

# ***Retinal Detachment***

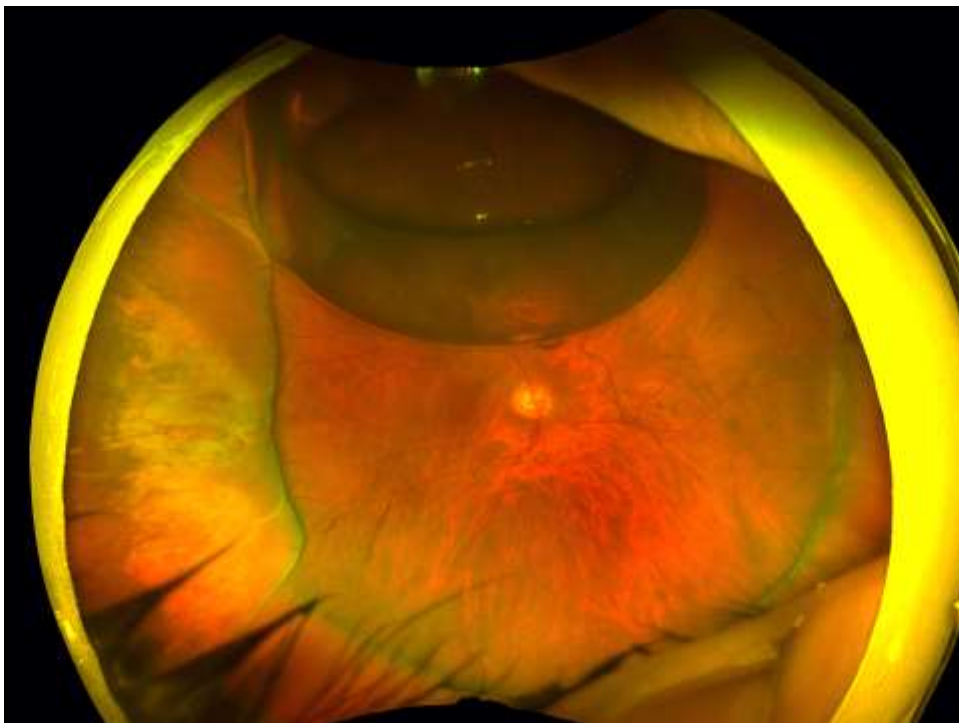
***Scleral Buckle Course  
EGVRS Academy 2022***

