

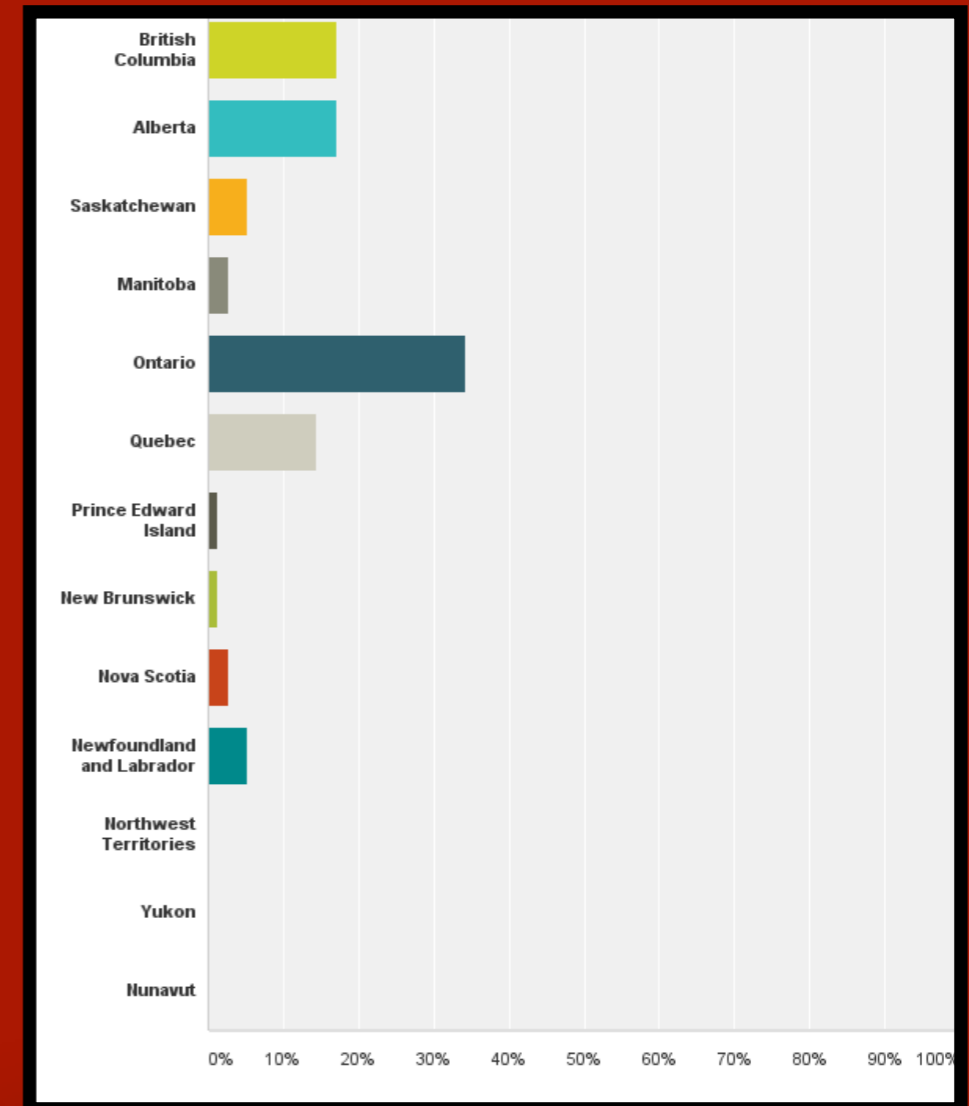
Canadian Retina Society 2015

Canadian Practices and Trends Survey (CAN-PAT)

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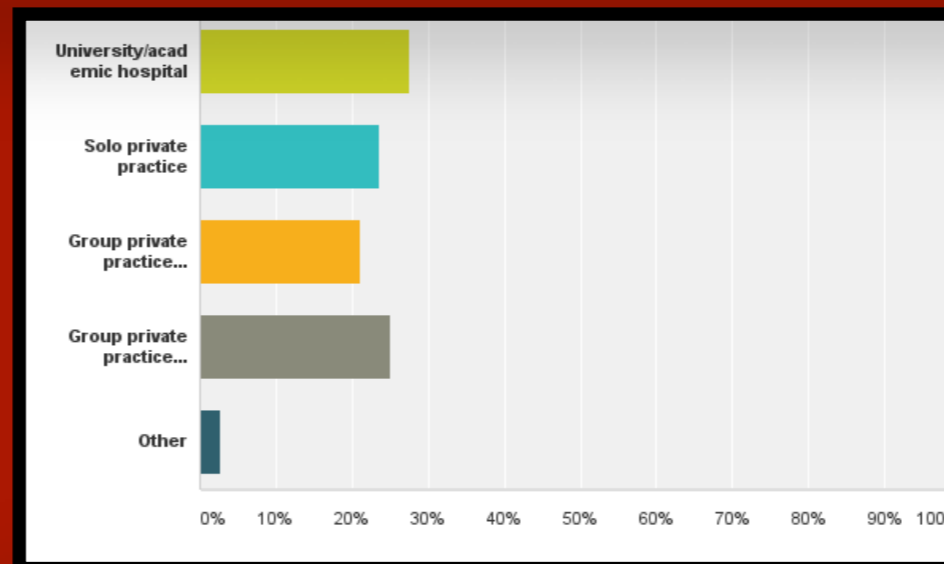
In what province or territory is your primary practice located?

Answer Choices	Responses
British Columbia	17.11% 13
Alberta	17.11% 13
Saskatchewan	5.26% 4
Manitoba	2.63% 2
Ontario	34.21% 26
Quebec	14.47% 11
Prince Edward Island	1.32% 1
New Brunswick	1.32% 1
Nova Scotia	2.63% 2
Newfoundland and Labrador	5.26% 4
Northwest Territories	0.00% 0
Yukon	0.00% 0
Nunavut	0.00% 0
Total Respondents: 76	



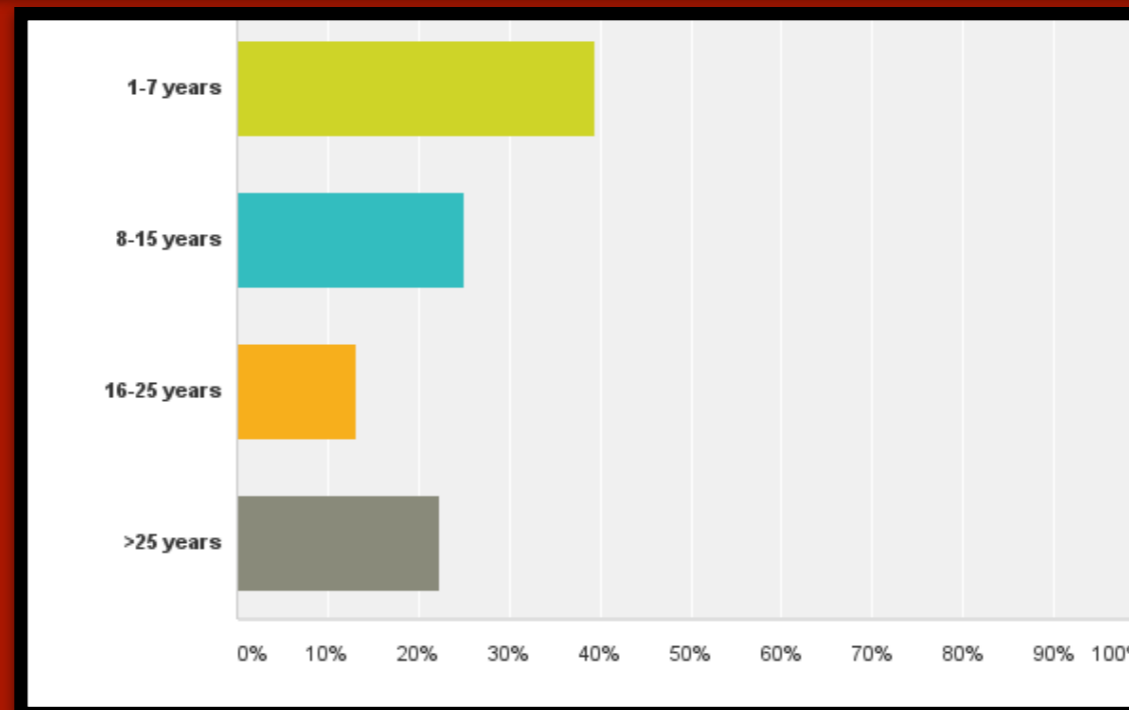
What is your primary practice setting?

Answer Choices	Responses
University/academic hospital	27.63% 21
Solo private practice	23.68% 18
Group private practice (retina only)	21.05% 16
Group private practice (multi-specialty)	25.00% 19
Other	2.63% 2
Total	76



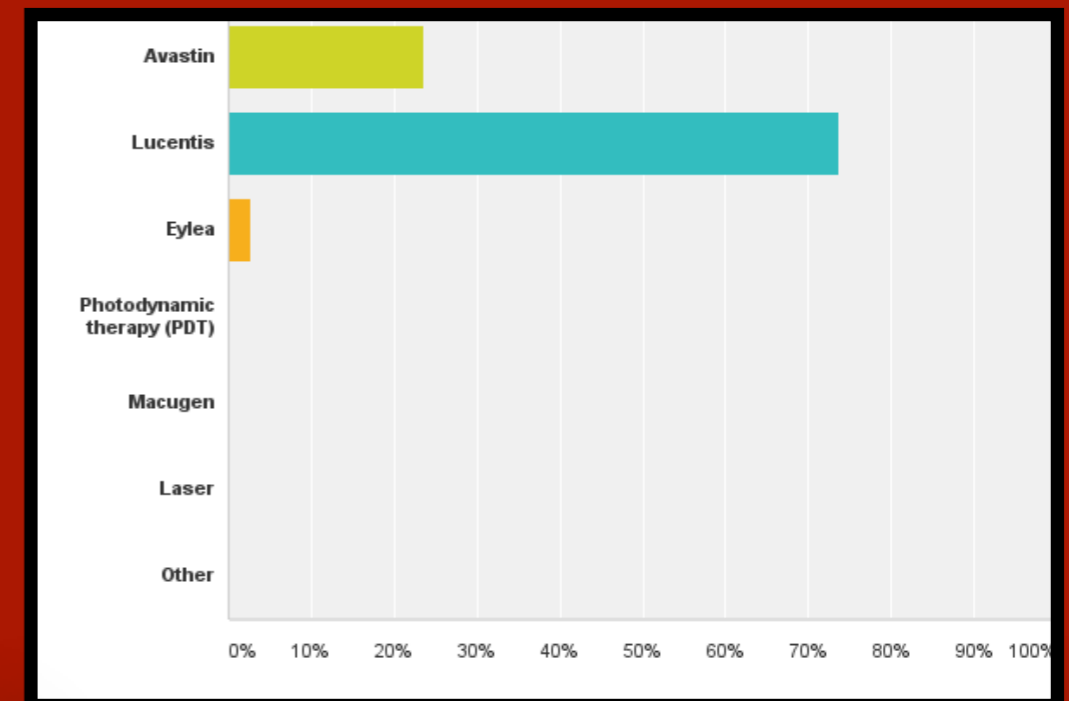
How long have you been in practice after fellowship?

Answer Choices	Responses
1-7 years	39.47% 30
8-15 years	25.00% 19
16-25 years	13.16% 10
>25 years	22.37% 17
Total	76



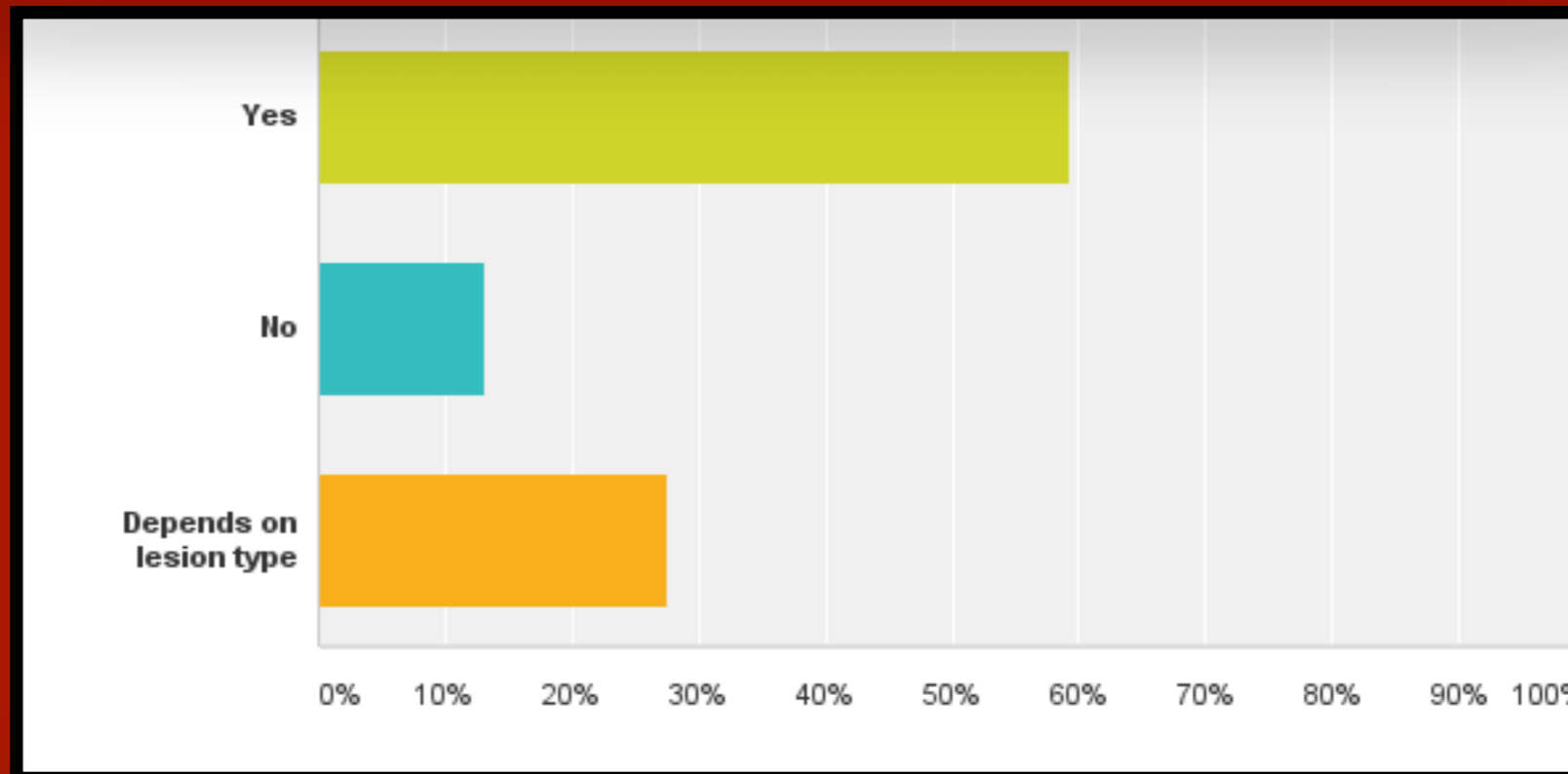
What is your first-line agent for wet age-related macular degeneration (ARMD)?

