

**SCLERAL BUCKLE OPENING,**The patient was brought to the operating room and appropriately identified. General anesthesia was induced by the anesthesiologist. The patient was prepped and draped in the usual sterile fashion. A lid speculum was used to provide exposure to the right eye. A 360-degree limbal conjunctival peritomy was created with Westcott scissors. Curved tenotomy scissors were used to enter each of the intermuscular quadrants. The inferior rectus muscle was isolated with a muscle hook, freed of its Tenon's attachment and tied with a 2-0 silk suture. The 3 other rectus muscles were isolated in a similar fashion. The 4 scleral quadrants were inspected and found to be free of scleral thinning or staphyloma.