJ if possible, not >100mJ  | 0.9mJ to max. 1.5mJ, increase until bubbles                            | 300mW  | 2000mW   |
| Number of Spots | "moderate": 800-1000<br>normale: 1500-2000<br>max. 1000-1200 per session   | 3 columns around tear  |  | several shots until pigment flows through hole  |   | ca. 60-90 spots over 360°  | 1 shot usually sufficient  | 15-24 (max. 28)  |
| Contact Lens    | Superquad 160 (2.0x)<br>Mainster PRP 165 (1.96x)<br>Goldmann 3-mirror (middle mirror, 0.94x)<br>Transequator (1.44x) | Mainster PRP 165 (1.96x)<br>Goldmann 3-mirror (middle mirror, 0.94x)<br>+/- scleral indentation                                    | No contact lens needed   | Abraham Iridotomy   | CGPL<br>Abraham Caps  | SLT lens   | Hoskins Suture Lysis Lens  |  |
| Postoperative   | Lacrycon/Liposic/Vitamin A<br>Dafalgan if needed   | Follow-up after 1-3 days if incomplete for next laser treatment<br>after 7-10 days if complete to check for sufficiency            | Follow-up depending on disease   | Pred forte gtt 4x/d for 5 days  | Pred forte gtt 4x/d for 4d<br>alt. Yellox gtt 2x/d for 3d<br>Therapy not compulsory, +/- IOP lowering (e.g. 1xDiamox)<br>check IOP after 1-2 days | Dexafree gtt 4x/d for 5d<br>Follow-up after 4-6 weeks (successful?)    | Follow-up after 1-3 weeks  | Tobradex oint. 5x/d, taper over 1 month, altern. Tobradex gtt 4x + oint. At night, continue own glaucoma med. until follow-up, stop Diamox<br>Follow-up after 5d and 1 month |