Answer Choices	Responses	
Avastin	23.68%	18
Lucentis	73.68%	56
Eylea	2.63%	2
Photodynamic therapy (PDT)	0.00%	0
Macugen	0.00%	0
Laser	0.00%	0
Other	0.00%	0
Total		76



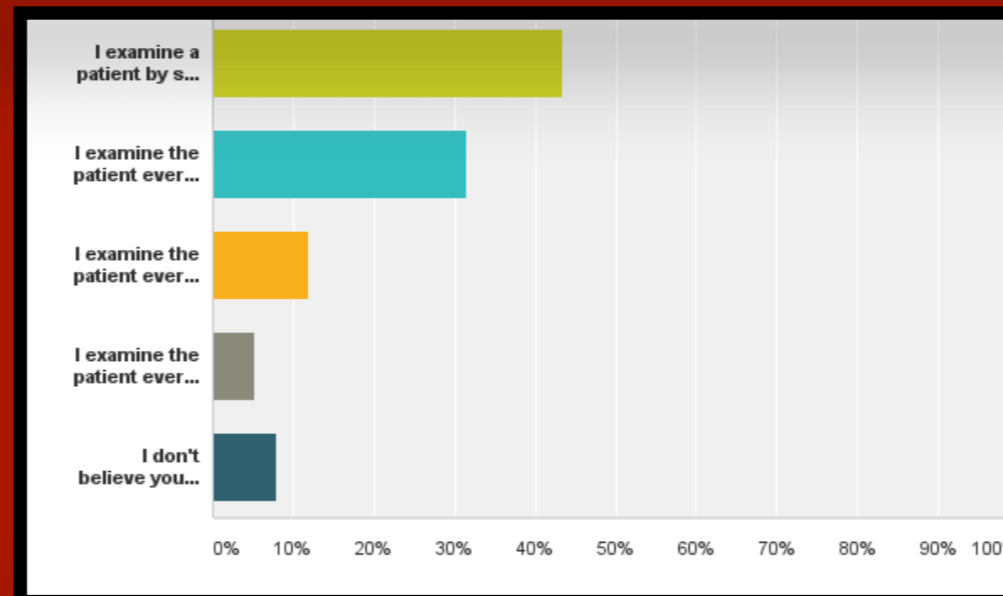
Do you use fluorescein angiography (FA) in the initial evaluation of suspected wet ARMD?

Answer Choices	Responses
Yes	59.21% 45
No	13.16% 10
Depends on lesion type	27.63% 21
Total	76



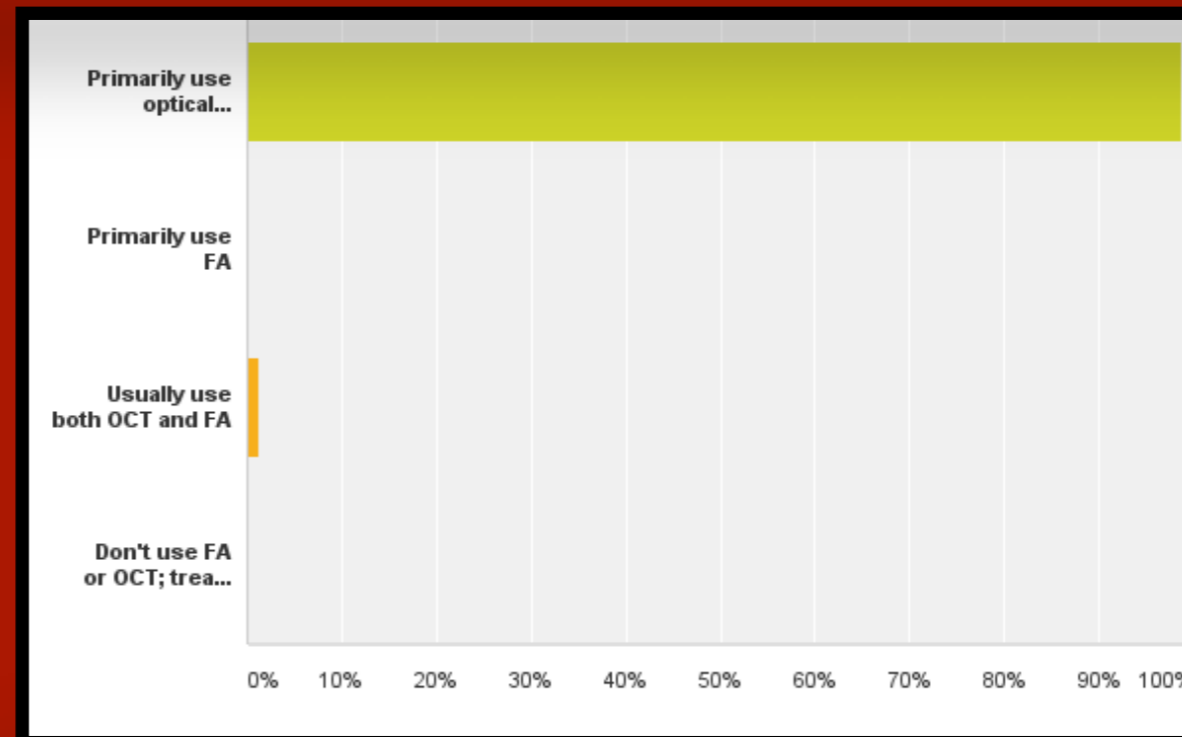
When performing automatic intravitreal injections of anti-VEGF medication, when do you reassess the patient with dilated slit lamp examination?

Answer Choices	Responses
I examine a patient by slit lamp with every injection	43.42% 33
I examine the patient every 3 months	31.58% 24
I examine the patient every 6 months	11.84% 9
I examine the patient every year	5.26% 4
I don't believe you need to examine the patient by slit lamp when performing routine intravitreal injections	7.89% 6
Total	76



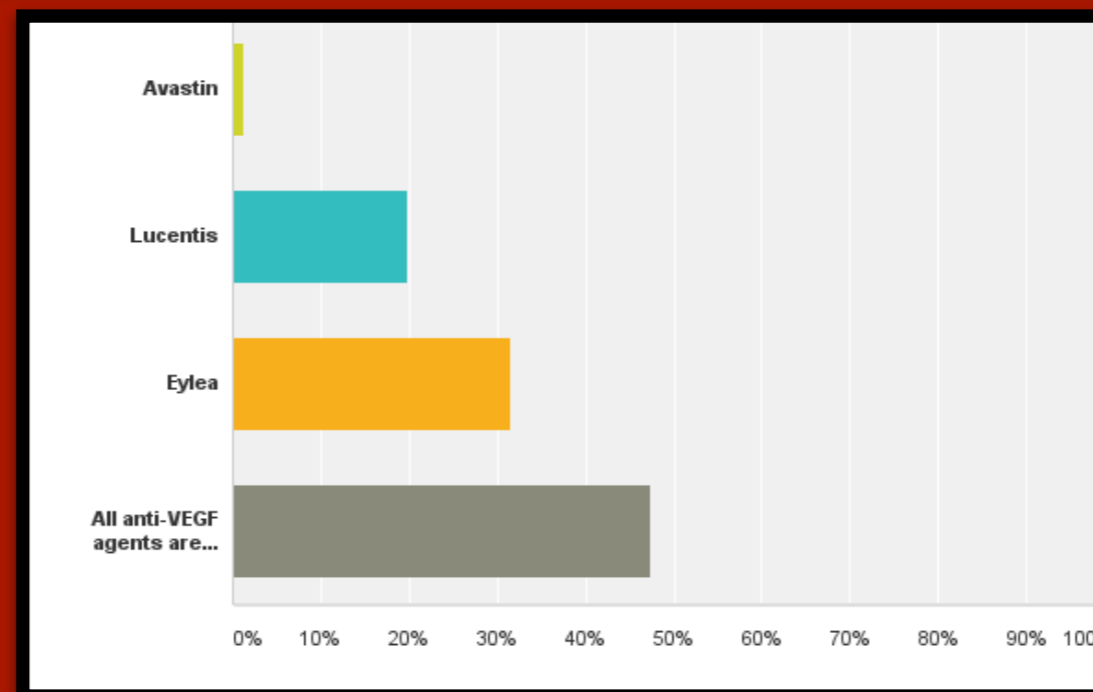
What follow-up testing do you perform for ARMD patients after anti-VEGF therapy?

Answer Choices	Responses
Primarily use optical coherence tomography (OCT)	98.68% 75
Primarily use FA	0.00% 0
Usually use both OCT and FA	1.32% 1
Don't use FA or OCT; treat every month or 6 weeks	0.00% 0
Total	76



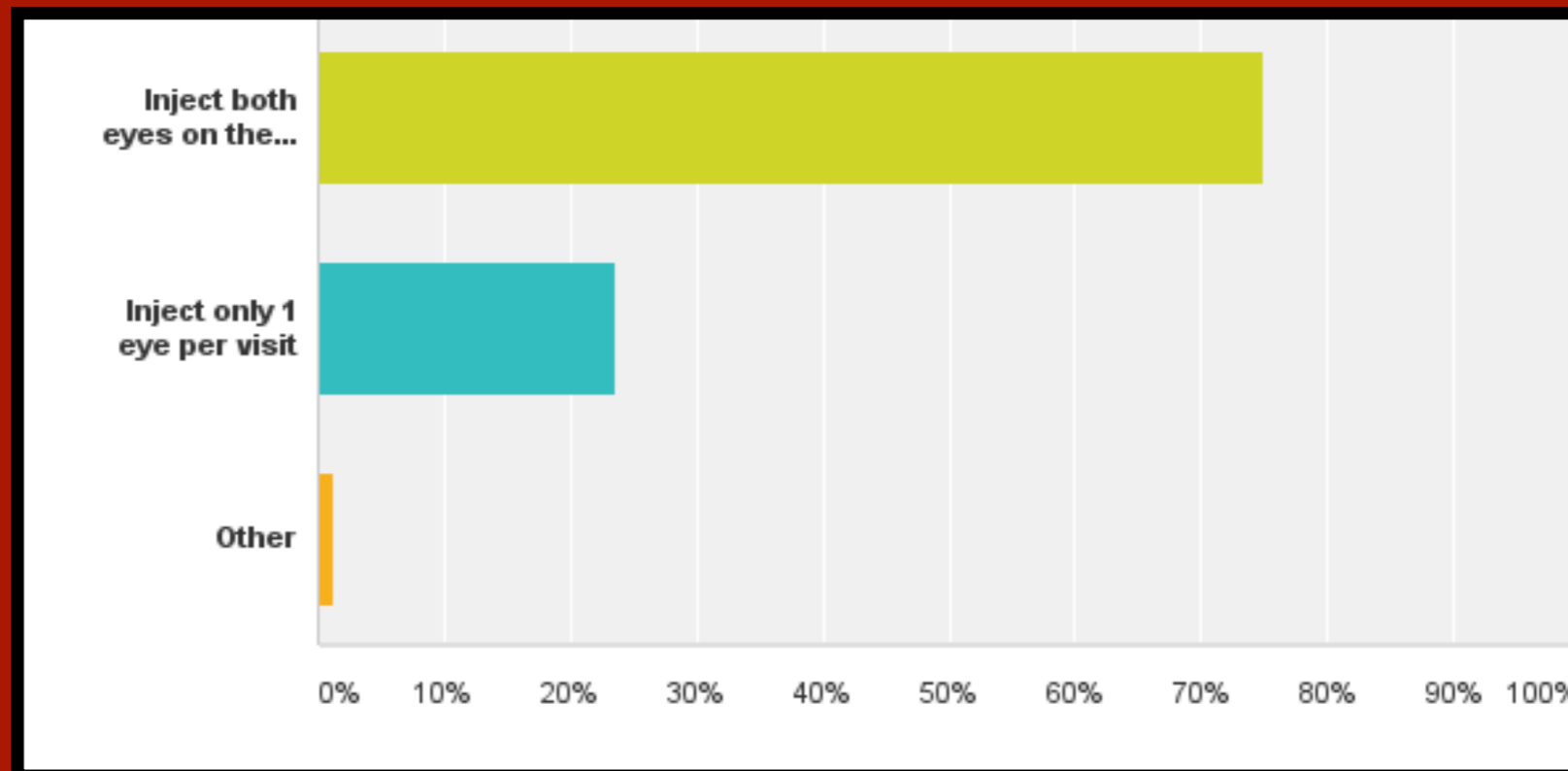
Which anti-VEGF agent do you find most effective in decreasing fluid in wet ARMD?

Answer Choices	Responses
Avastin	1.32% 1
Lucentis	19.74% 15
Eylea	31.58% 24
All anti-VEGF agents are equal at decreasing subretinal and intraretinal fluid	47.37% 36
Total	76



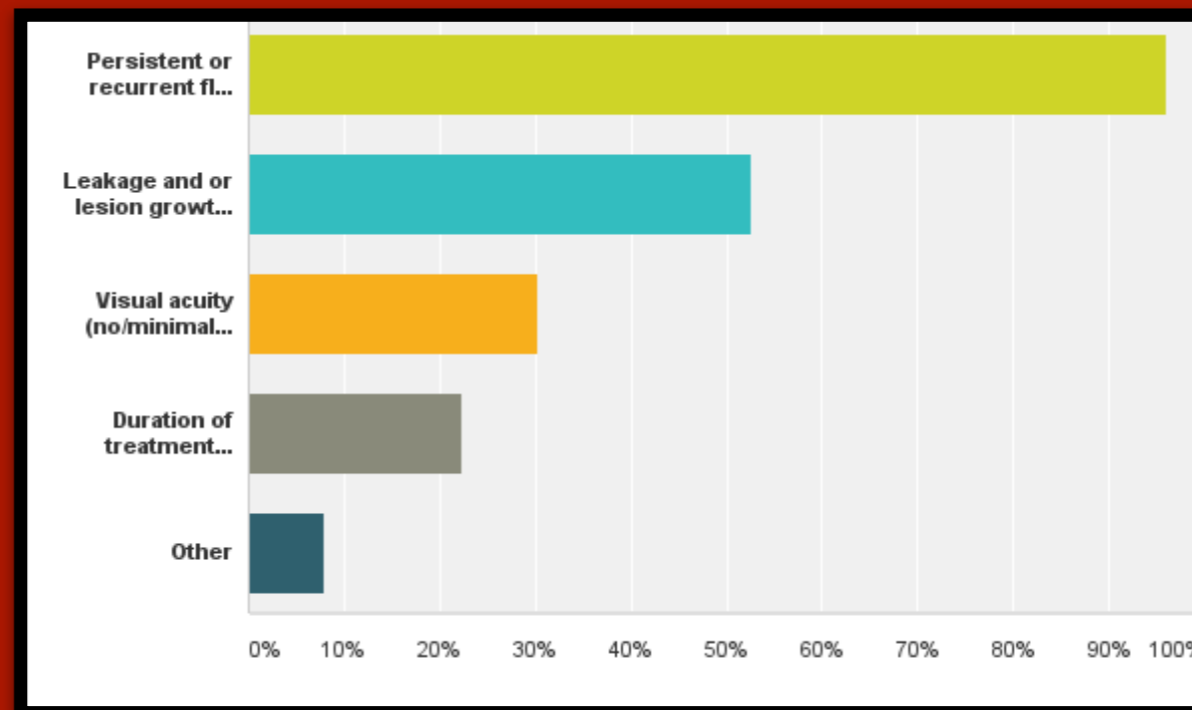
What is your anti-VEGF therapy management choice for patients with bilateral wet ARMD?

