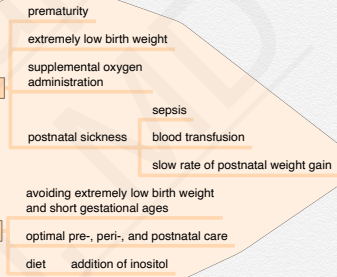
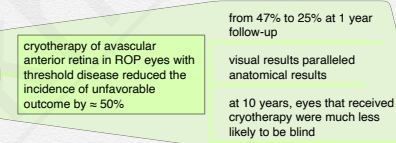


Retinopathy of Prematurity (III): Treatment

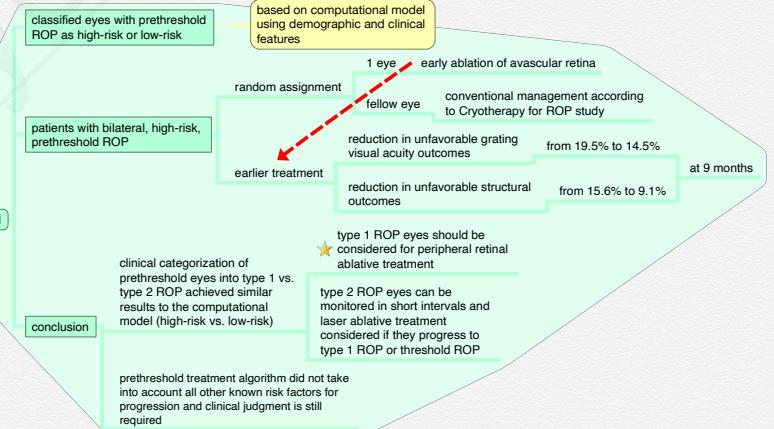
Prevention and Risk Factors



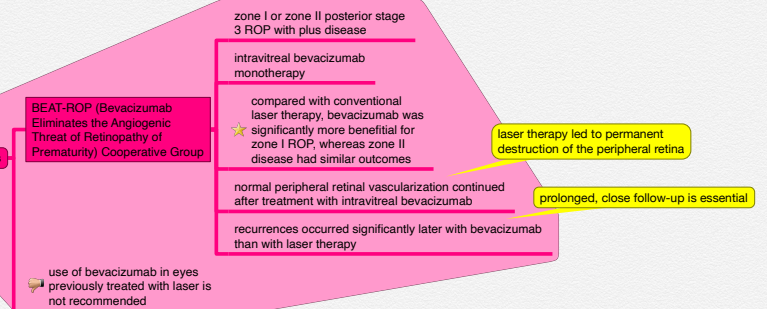
Cryotherapy for ROP study



ETROP trial



Anti-VEGF Drugs



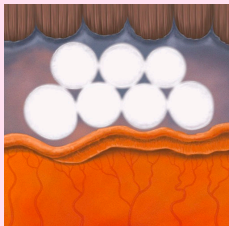
Laser and Cryoablation Surgery

laser surgery has less treatment-related morbidity

laser preferred over cryoablation surgery

laser is not available

media opacities or persistent tunica vasculosa lentis



indications for retinal cryoablation

start treatment within 72 hours

indirect ophthalmoscopy

avascular retina anterior to the ridge



confluent or subconfluent scatter fashion

technique

can damage the long ciliary vessels and nerves

can lead to severe anterior segment ischemia

apply lighter pattern to horizontal meridia

$\leq 5\%$

pediatric consultation with systemic monitoring

systemic analgesia

respiratory or cardiorespiratory arrest can occur

\pm general anesthesia in an operating room

Vitreotomy and Scleral Buckling Surgery

scleral buckling

lens-sparing vitrectomy

stage 4A has more favorable outcome than stages 4B or 5

stage 4 ROP (progressive, active-phase ROP)

vitrectomy with dissection of fibrovascular membranes and adherent vitreous

stage 5 disease

drainage retinotomy or iatrogenic retinal break associated with uniformly poor prognosis

only 25% of these eyes remained fully attached 5 years later

full or partial reattachment in $\approx 30\%$ of eyes

only 10% of these eyes eventually had ambulatory vision