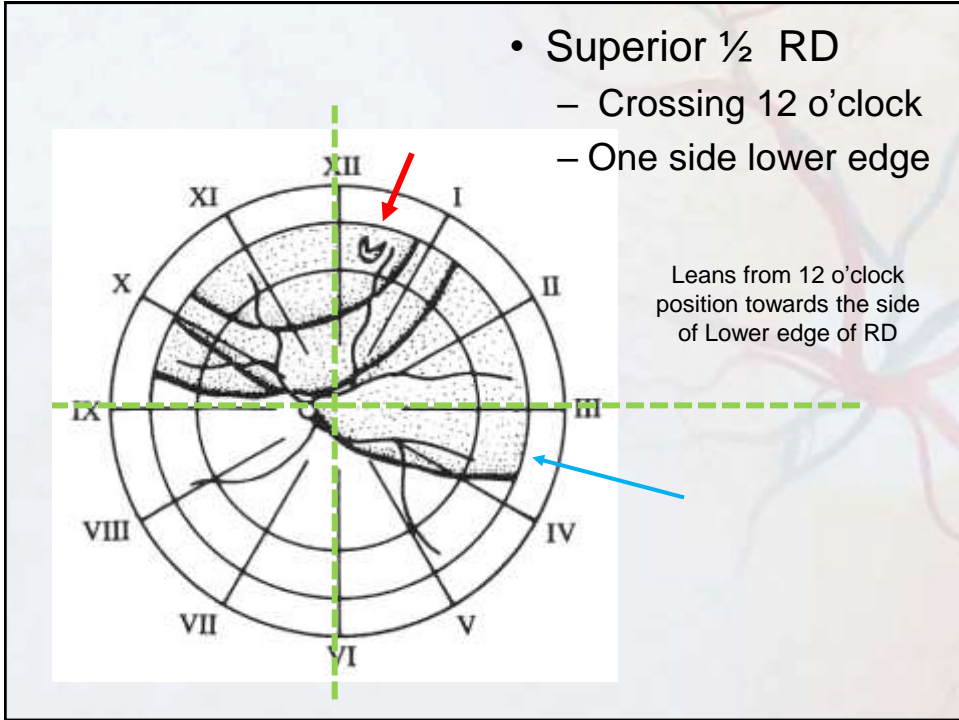
## ***Tear Localization***

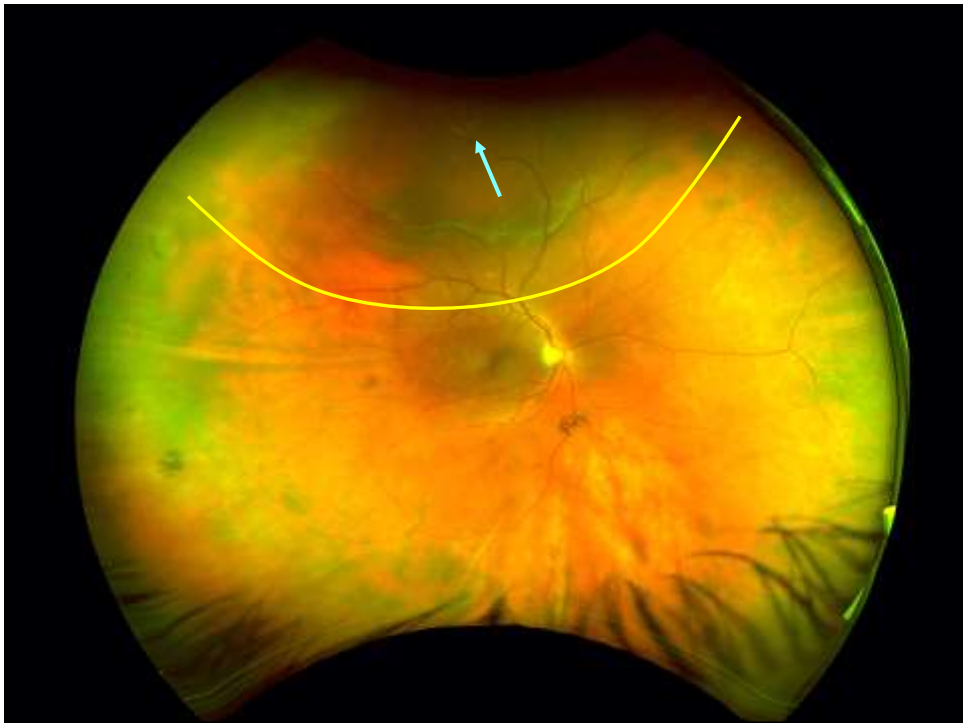
Ahmed Souka

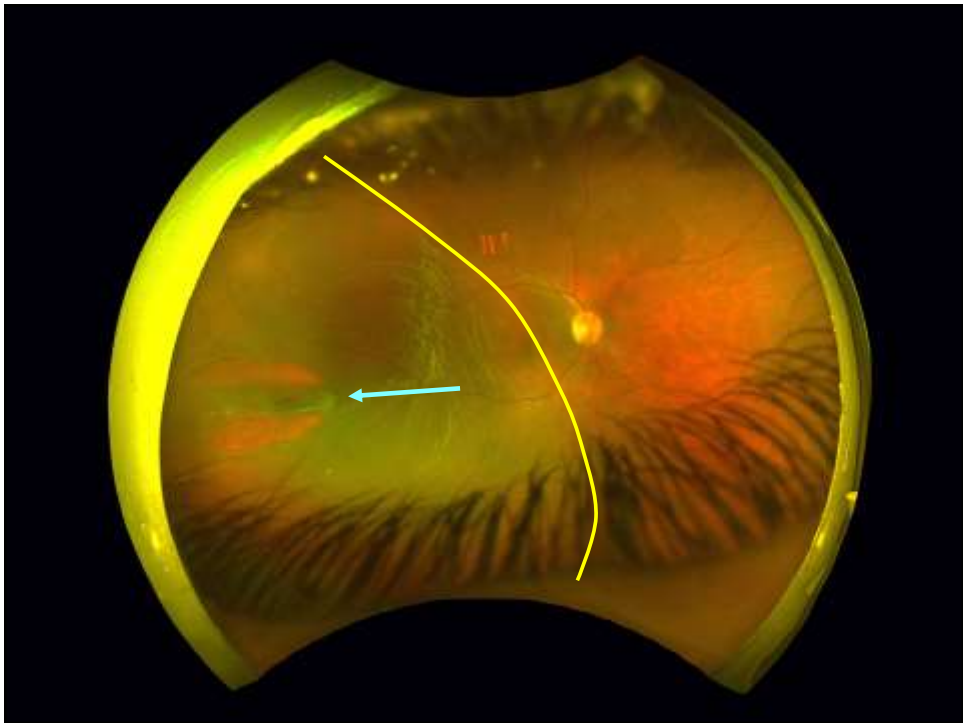
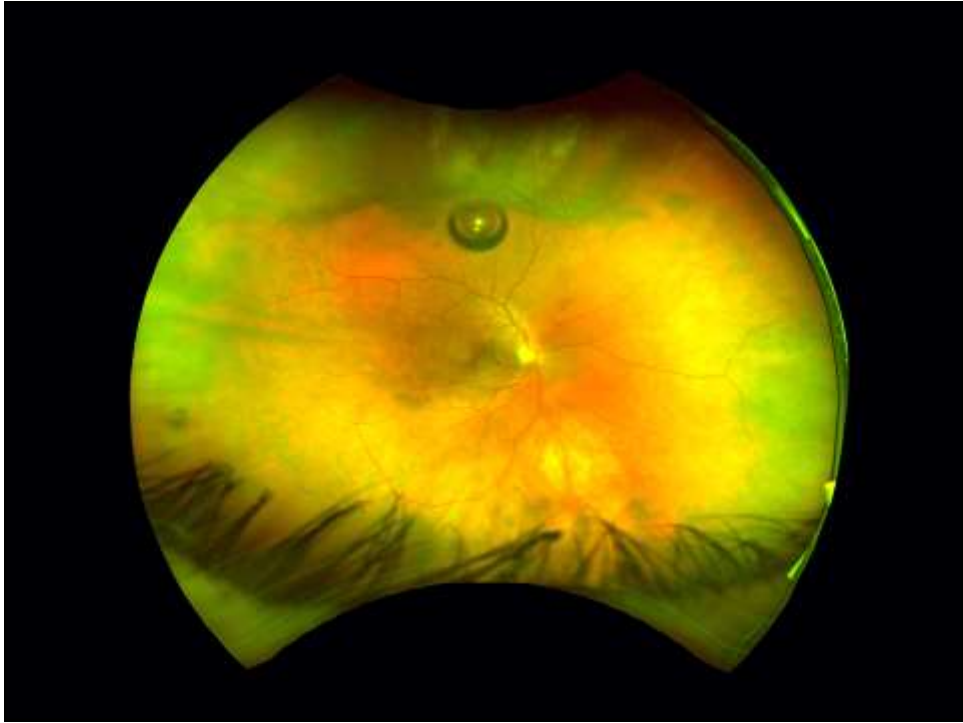
## **Rules of Thumb**