Answer Choices	Responses
Inject both eyes on the same visit	75.00% 57
Inject only 1 eye per visit	23.68% 18
Other	1.32% 1
Total	76



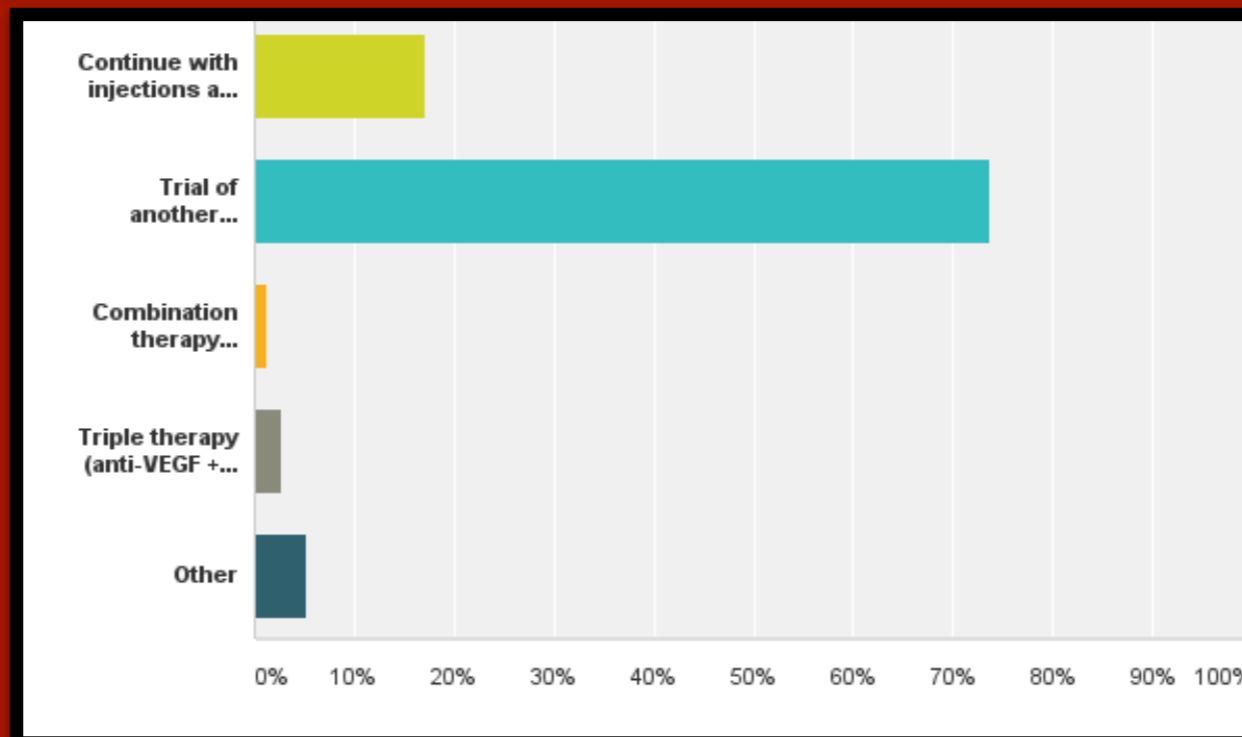
What defines an inadequate response to an anti-VEGF treatment in wet ARMD? Check all that apply

Answer Choices	Responses
Persistent or recurrent fluid on OCT	96.05% 73
Leakage and or lesion growth on FA	52.63% 40
Visual acuity (no/minimal change from baseline)	30.26% 23
Duration of treatment response	22.37% 17
Other	7.89% 6
Total Respondents: 76	



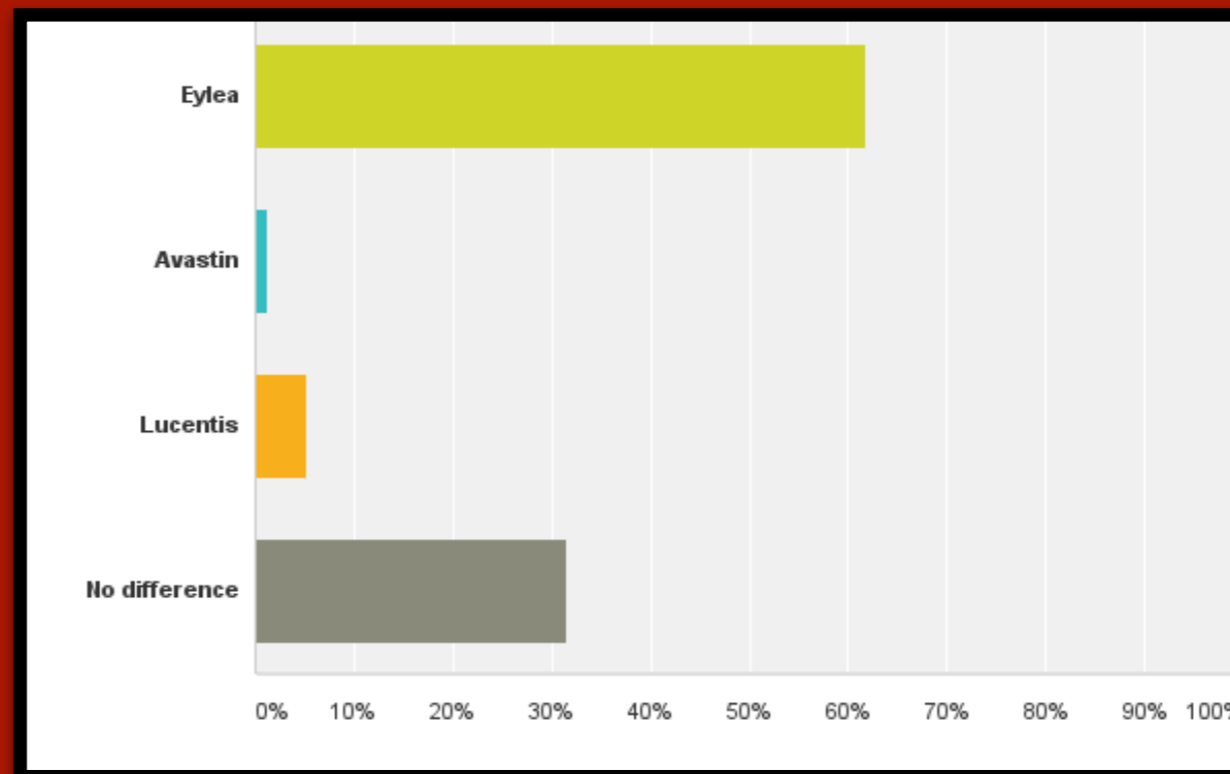
How do you manage persistent choroidal neovascularization (CNV) ARMD activity after 8 monthly anti-VEGF injections, VA = 20/50?

Answer Choices	Responses
Continue with injections as is	17.11% 13
Trial of another anti-VEGF agent	73.68% 56
Combination therapy (anti-VEGF + PDT)	1.32% 1
Triple therapy (anti-VEGF + PDT + intravitreal steroid)	2.63% 2
Other	5.26% 4
Total	76



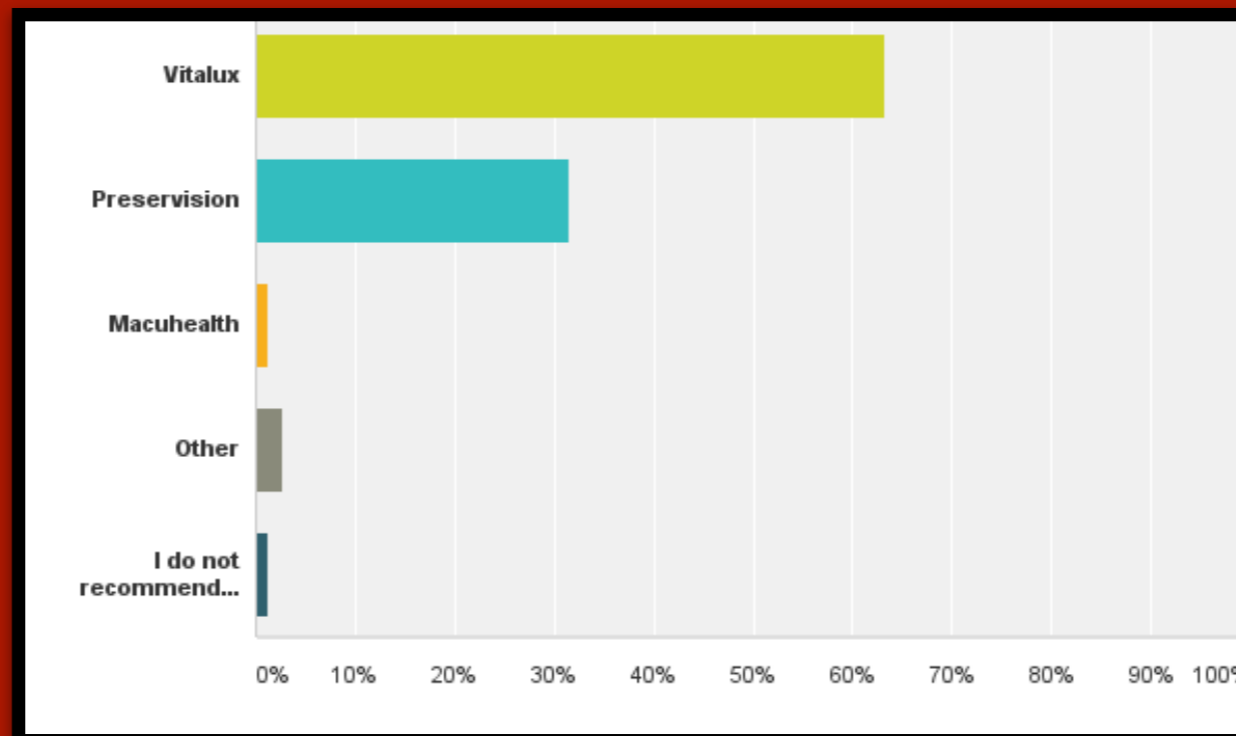
Which anti-VEGF agent do you believe treats the broadest range of wet ARMD patients, including naïve patients, those previously treated with an anti-VEGF agent, and those with pigment epithelial detachments (PED)?

Answer Choices	Responses
Eylea	61.84% 47
Avastin	1.32% 1
Lucentis	5.26% 4
No difference	31.58% 24
Total	76



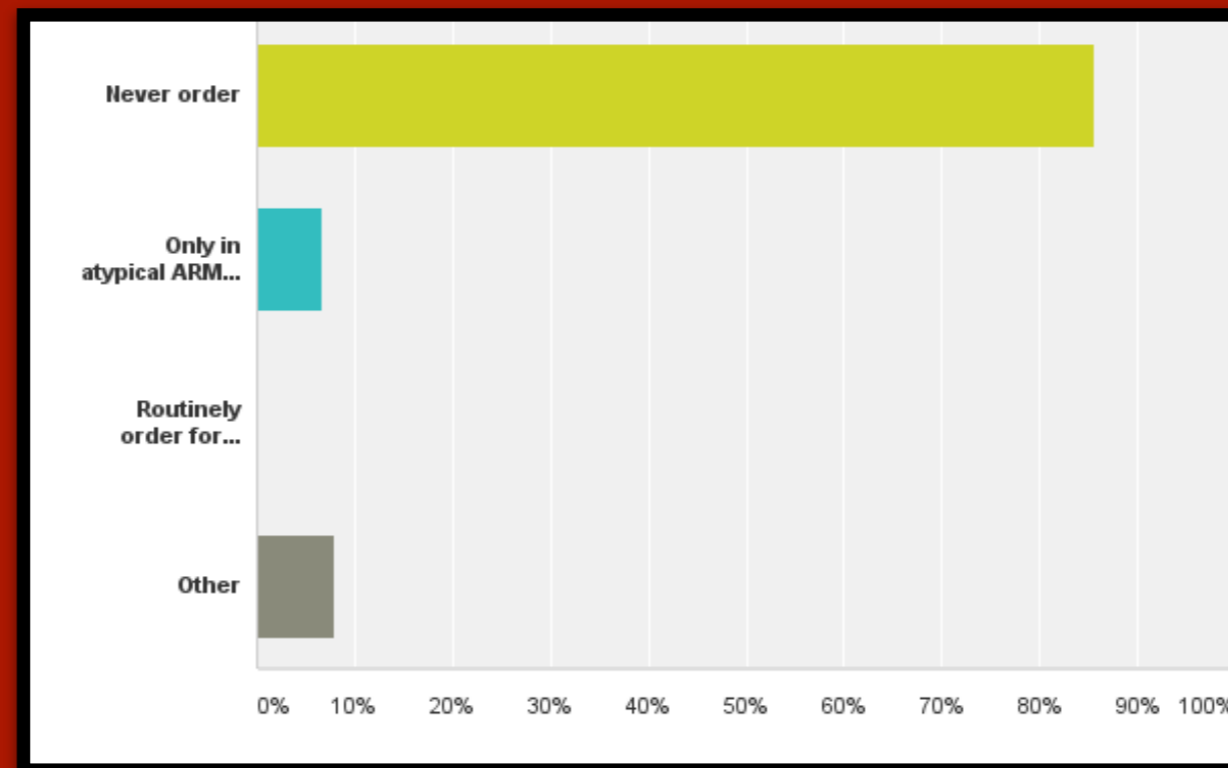
What is your preferred ocular vitamin for the treatment of dry ARMD?

Answer Choices	Responses
Vitalux	63.16% 48
Preservision	31.58% 24
Macuhealth	1.32% 1
Other	2.63% 2
I do not recommend vitamins for dry ARMD	1.32% 1
Total	76



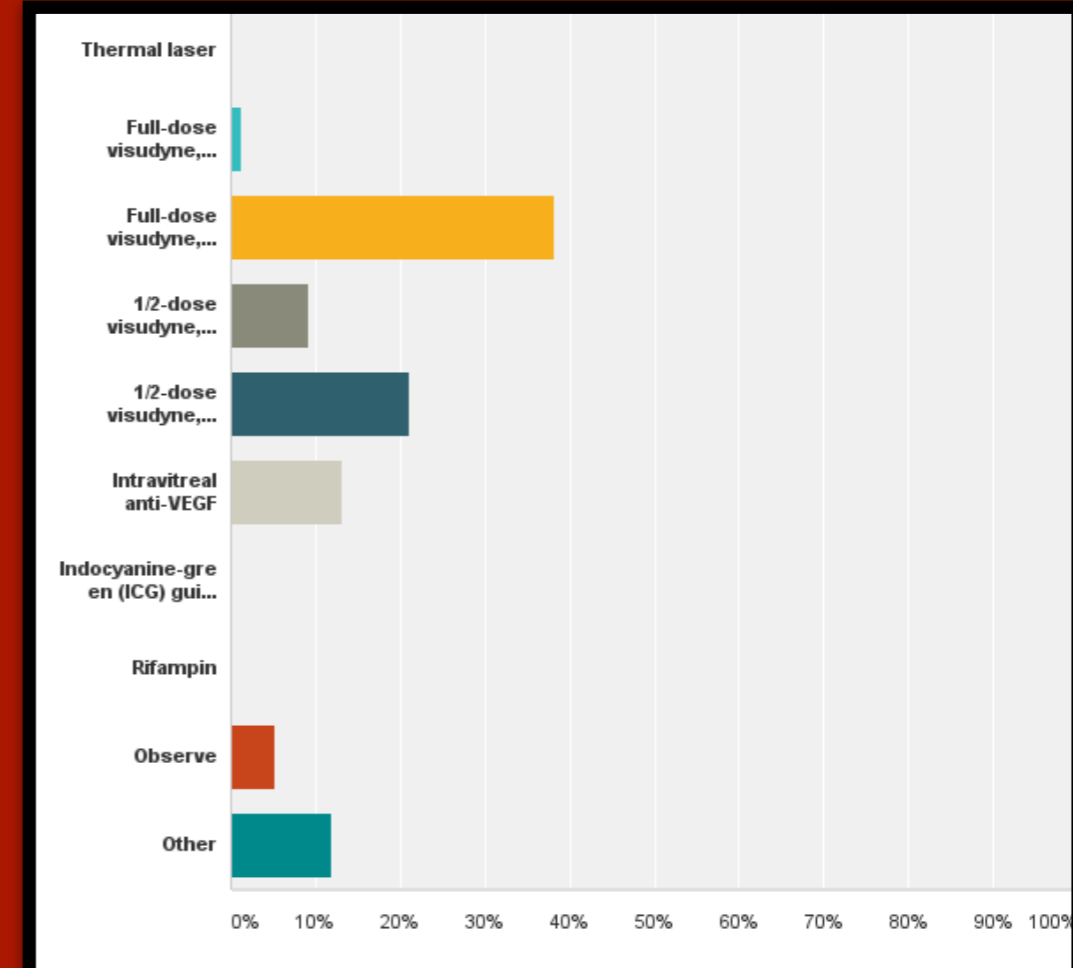
How would you describe your use of commercial genetic testing for known mutations associated with ARMD risk?

