

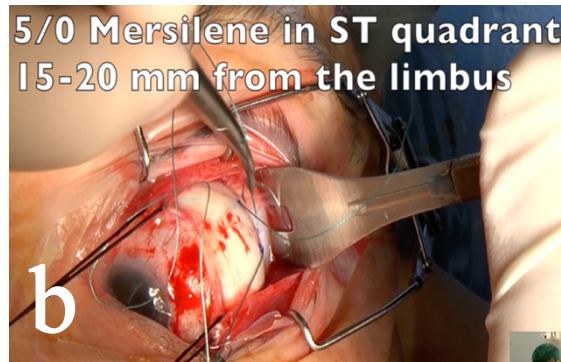


**a**



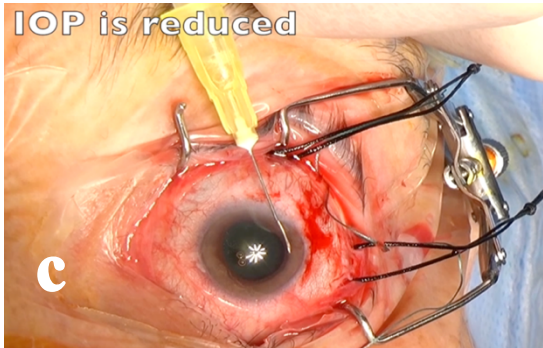
**5/0 Mersilene in ST quadrant  
15-20 mm from the limbus**

**b**



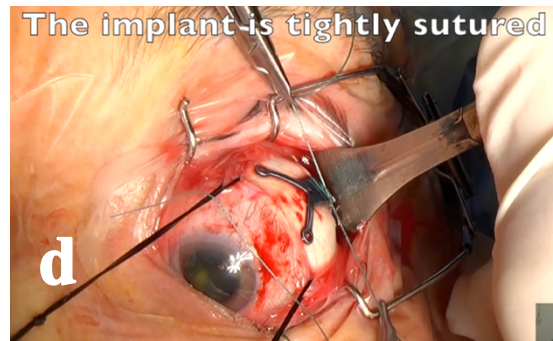
**IOP is reduced**

**c**



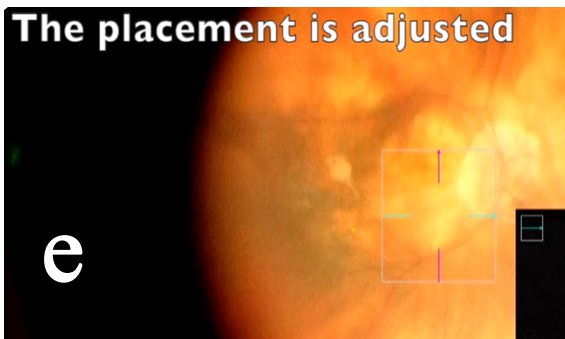
**The implant is tightly sutured**

**d**



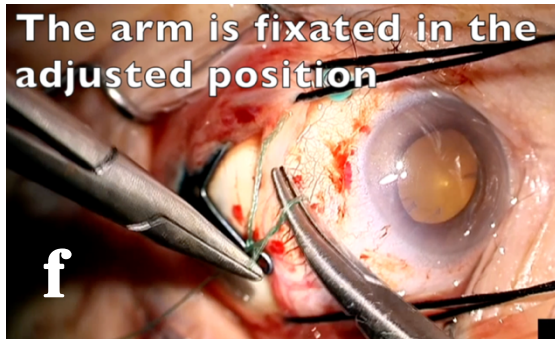
**The placement is adjusted**

**e**



**The arm is fixated in the  
adjusted position**

**f**



#### **INSTRUCTIONS ON HOW TO PLACE THE TITANIUM SCLERAL BUCKLE:**

- Titanium scleral buckle explant.
- The superotemporal quadrant is first exposed. Superior rectus and lateral rectus muscles are slung with 2/0 silk ties to help rotate the eye for a better exposure. A retractor will help expose the sclera. A 5/0 mersilene mattress suture (parallel bites 4.5-5 mm apart) is then passed vertically, 15-20 mm from the limbus (18-19 mm being the most ideal), in the middle of the exposed quadrant at the equator area vertical to the limbus.
- Next, a paracentesis is performed to reduce the intraocular pressure. A 30 g short (3/8-inch needle or a sideport blade are the most ideal ways for a good effective paracentesis to soften the eye (provide hypotony) by emptying the anterior chamber as much as possible.
- The explant is then inserted through the preplaced suture and tied in place.
- The indentation of by the plate is observed with intravitreal illumination. Using a wide-angle viewing lens with a microscope and a chandelier illumination with a valve trochar are the most ideal for this purpose although this can be achieved with other ways per surgeons' preference. Under this view, the exact placement of the explant can be adjusted.
- Finally, the explant is fixated in the adjusted position by placing an additional suture in one or more of the 3 holes at its anterior section.

**Video Link to the Titanium Scleral Buckle surgery:**

[https://www.youtube.com/watch?v=6RpD\\_TxuQ0n](https://www.youtube.com/watch?v=6RpD_TxuQ0n) (or scan the QR code on the top left)