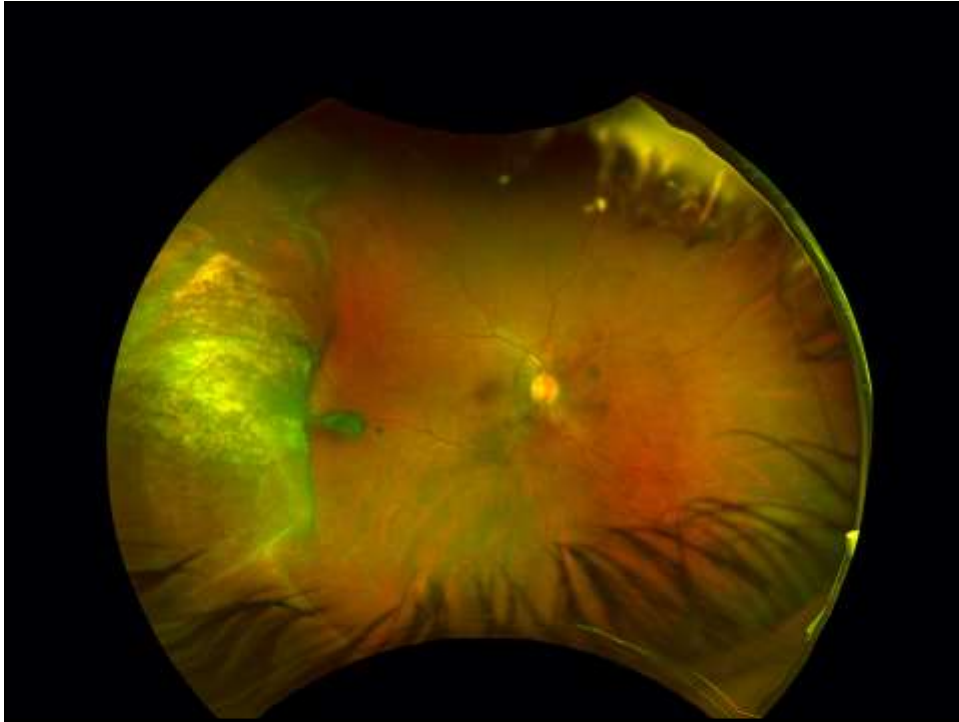
- Always Check in the Center of Detached Area
  - Central between both edges of Detachment Area
- Screen For other tears
  - Multiple tears
  - Secondary tears (even in attached areas)
    - Can be responsible for Recurrences







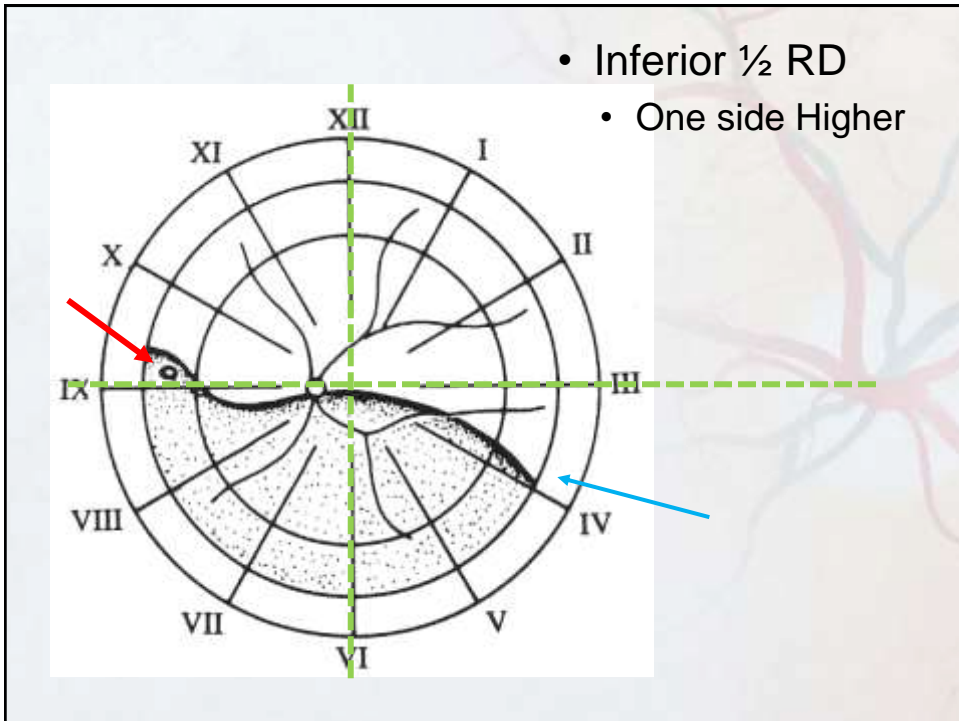
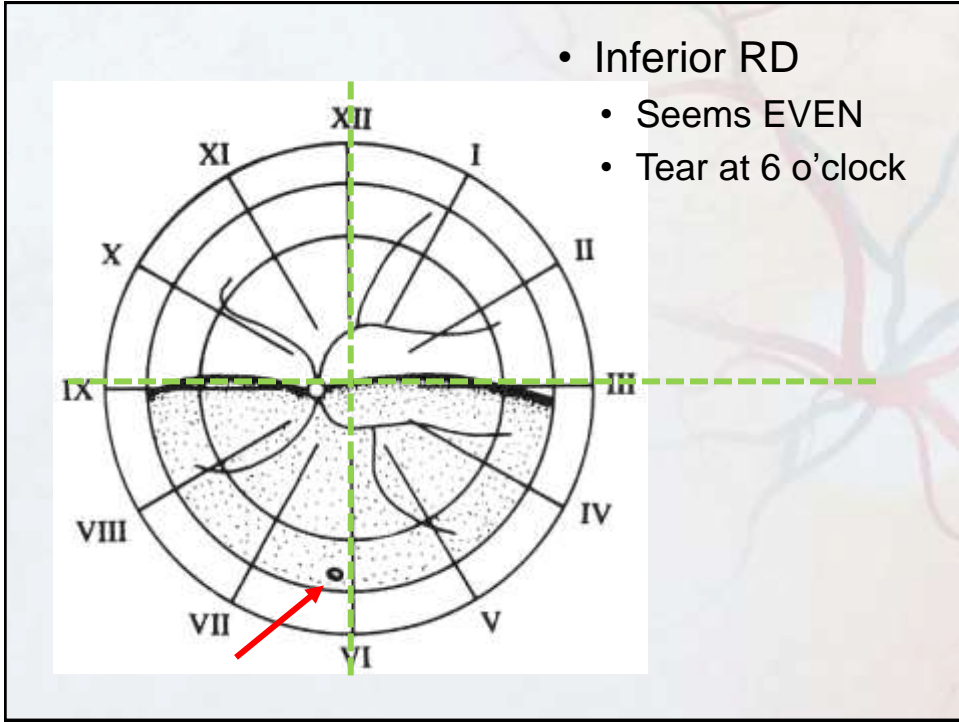