Answer Choices	Responses
Never order	85.53% 65
Only in atypical ARMD (younger, family history)	6.58% 5
Routinely order for patients with ARMD	0.00% 0
Other	7.89% 6
Total	76



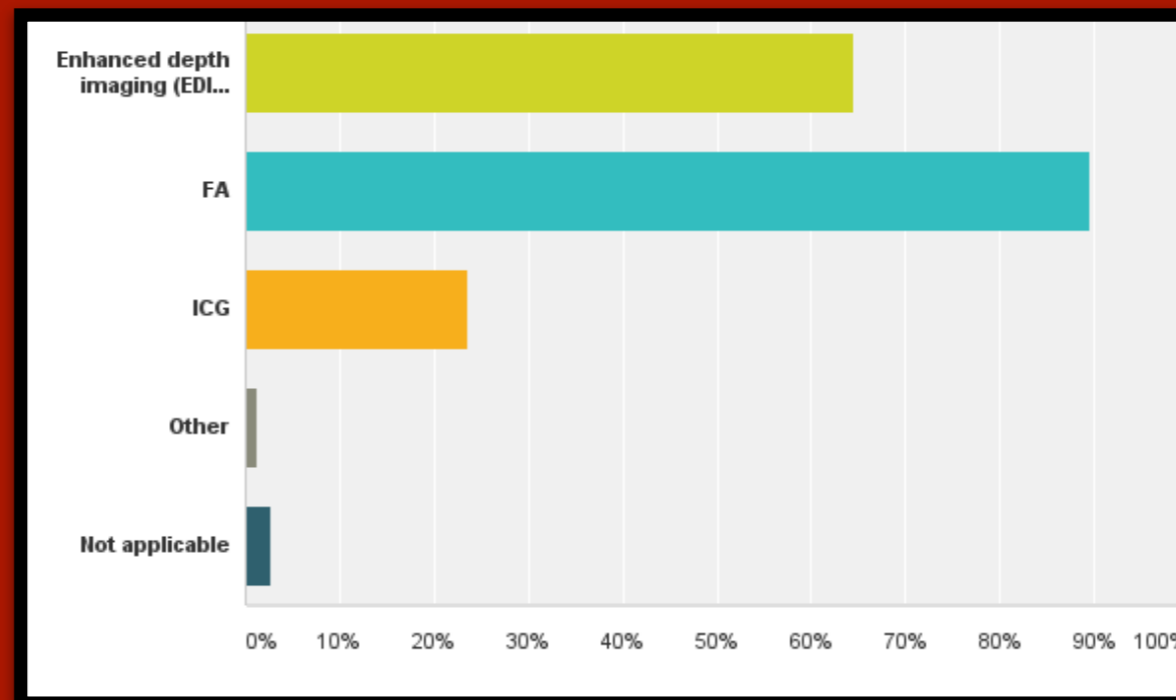
What is your approach to chronic (6 months) central serous chorioretinopathy (CSCR), VA = 20/40, diffuse leak involving the fovea?

Answer Choices	Responses
Thermal laser	0.00% 0
Full-dose visudyne, standard-fluence PDT	1.32% 1
Full-dose visudyne, reduced-fluence PDT	38.16% 29
1/2-dose visudyne, standard-fluence PDT	9.21% 7
1/2-dose visudyne, reduced-fluence PDT	21.05% 16
Intravitreal anti-VEGF	13.16% 10
Indocyanine-green (ICG) guided laser photocoagulation	0.00% 0
Rifampin	0.00% 0
Observe	5.26% 4
Other	11.84% 9
Total	76



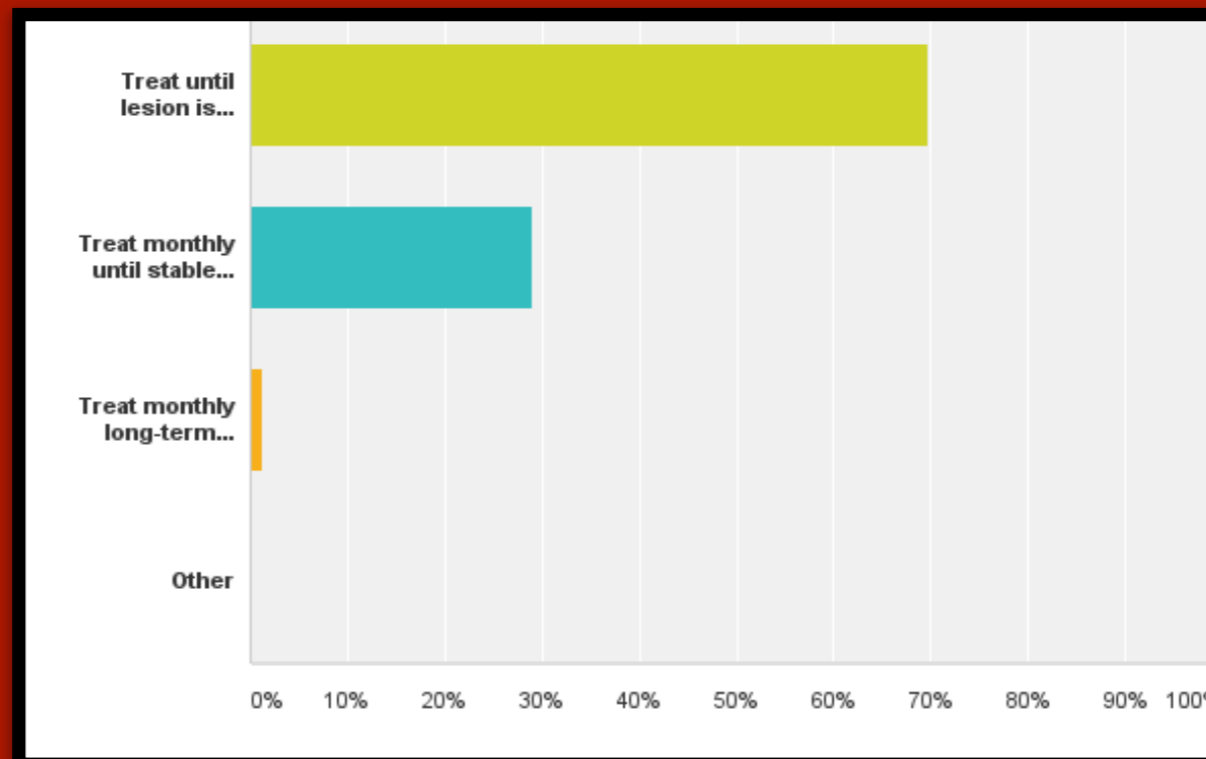
If you treat CSCR, what ancillary testing do you utilize? Please check all that apply.

Answer Choices	Responses
Enhanced depth imaging (EDI) OCT	64.47% 49
FA	89.47% 68
ICG	23.68% 18
Other	1.32% 1
Not applicable	2.63% 2
Total Respondents: 76	



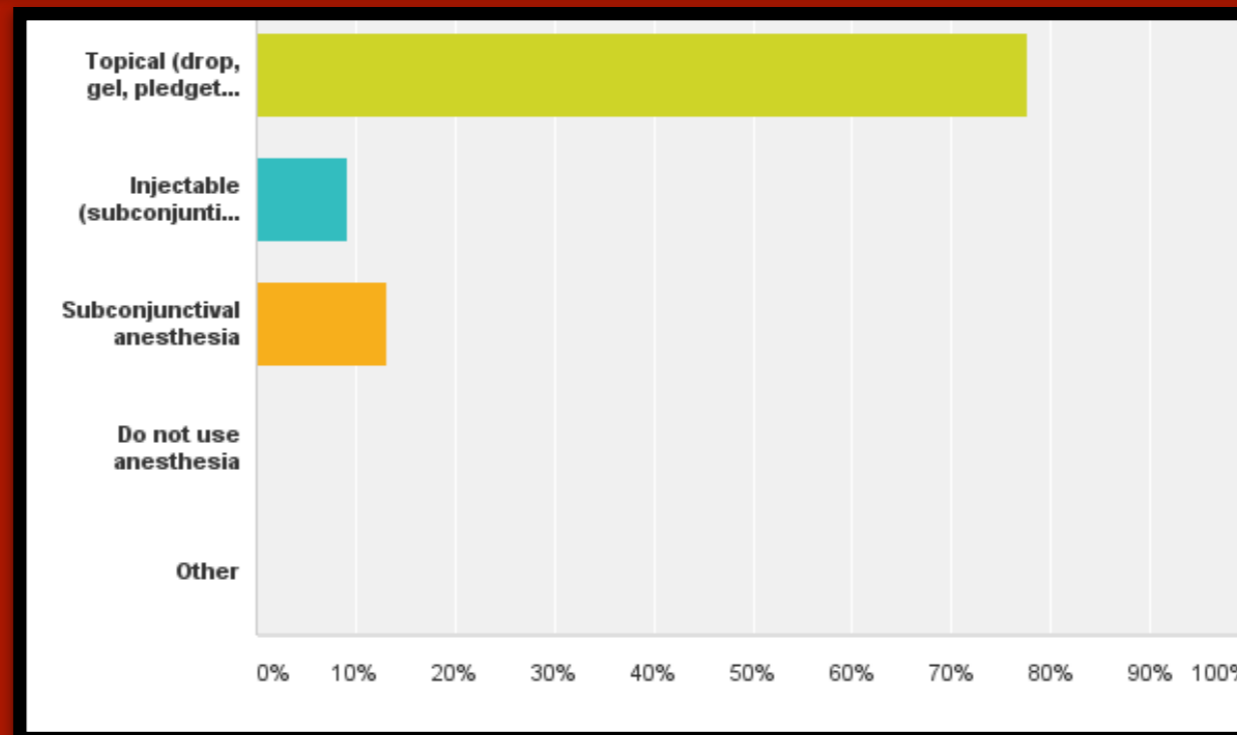
How would you treat a high myope with a new choroidal neovascular membrane (CNVM)?

Answer Choices	Responses
Treat until lesion is stable, then stop	69.74% 53
Treat monthly until stable, then treat and extend	28.95% 22
Treat monthly long-term regardless of lesion status	1.32% 1
Other	0.00% 0
Total	76



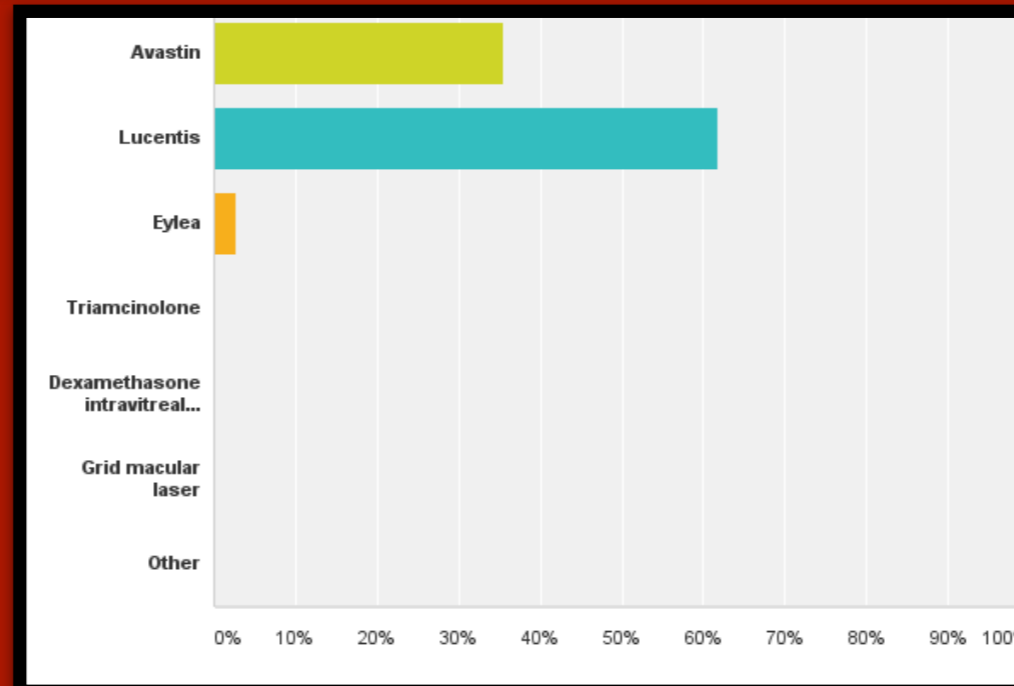
What type of anesthesia do you use for intravitreal injections?

Answer Choices	Responses
Topical (drop, gel, pledget, etc)	77.63% 59
Injectable (subconjunctival)	9.21% 7
Subconjunctival anesthesia	13.16% 10
Do not use anesthesia	0.00% 0
Other	0.00% 0
Total	76



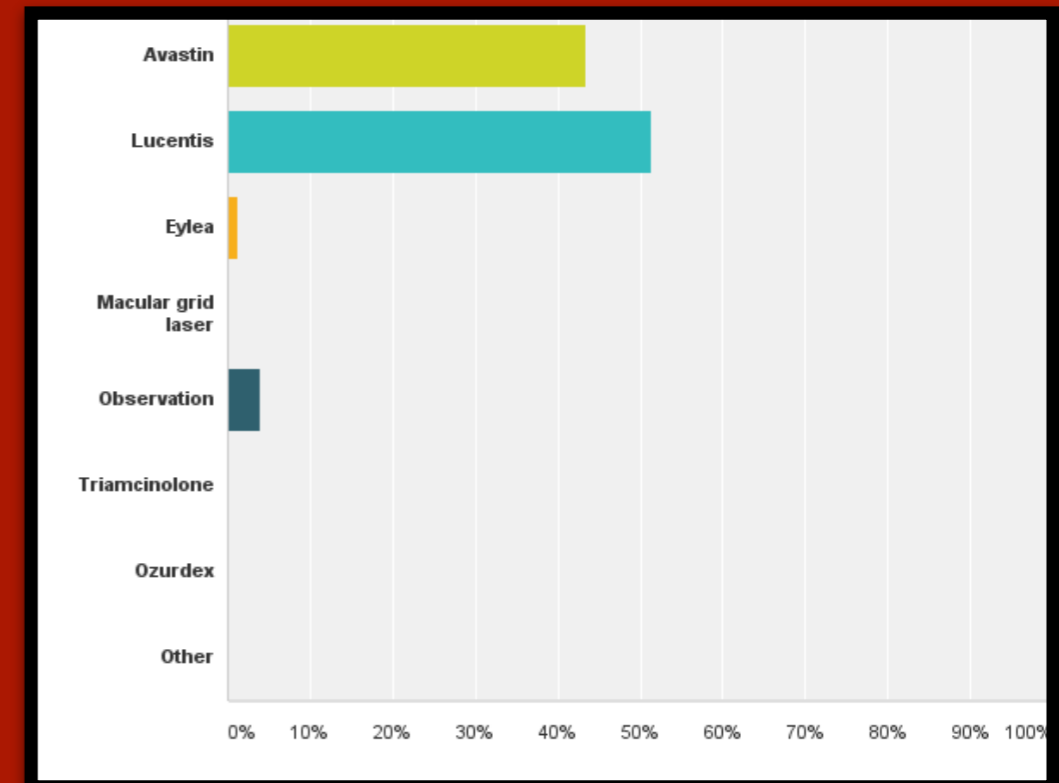
How would you treat a recent central retinal vein occlusion (CRVO) with vision-affecting macular edema?

