# allied Joint Event on

19th International Conference on

## **OCULAR PHARMACOLOGY AND EYE CARE**

World Congress on

&

# **PUBLIC HEALTH, EPIDEMIOLOGY AND NUTRITION**

#### September 03-04, 2018 | Lisbon, Portugal

Ingrid Kreissig, Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C4-010



**Ingrid Kreissig** University of Heidelberg, Germany

#### **Biography**

Ingrid Kreissig is currently a Professor at Department of Ophthalmology Univ. Mannheim-Heidelberg, Mannheim, Germany. She is also serving as Adjunct Professor at New York Hospital-Cornell Medical Center, New York. Her specialization includes, posterior segment of the eye: St. Gall/ Switzerland, Bonn/Germany, and New York Hospital-Cornell Medical Center/USA. During 1979-2000, she has been the Chairman of Univ. Tuebingen/ Germany. She has published more than 404 papers, those are been published in national and international journals of ophthalmology, basically on topics such as surgery of retinal detachment with long-term follow-up of anatomic and functional results, cryopexy histology, tumors, AMD, diabetic retinopathy, and intravitreal pharmacotherapy. She has also published many books.

Ingrid.Kreissig@medma.uni-heidelberg.de

# Note:

### RETINAL DETACHMENT SURGERY: STARING WITH GONIN AND ITS SUBSEQUENT CHANGES

he evolution of the surgical techniques for reattaching a primary retinal detachment will be analysed from Gonin in 1930 up to present. Publications about the various options for repair are reviewed. There had been a change from a surgery of the entire retinal detachment to a surgery limited to the area of the break and a change from extraocular to an intraocular approach. In the beginning of the 21st century four major surgical techniques for repair of a primary retinal detachment have evolved. But all of them have still one nominator in common: to find and close the retinal break which caused the detachment, and which would cause a redetachment, if not sealed off sufficiently. To find and close sufficiently the break(s) in a primary retinal detachment has been accompanied the efforts of retinal detachment surgeons during the past 85 years. However, today four postulates must be fulfilled for an adequate and optimal retinal detachment surgery: the retinal reattachment should be obtained with the first operation, the procedure should have a minimum of morbidity, not harbour secondary complications jeopardizing regained visual acuity and be performed on a small budget in local anaesthesia.