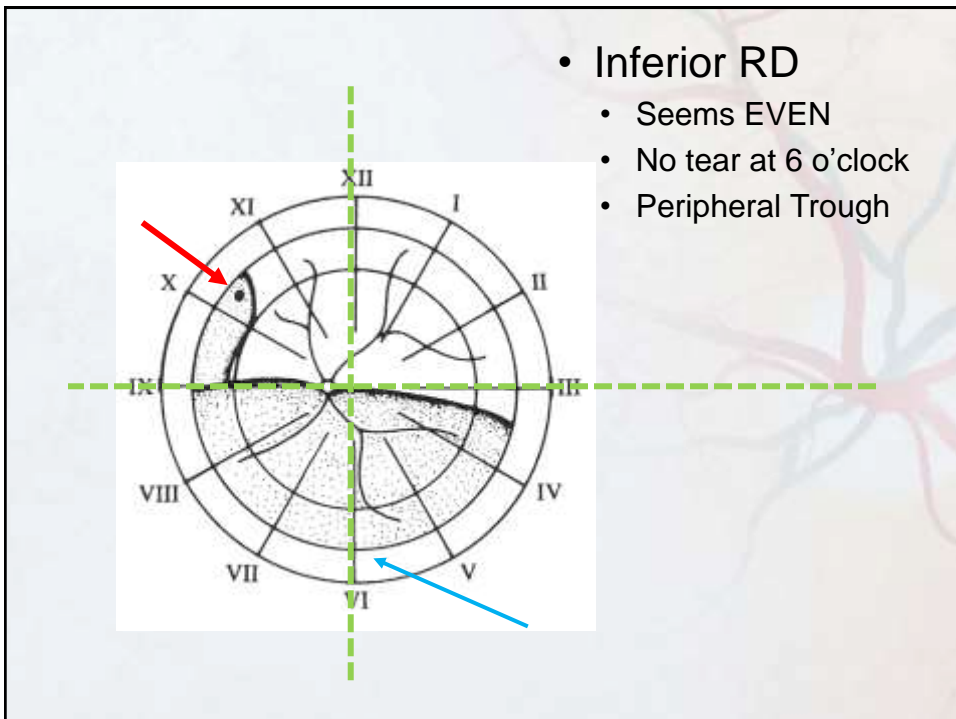
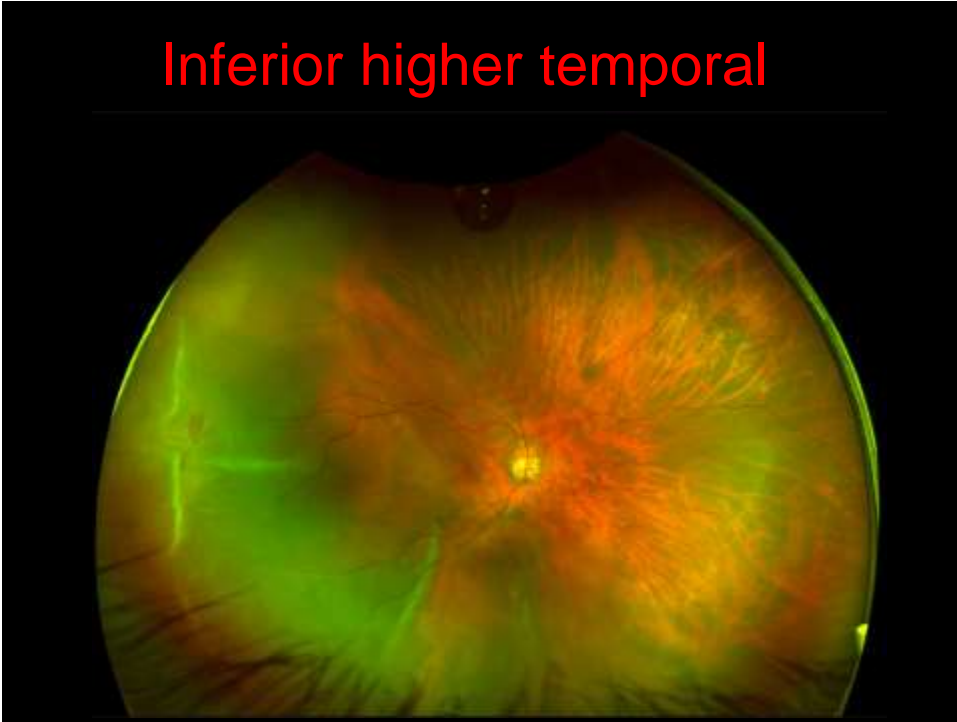
- Temporal RD
- Not Crossing 12 o'clock

Within 1½ Clock Hours From superior edge (45° of circumference)