Answer Choices	Responses
Avastin	35.53% 27
Lucentis	61.84% 47
Eylea	2.63% 2
Triamcinolone	0.00% 0
Dexamethasone intravitreal implant (Ozurdex)	0.00% 0
Grid macular laser	0.00% 0
Other	0.00% 0
Total	76



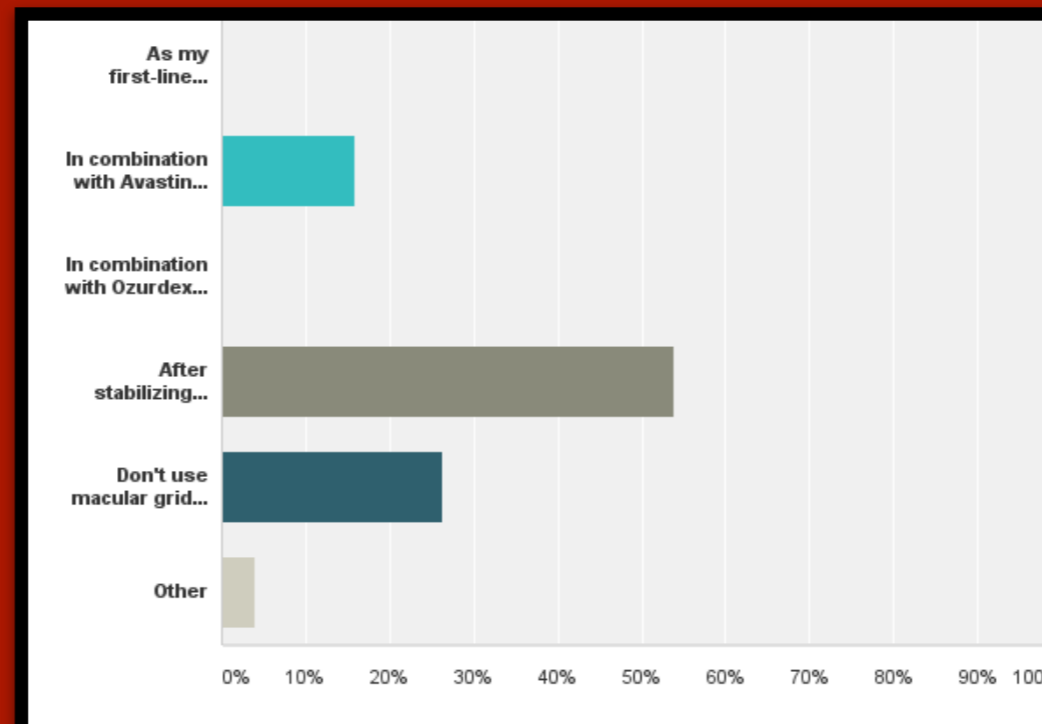
What is your initial treatment choice for a 64-year-old patient with branch retinal vein occlusion (BRVO), macular edema, VA = 20/60?

Answer Choices	Responses	
Avastin	43.42%	33
Lucentis	51.32%	39
Eylea	1.32%	1
Macular grid laser	0.00%	0
Observation	3.95%	3
Triamcinolone	0.00%	0
Ozurdex	0.00%	0
Other	0.00%	0
Total		76



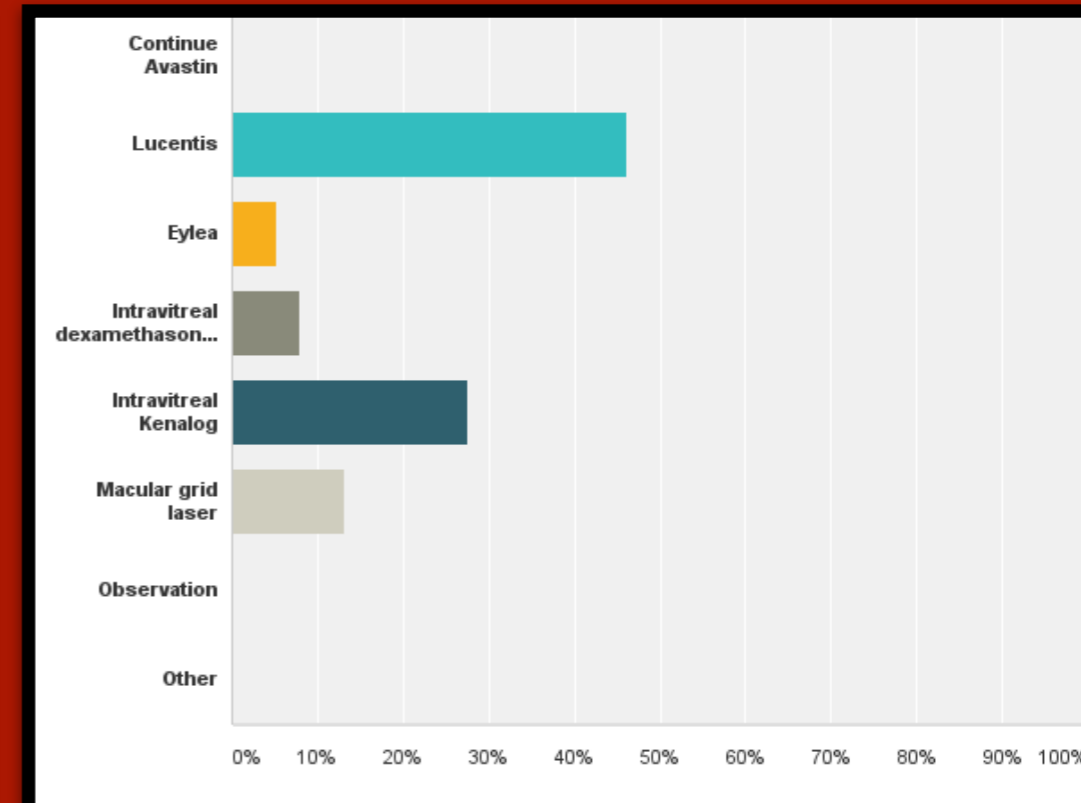
When do you recommend macular grid laser for BRVO?

Answer Choices	Responses
As my first-line treatment if no dense hemorrhage	0.00% 0
In combination with Avastin, Lucentis or Eylea	15.79% 12
In combination with Ozurdex or triamcinolone	0.00% 0
After stabilizing macular edema with anti-VEGF or steroid	53.95% 41
Don't use macular grid laser at all	26.32% 20
Other	3.95% 3
Total	76



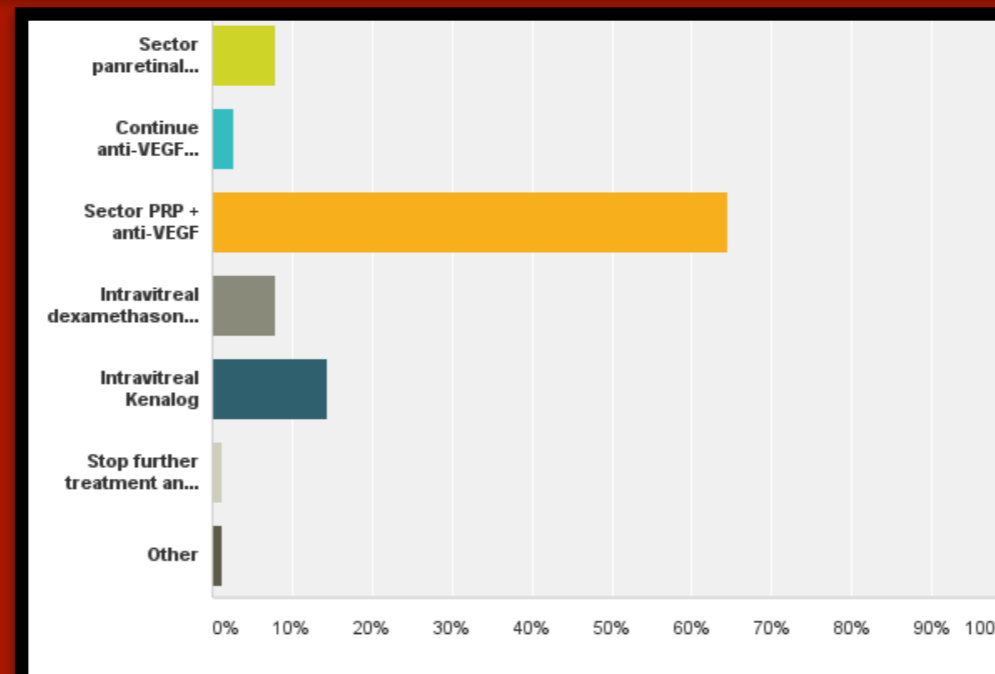
How would you treat macular edema from a BRVO that is unresponsive to Avastin?

Answer Choices	Responses
Continue Avastin	0.00% 0
Lucentis	46.05% 35
Eylea	5.26% 4
Intravitreal dexamethasone (Ozurdex)	7.89% 6
Intravitreal Kenalog	27.63% 21
Macular grid laser	13.16% 10
Observation	0.00% 0
Other	0.00% 0
Total	76



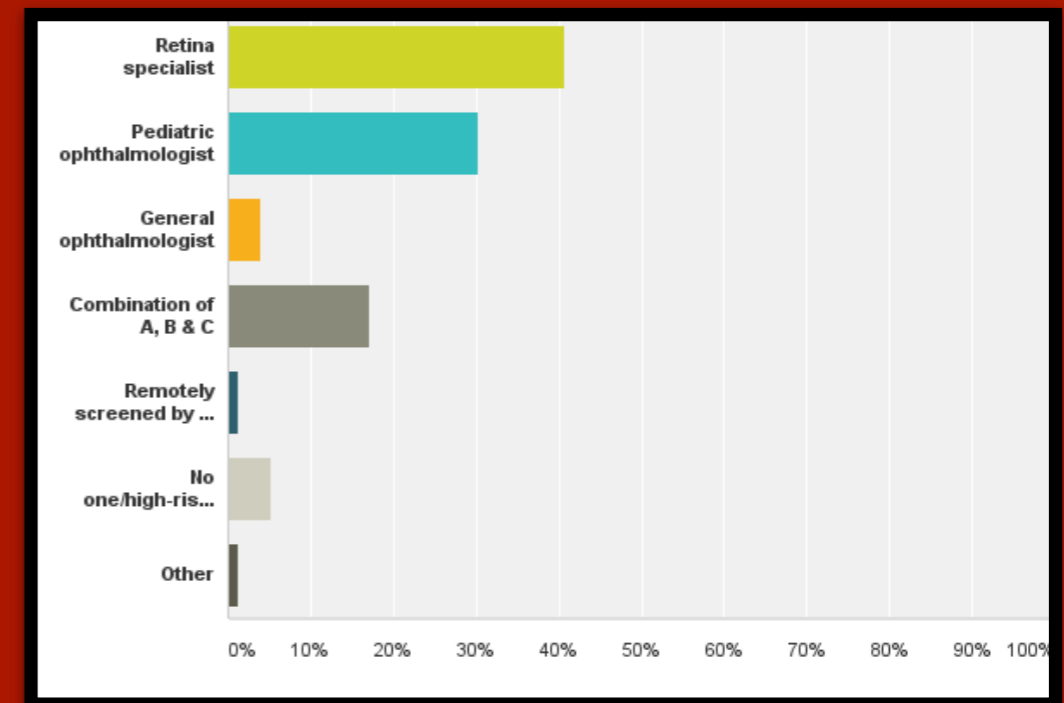
How would you treat a BRVO with persistent edema after 6 monthly anti-VEGF injections and peripheral ischemia?

Answer Choices	Responses
Sector panretinal photocoagulation (PRP)	7.89% 6
Continue anti-VEGF treatments only	2.63% 2
Sector PRP + anti-VEGF	64.47% 49
Intravitreal dexamethasone (Ozurdex)	7.89% 6
Intravitreal Kenalog	14.47% 11
Stop further treatment and observe	1.32% 1
Other	1.32% 1
Total	76



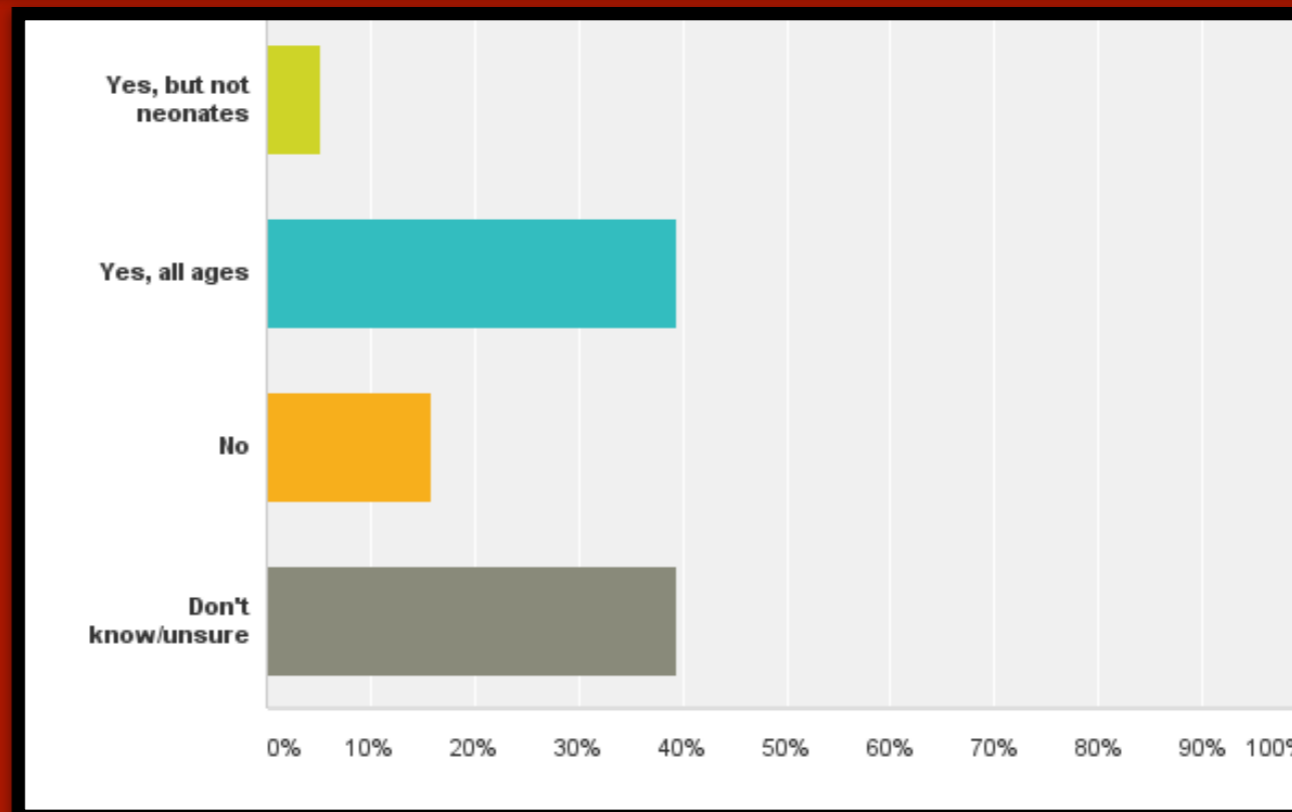
Who performs retinopathy of prematurity (ROP) screening at your local neonatal intensive care unit (NICU)?