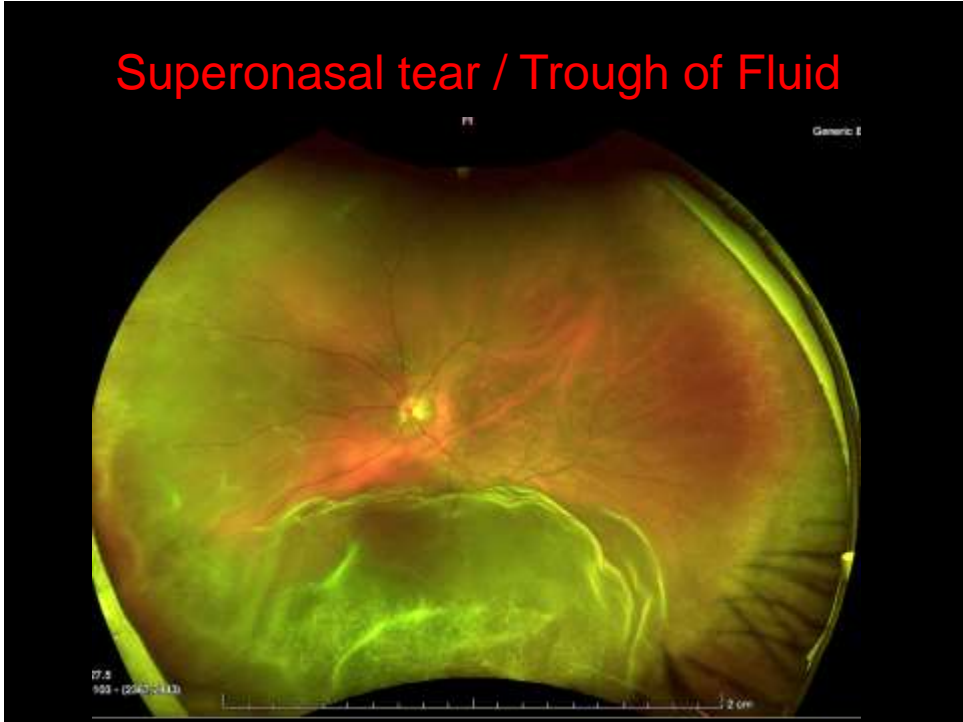




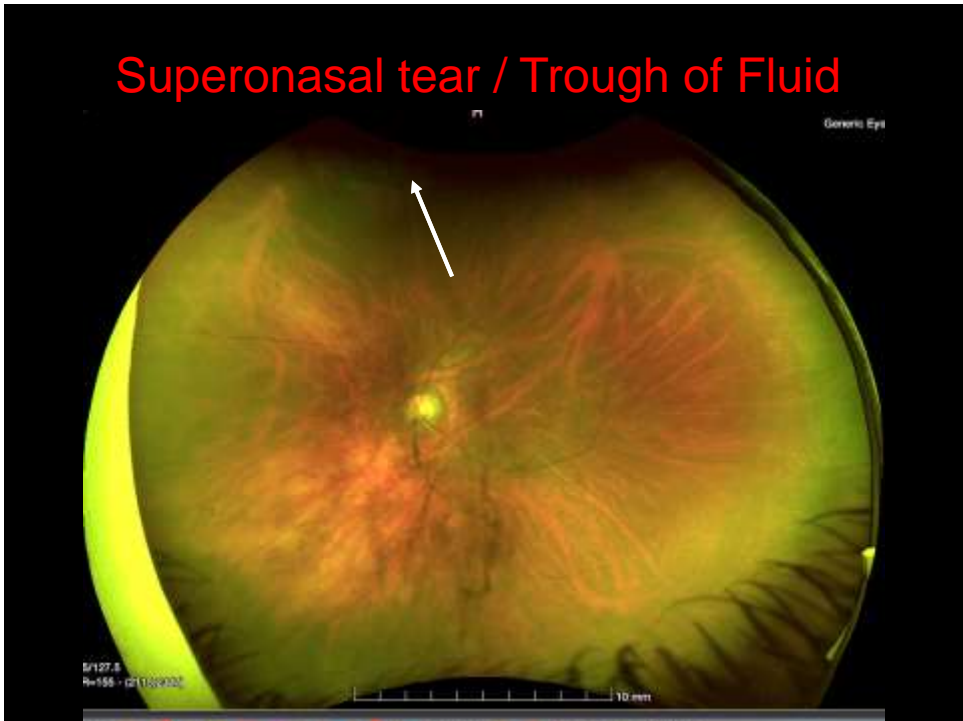
## Inferior higher temporal

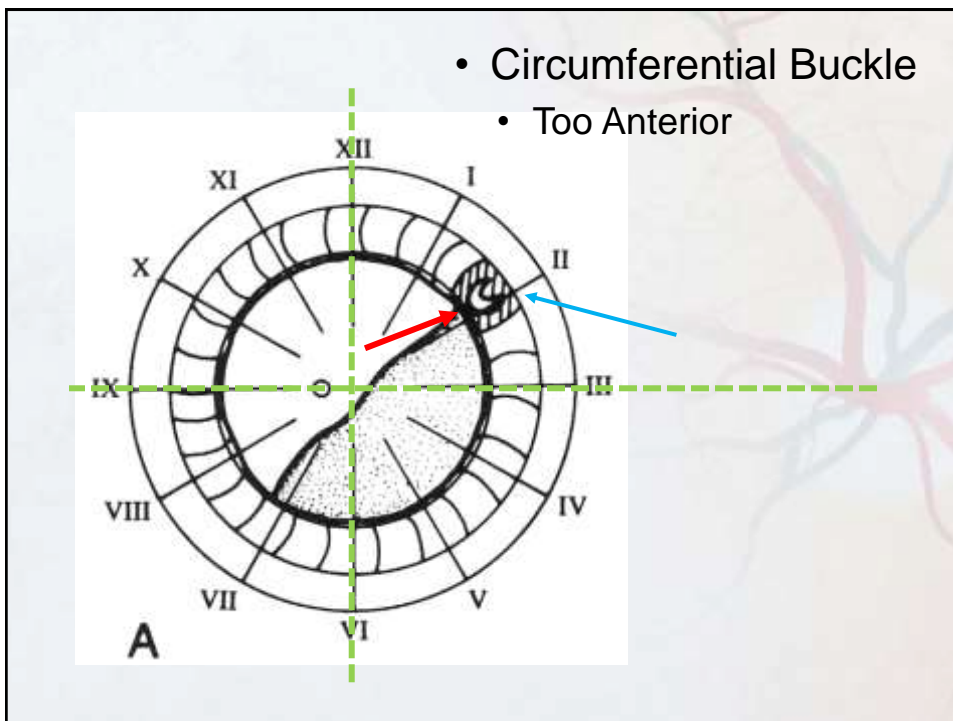
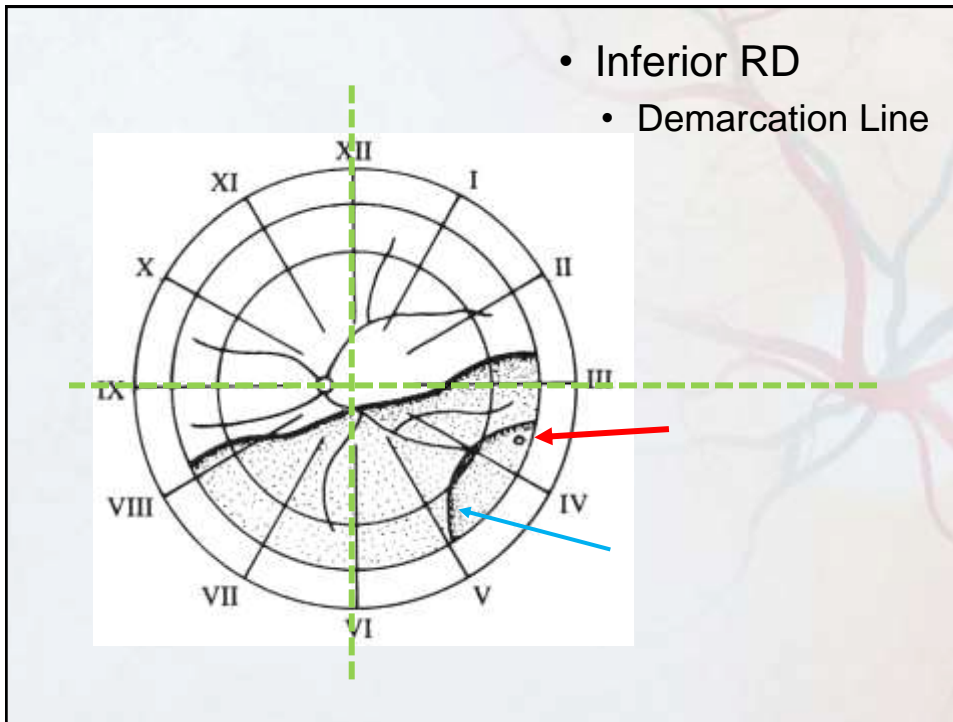


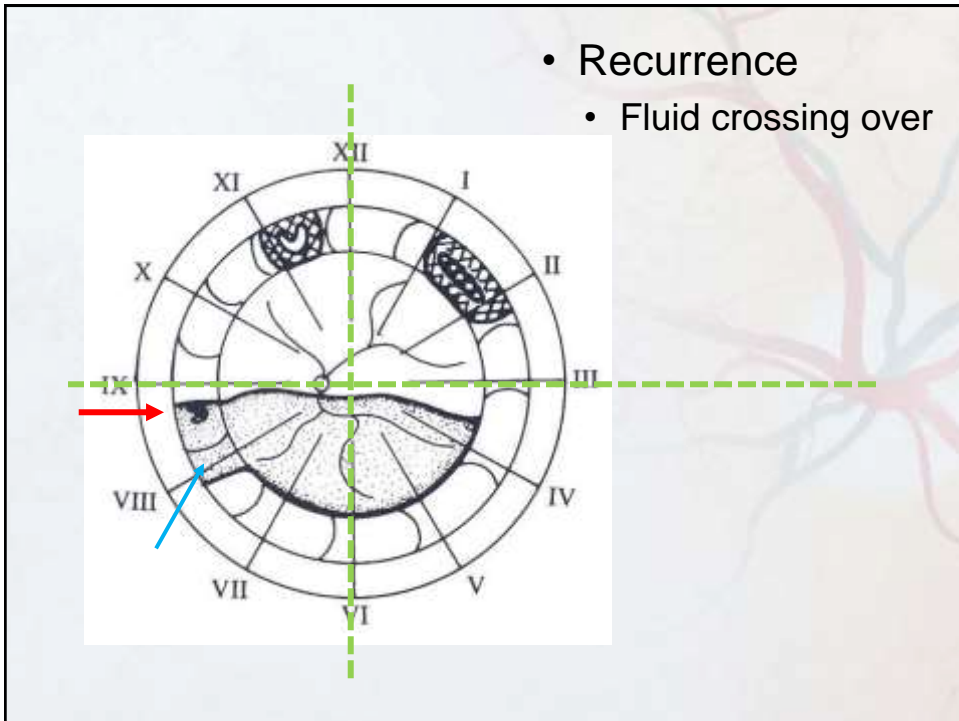
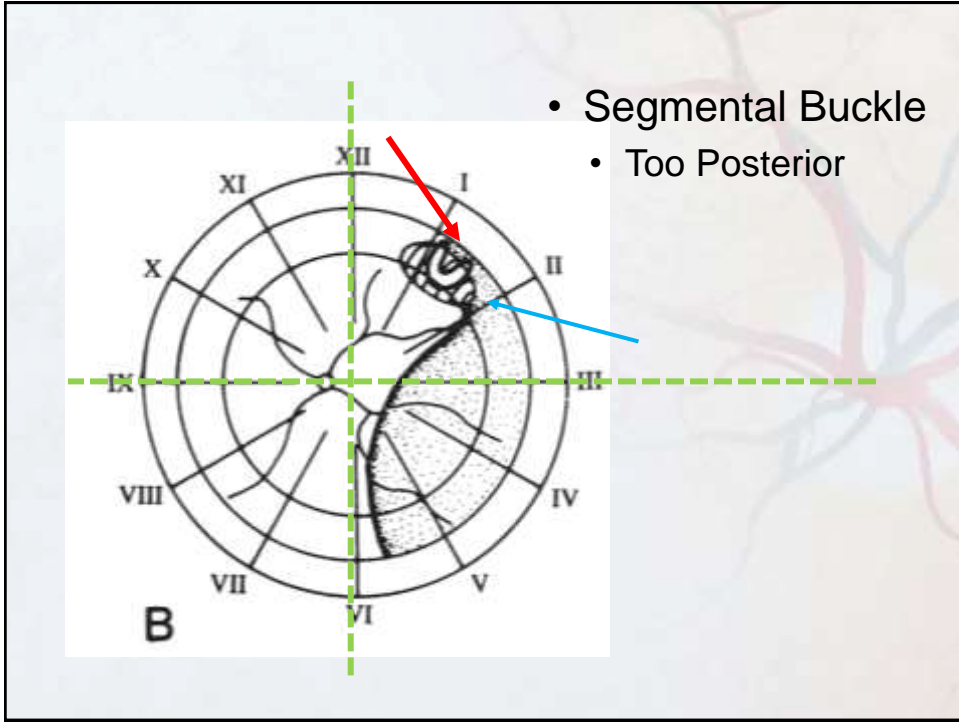
### Superonasal tear / Trough of Fluid