Answer Choices	Responses	
Retina specialist	40.79%	31
Pediatric ophthalmologist	30.26%	23
General ophthalmologist	3.95%	3
Combination of A, B & C	17.11%	13
Remotely screened by a non-local ophthalmologist via telemedicine	1.32%	1
No one/high-risk neonates are transferred elsewhere	5.26%	4
Other	1.32%	1
Total		76



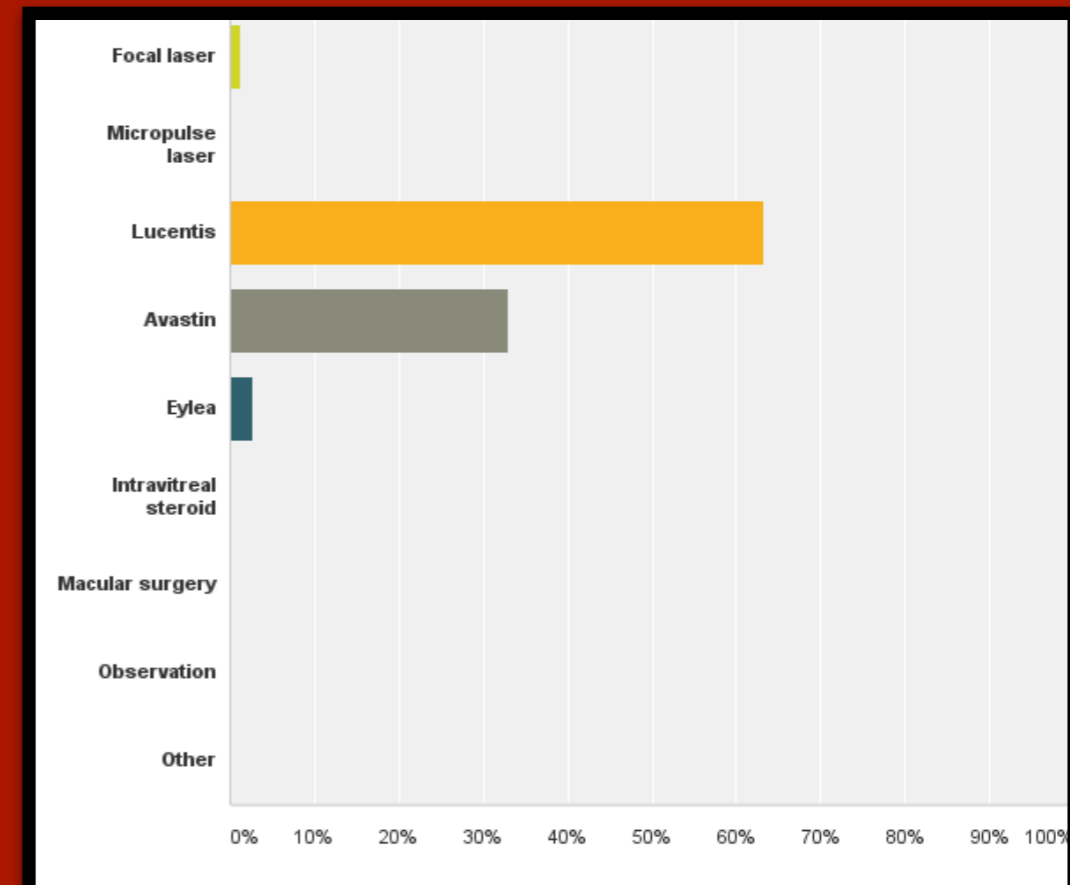
Would you use Avastin in a child?

Answer Choices	Responses
Yes, but not neonates	5.26% 4
Yes, all ages	39.47% 30
No	15.79% 12
Don't know/unsure	39.47% 30
Total	76



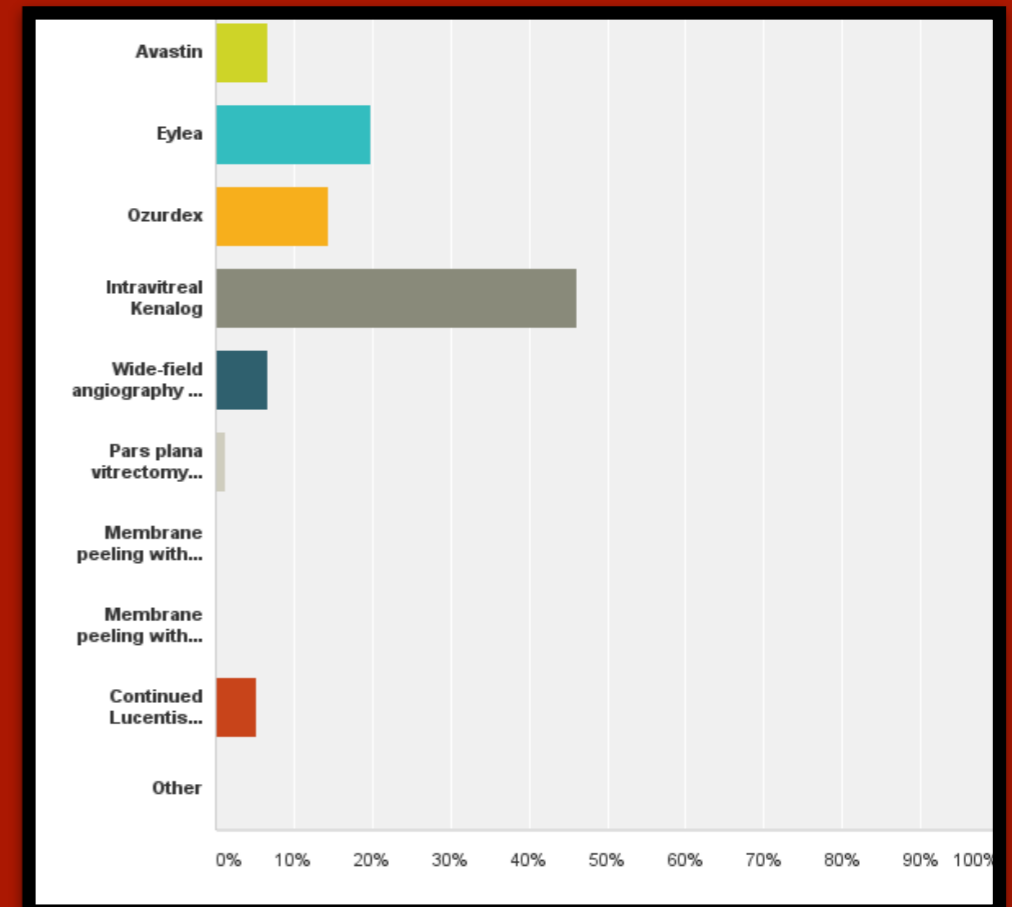
What is your first-line therapy for a new phakic diabetic patient with VA = 20/50 and centre-involving diabetic macular edema (DME)?

Answer Choices	Responses	
Focal laser	1.32%	1
Micropulse laser	0.00%	0
Lucentis	63.16%	48
Avastin	32.89%	25
Eylea	2.63%	2
Intravitreal steroid	0.00%	0
Macular surgery	0.00%	0
Observation	0.00%	0
Other	0.00%	0
Total		76



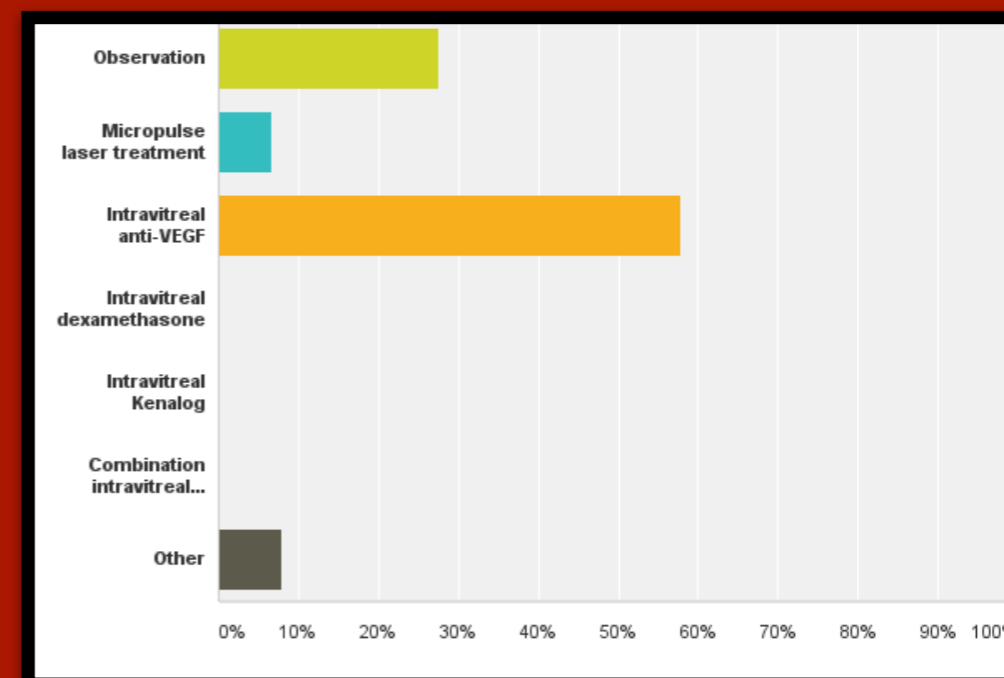
How would you treat DME refractory to laser and Lucentis (6 prior injections)?

Answer Choices	Responses
Avastin	6.58% 5
Eylea	19.74% 15
Ozurdex	14.47% 11
Intravitreal Kenalog	46.05% 35
Wide-field angiography + peripheral laser	6.58% 5
Pars plana vitrectomy (PPV)	1.32% 1
Membrane peeling with preservation of internal lining membrane (ILM)	0.00% 0
Membrane peeling with removal of ILM	0.00% 0
Continued Lucentis treatment	5.26% 4
Other	0.00% 0
Total	76



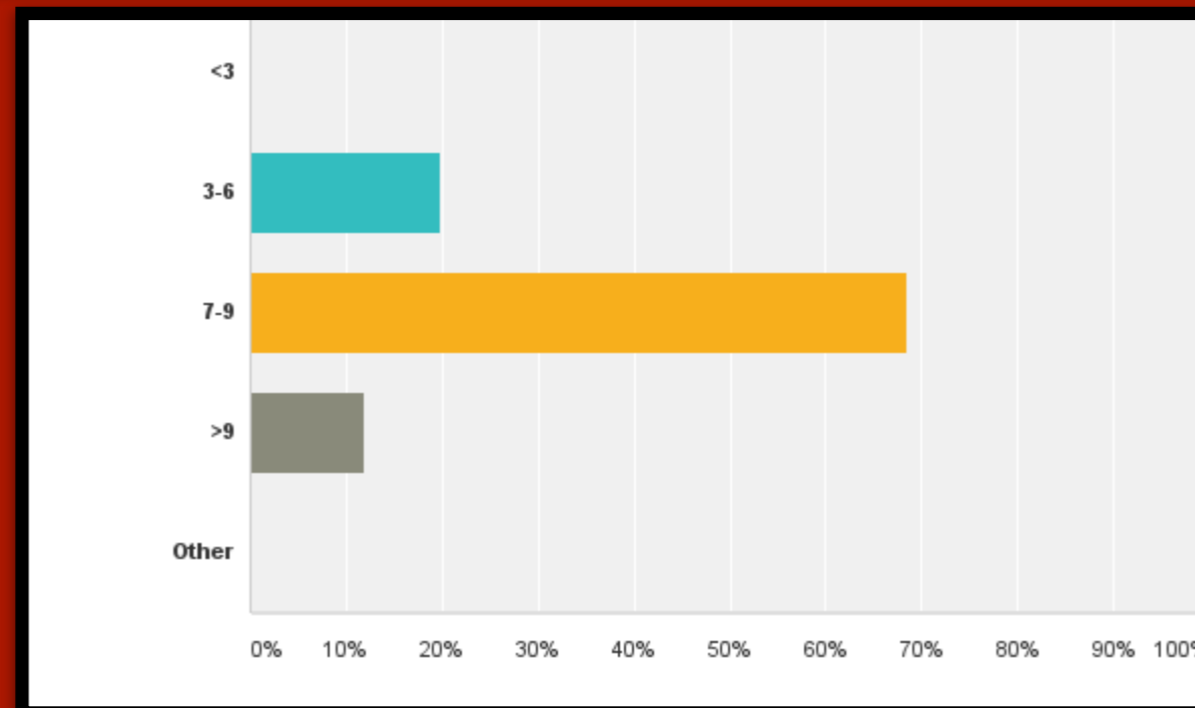
How would you manage a clinically significant DME patient with VA = 20/25 and centre-involving fluid on OCT who is phakic?

Answer Choices	Responses	
Observation	27.63%	21
Micropulse laser treatment	6.58%	5
Intravitreal anti-VEGF	57.89%	44
Intravitreal dexamethasone	0.00%	0
Intravitreal Kenalog	0.00%	0
Combination intravitreal anti-VEGF/steroid	0.00%	0
Other	7.89%	6
Total		76



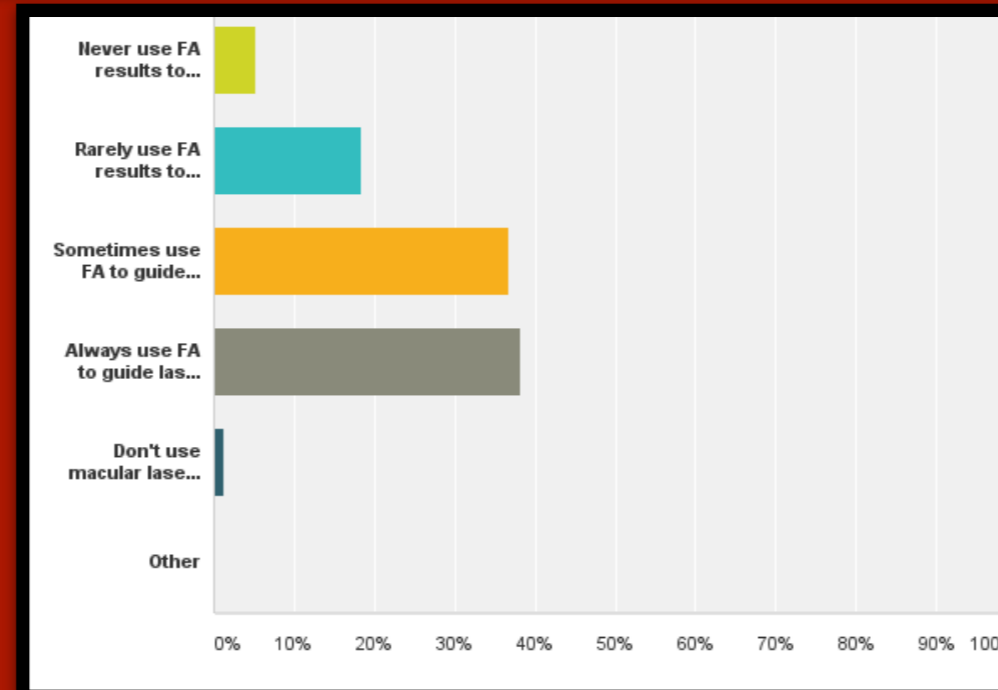
Regarding the treatment of DME with anti-VEGF agents, how many injections of anti-VEGF do you usually perform in the first year of treatment?