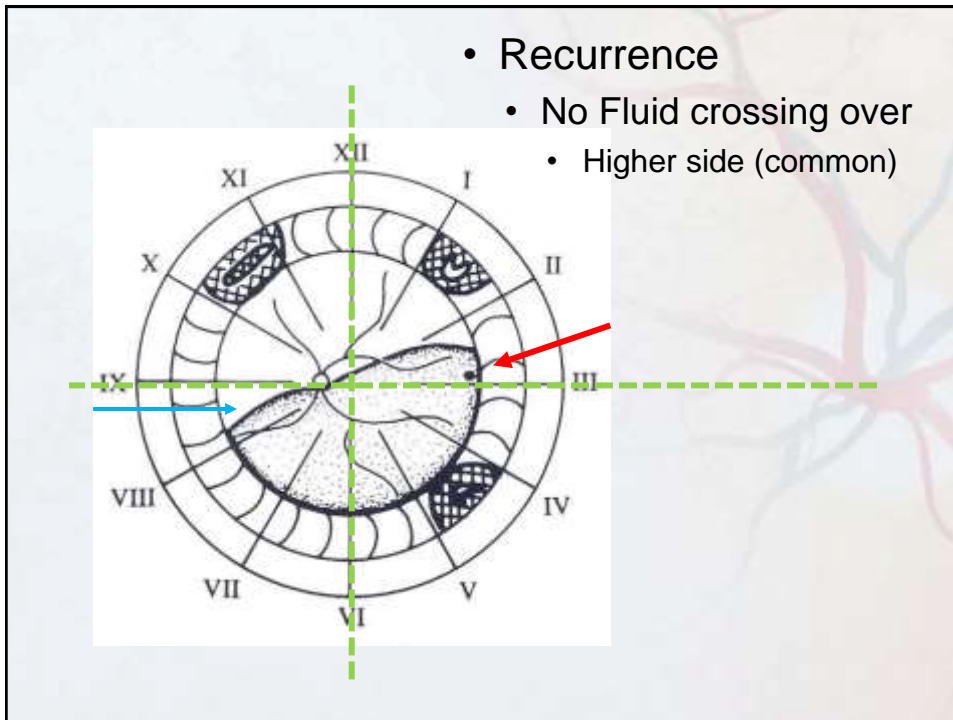


### Superonasal tear / Trough of Fluid





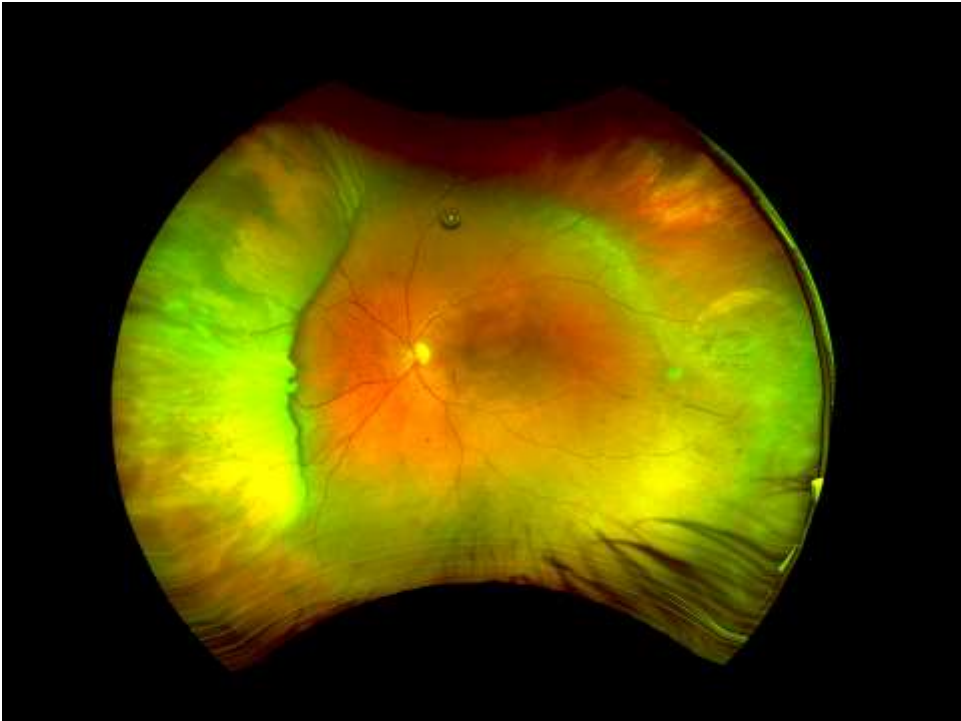
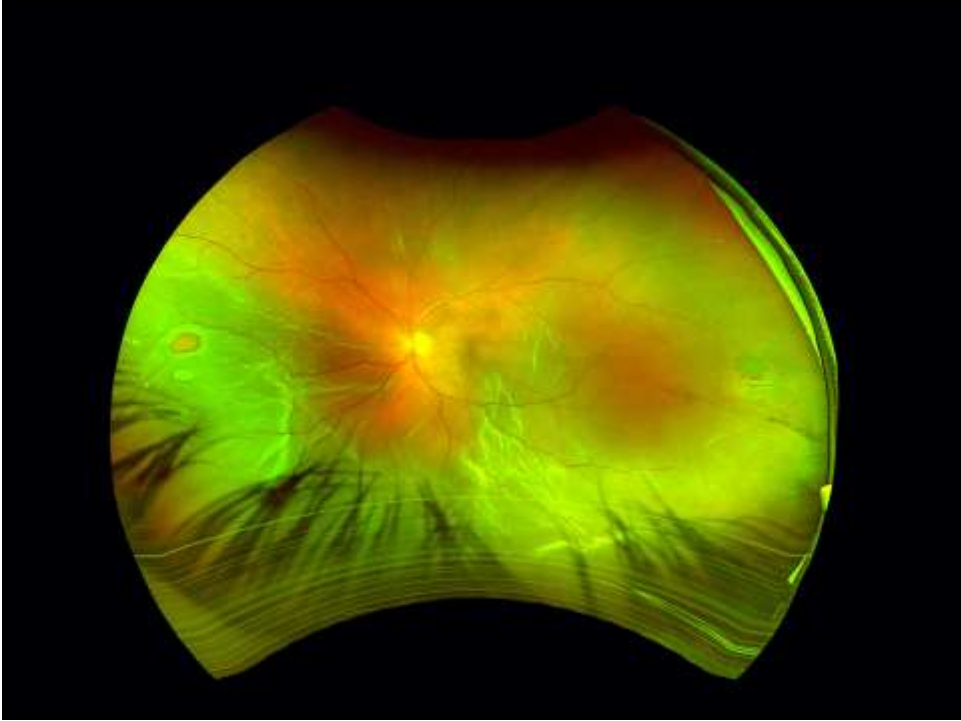