Answer Choices	Responses	
<3	0.00%	0
3-6	19.74%	15
7-9	68.42%	52
>9	11.84%	9
Other	0.00%	0
Total		76



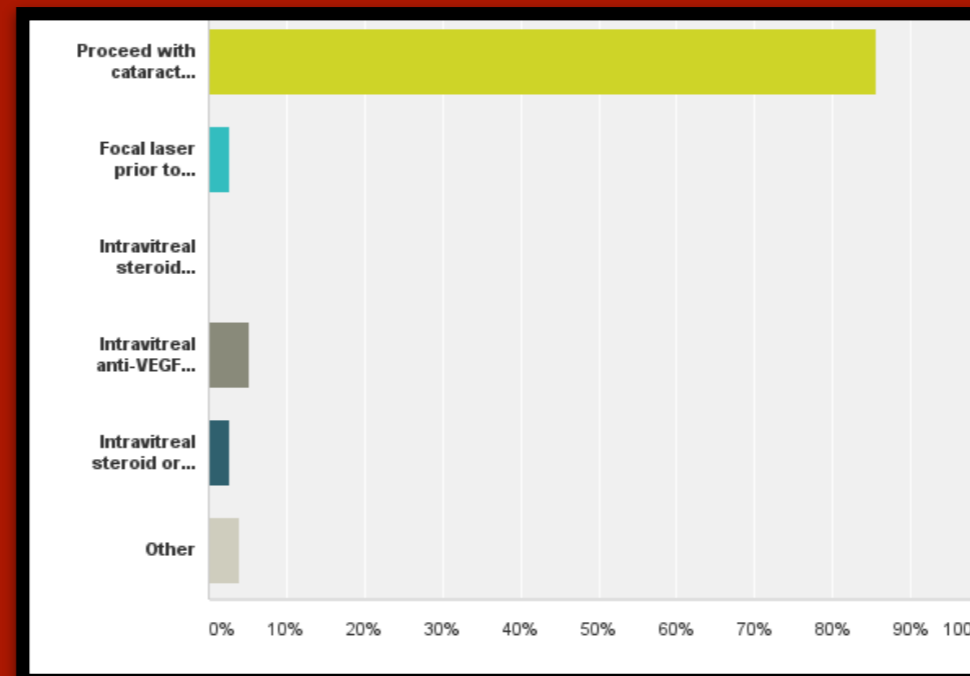
What is your protocol for treating DME with macular laser?

Answer Choices	Responses
Never use FA results to guide laser treatment	5.26% 4
Rarely use FA results to guide laser treatment	18.42% 14
Sometimes use FA to guide laser treatment	36.84% 28
Always use FA to guide laser treatment	38.16% 29
Don't use macular laser for DME	1.32% 1
Other	0.00% 0
Total	76



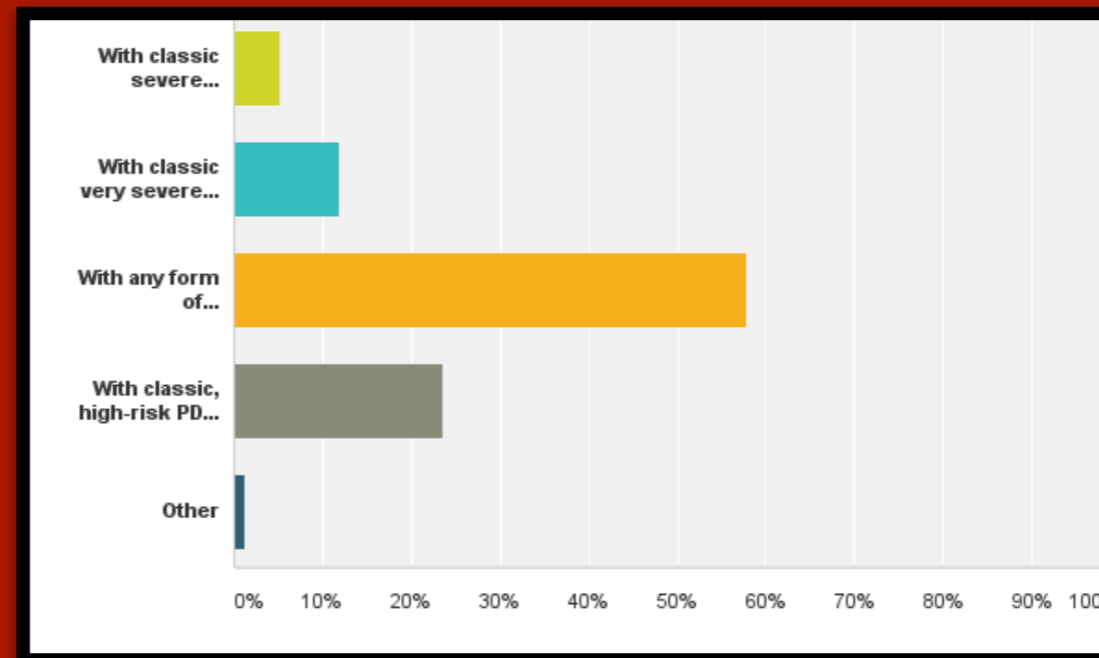
How would you treat a diabetic with microaneurysms, but no edema before cataract surgery?

Answer Choices	Responses
Proceed with cataract surgery with retinal evaluation afterwards	85.53% 65
Focal laser prior to cataract surgery	2.63% 2
Intravitreal steroid injection prior to cataract surgery	0.00% 0
Intravitreal anti-VEGF injections followed by cataract surgery	5.26% 4
Intravitreal steroid or anti-VEGF at the time of cataract surgery	2.63% 2
Other	3.95% 3
Total	76



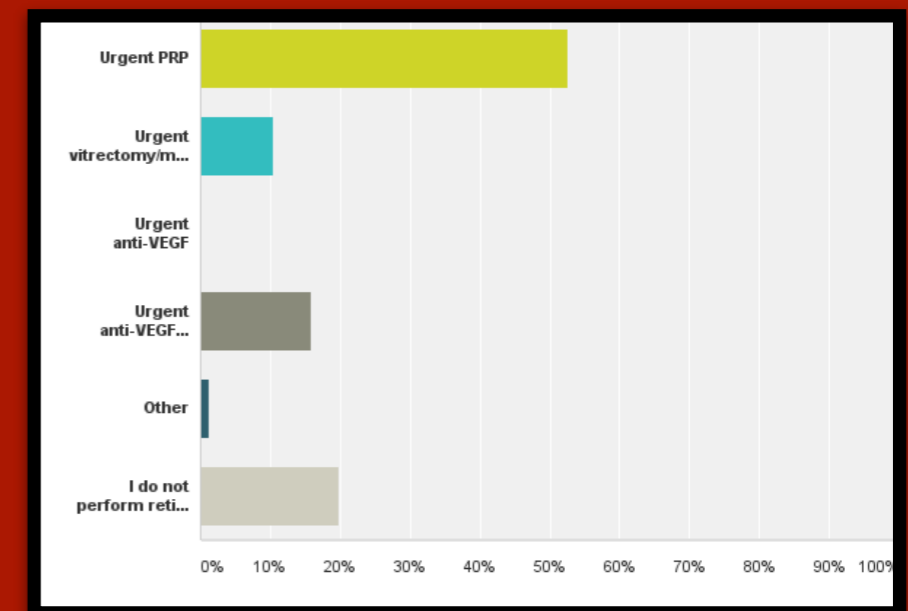
When do you usually begin PRP laser in compliant diabetic patients?

Answer Choices	Responses
With classic severe nonproliferative diabetic retinopathy (NPDR) (1 of the 4-2-1 criteria is met)	5.26% 4
With classic very severe NPDR (2 or more criteria is met)	11.84% 9
With any form of proliferative diabetic retinopathy (PDR), even if early disease	57.89% 44
With classic, high-risk PDR or worse	23.68% 18
Other	1.32% 1
Total	76



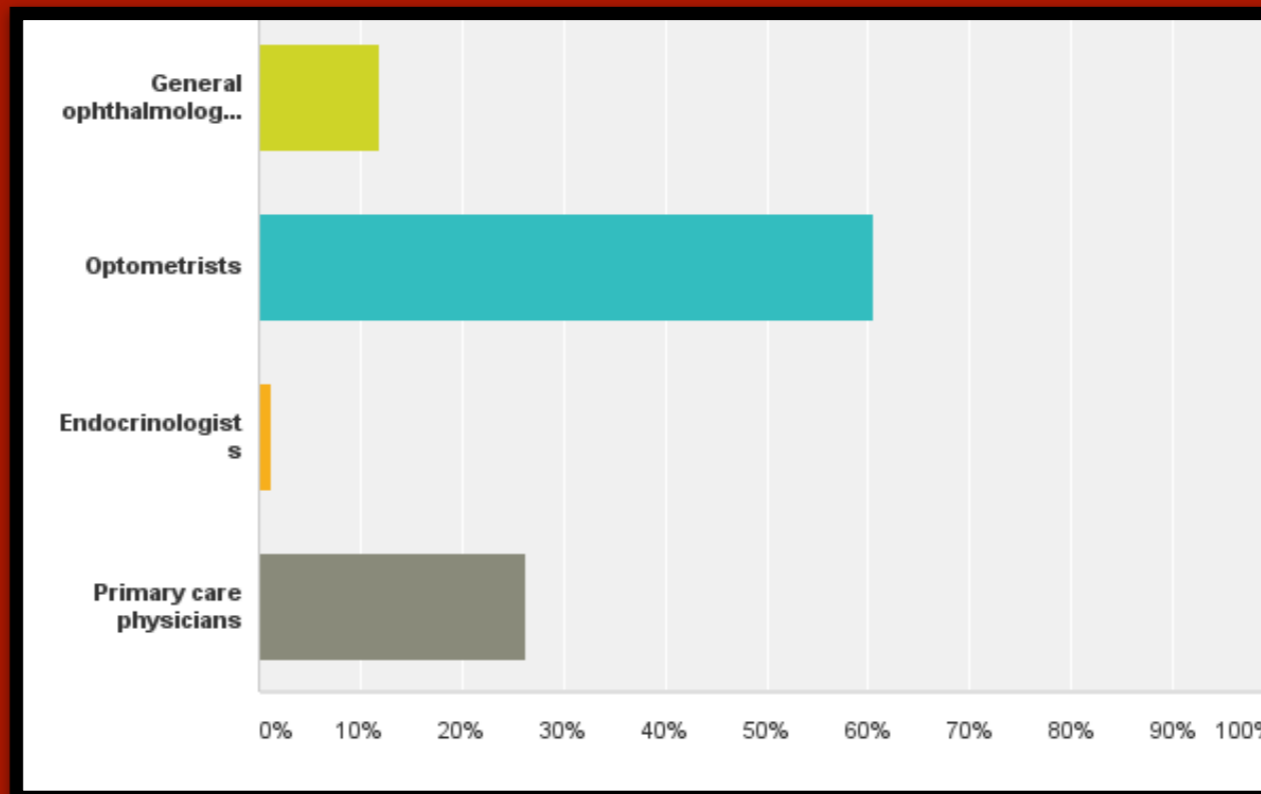
How would you initially treat a tractional retinal detachment (TRD) along the arcades in a previously untreated diabetic?

Answer Choices	Responses
Urgent PRP	52.63% 40
Urgent vitrectomy/membranectomy and endolaser	10.53% 8
Urgent anti-VEGF	0.00% 0
Urgent anti-VEGF followed closely by vitrectomy	15.79% 12
Other	1.32% 1
I do not perform retina surgery	19.74% 15
Total	76



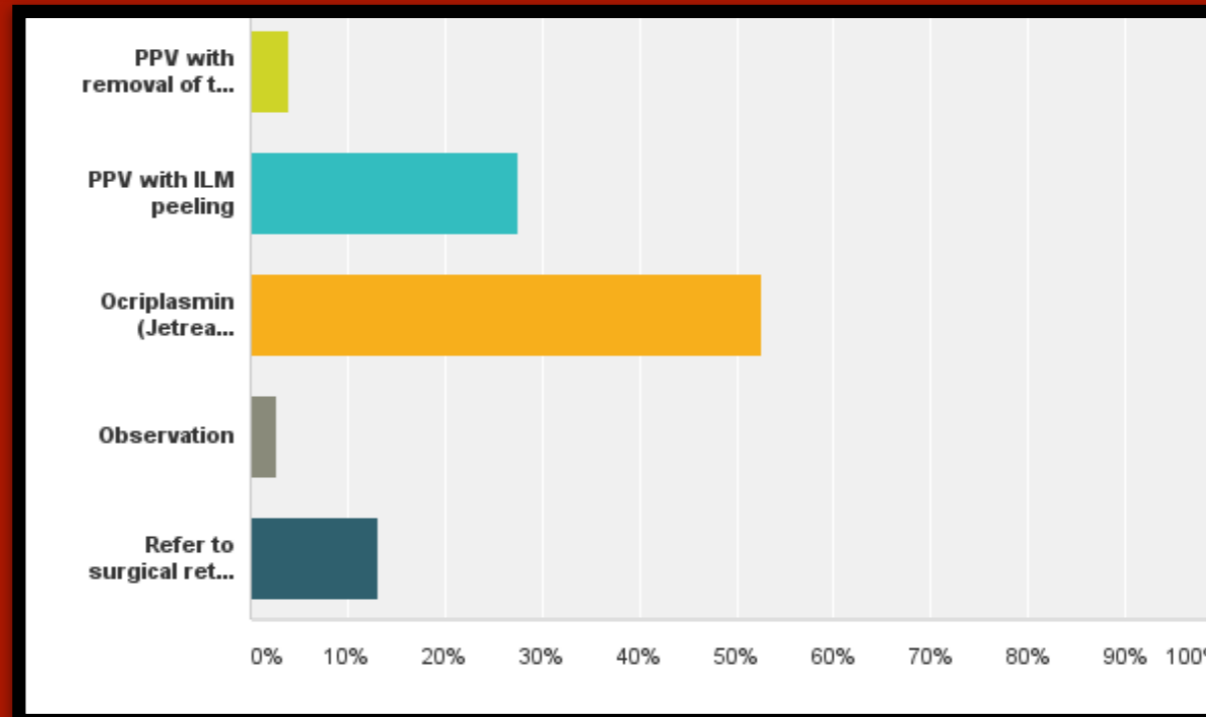
Which group is most important to educate about DME to drive timely referrals to retina specialists?