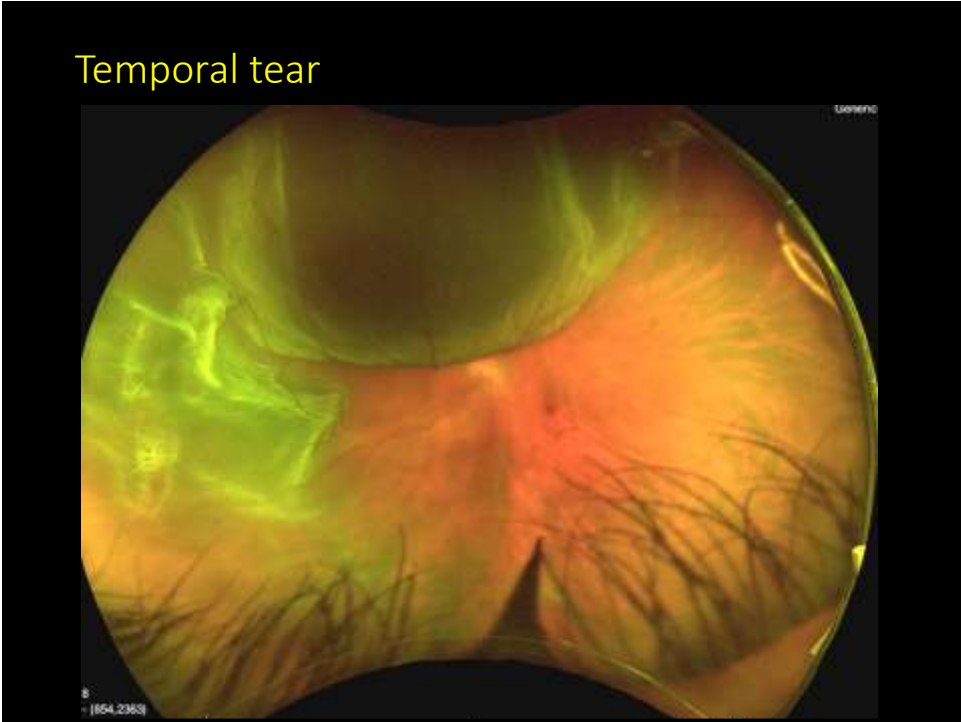
## Macular Hole detachment

1. Central RD  
(around the Hole)
2. Inferior RD  
(inferior to the Hole)
3. Total retinal detachment  
(flatter at the periphery).
4. To one side in some patients  
(lying on one side always).

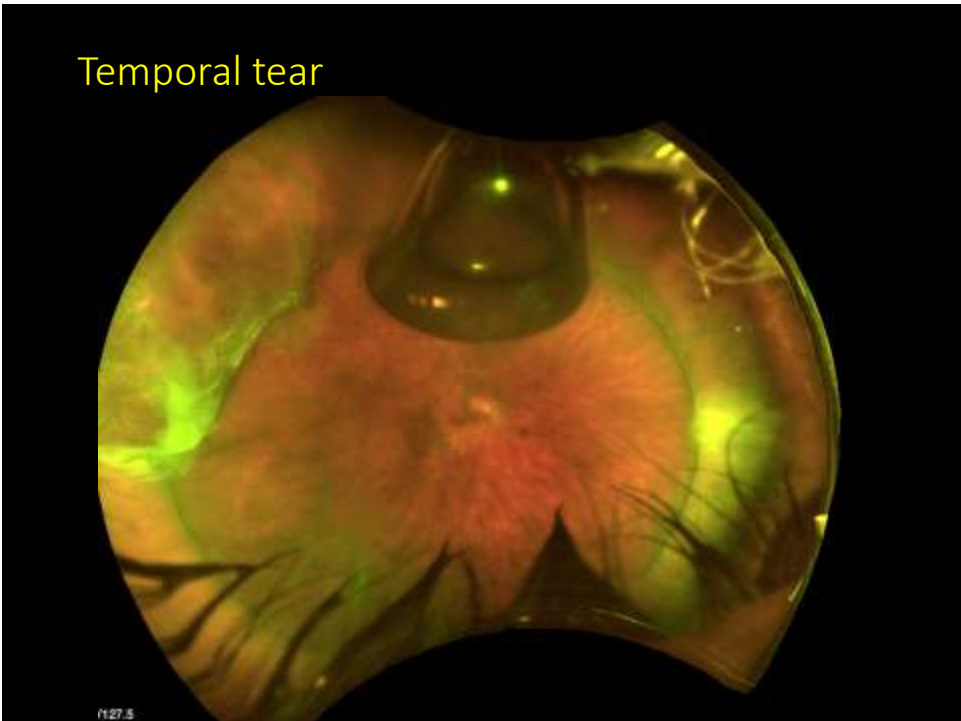




Temporal tear



Temporal tear





### Multiple tears



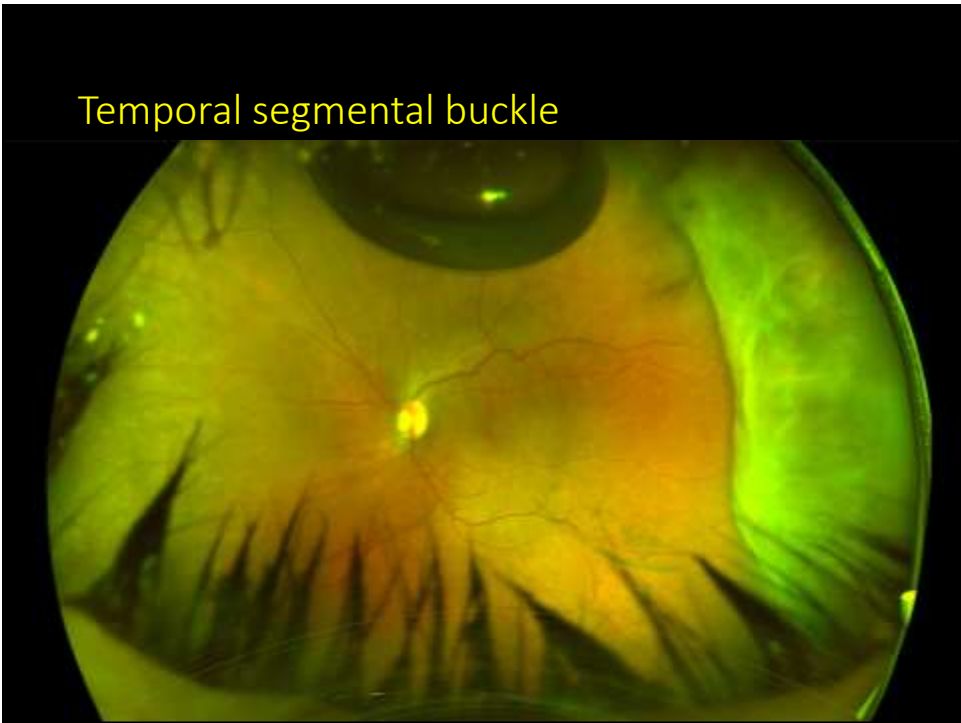
### Multiple tears



Temporal Tear



Temporal segmental buckle



**Thank you**

*Tear Localization in RD*

*Ahmed Souka*