Answer Choices	Responses
General ophthalmologists	11.84% 9
Optometrists	60.53% 46
Endocrinologists	1.32% 1
Primary care physicians	26.32% 20
Total	76



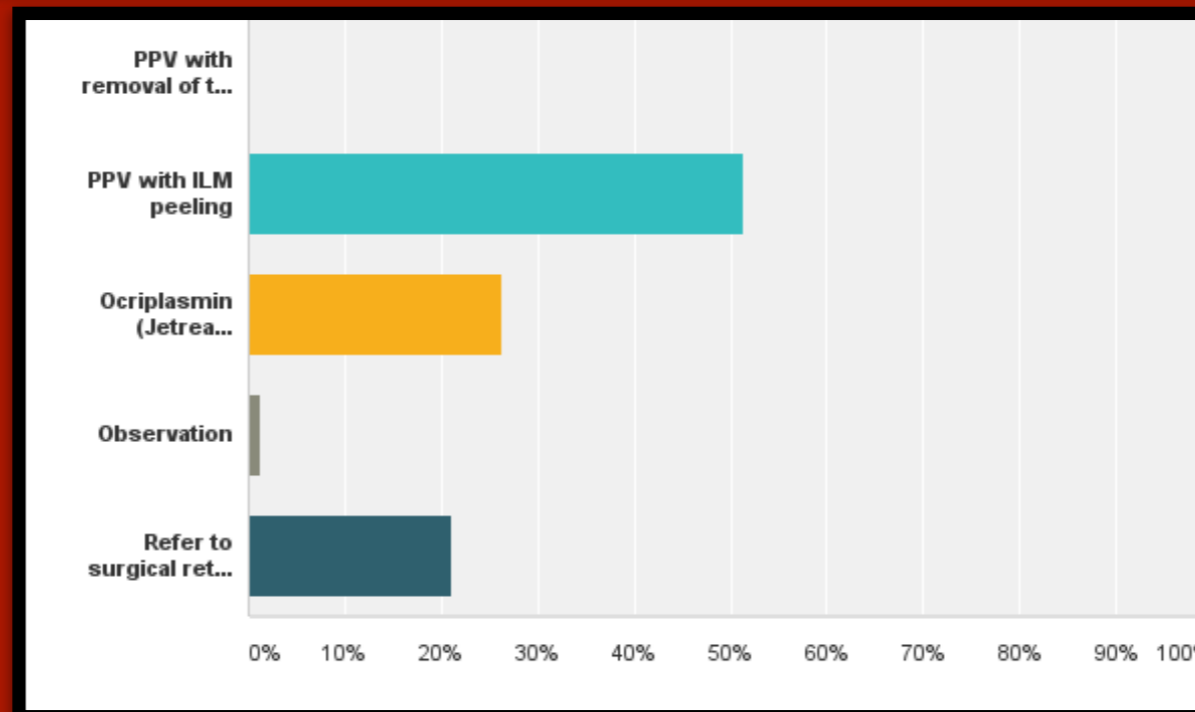
How do you manage a patient with a small stage 2 macular hole (<200 microns) with concurrent traction?

Answer Choices	Responses
PPV with removal of the posterior hyaloid	3.95% 3
PPV with ILM peeling	27.63% 21
Ocriplasmin (Jetrea injection)	52.63% 40
Observation	2.63% 2
Refer to surgical retina specialist	13.16% 10
Total	76



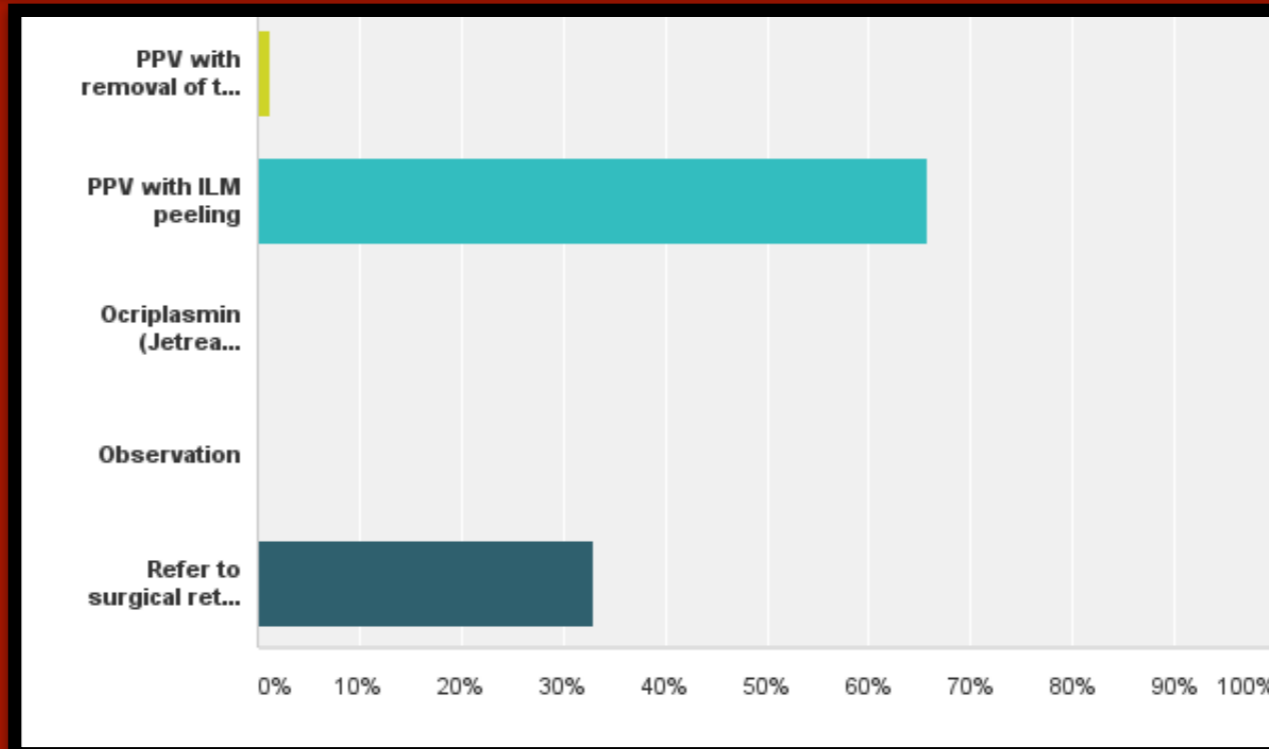
How do you manage a patient with a medium stage 2 macular hole (<400 microns) with concurrent traction?

Answer Choices	Responses
PPV with removal of the posterior hyaloid	0.00% 0
PPV with ILM peeling	51.32% 39
Ocriplasmin (Jetrea injection)	26.32% 20
Observation	1.32% 1
Refer to surgical retina specialist	21.05% 16
Total	76



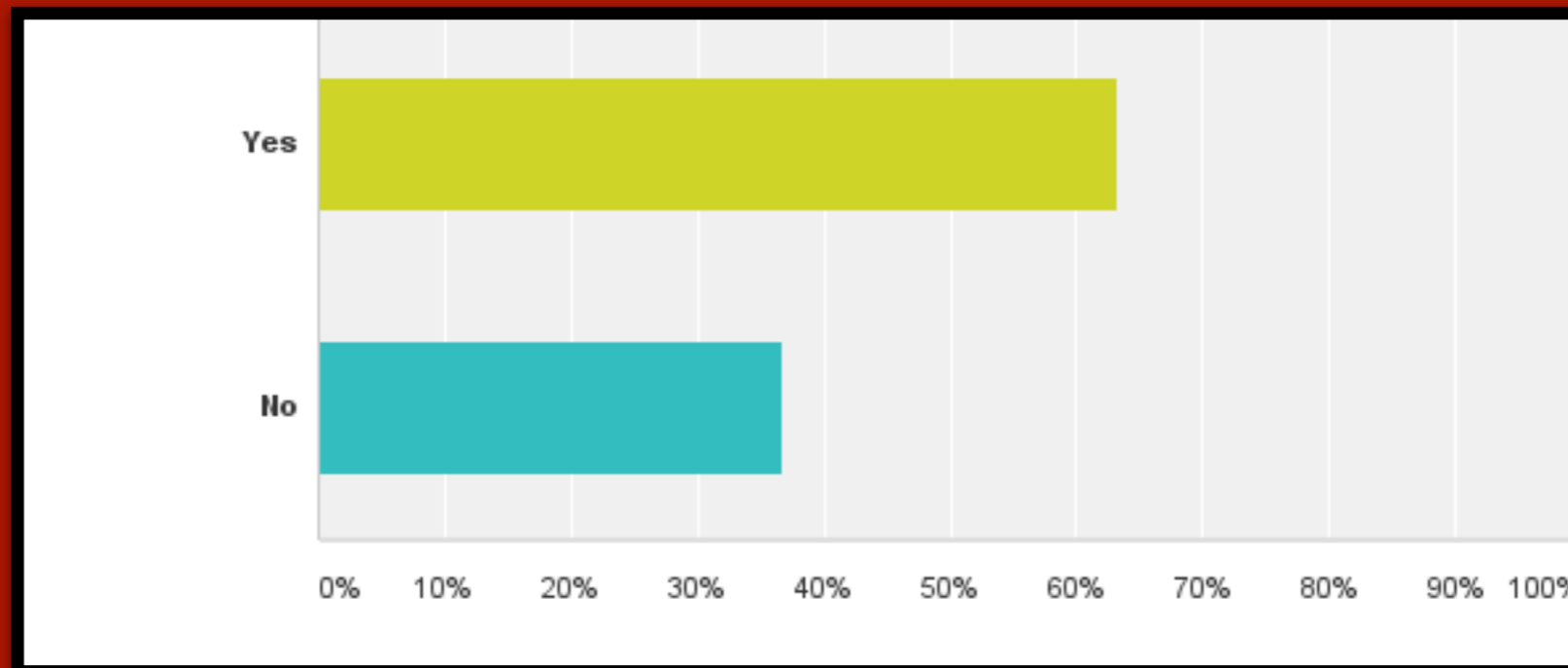
How do you manage a patient with a stage 3 full-thickness macular hole (>400 microns) with concurrent traction?

Answer Choices	Responses
PPV with removal of the posterior hyaloid	1.32% 1
PPV with ILM peeling	65.79% 50
Ocriplasmin (Jetrea injection)	0.00% 0
Observation	0.00% 0
Refer to surgical retina specialist	32.89% 25
Total	76



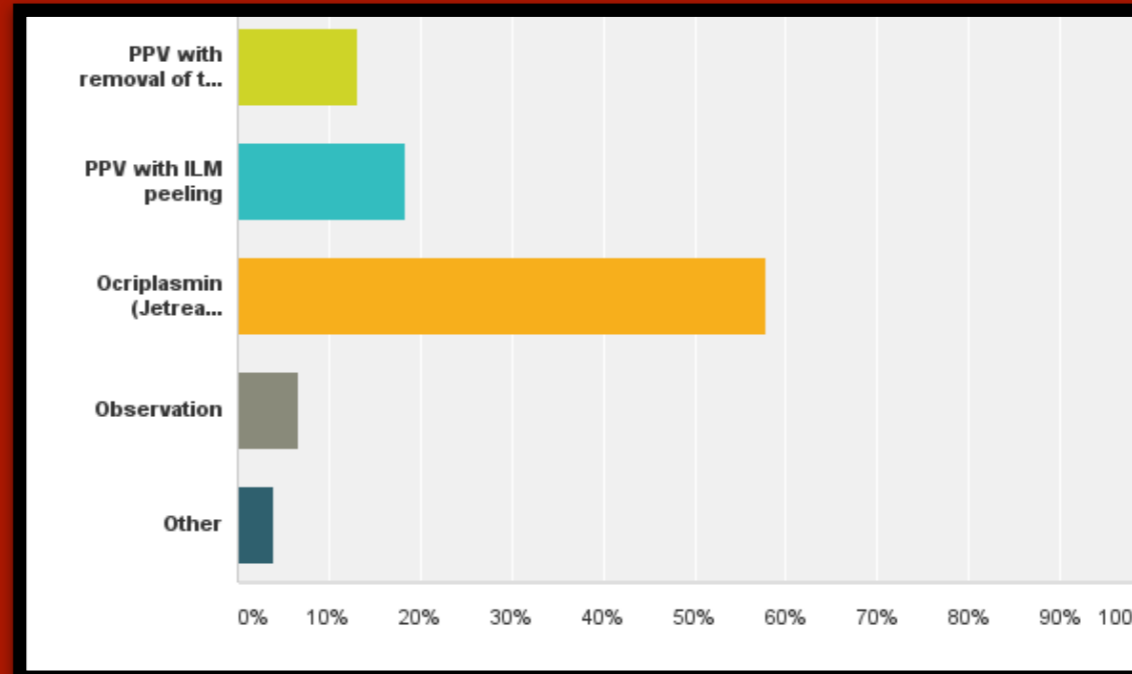
Do you (or your technician) measure the size of a macular hole/vitreomacular traction on OCT prior to deciding on the type of treatment?

Answer Choices	Responses	
Yes	63.16%	48
No	36.84%	28
Total		76



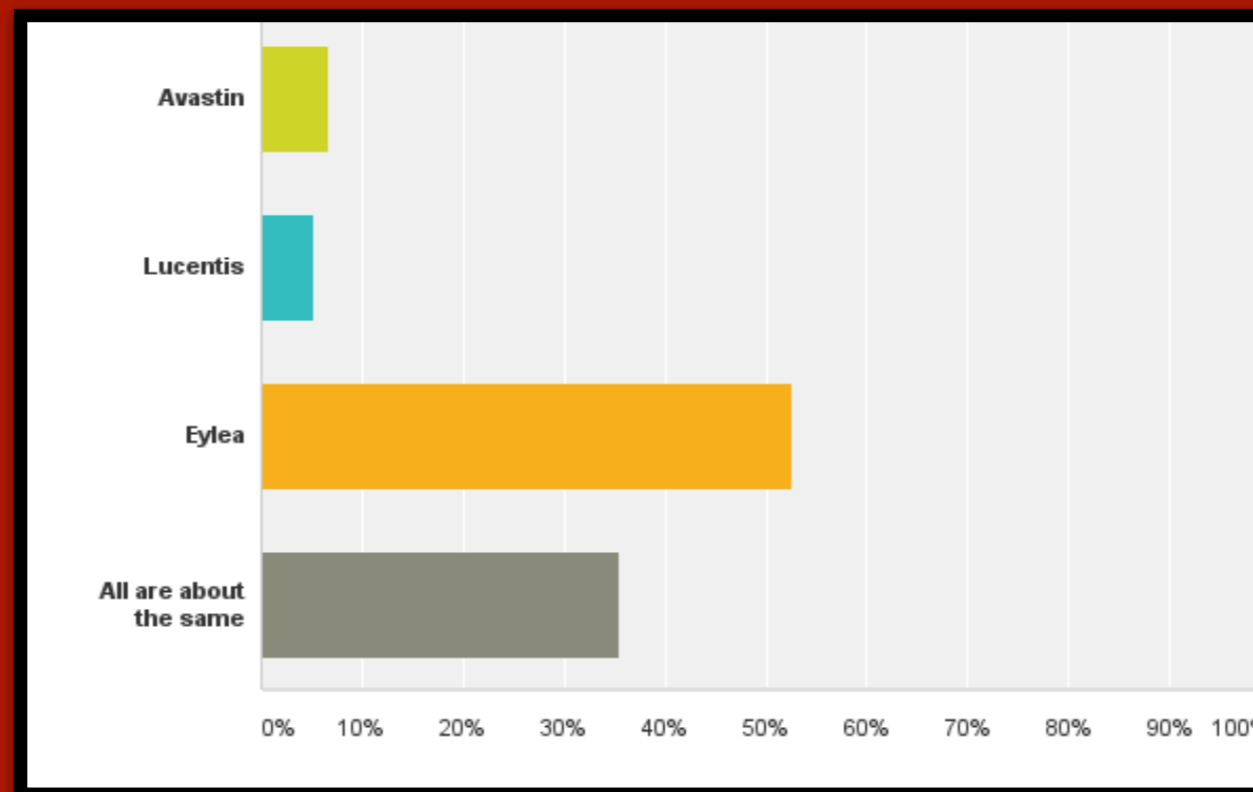
How is a patient with symptomatic focal VMT and VA = 20/60 best managed?

Answer Choices	Responses
PPV with removal of the posterior hyaloid	13.16% 10
PPV with ILM peeling	18.42% 14
Ocriplasmin (Jetrea injection)	57.89% 44
Observation	6.58% 5
Other	3.95% 3
Total	76



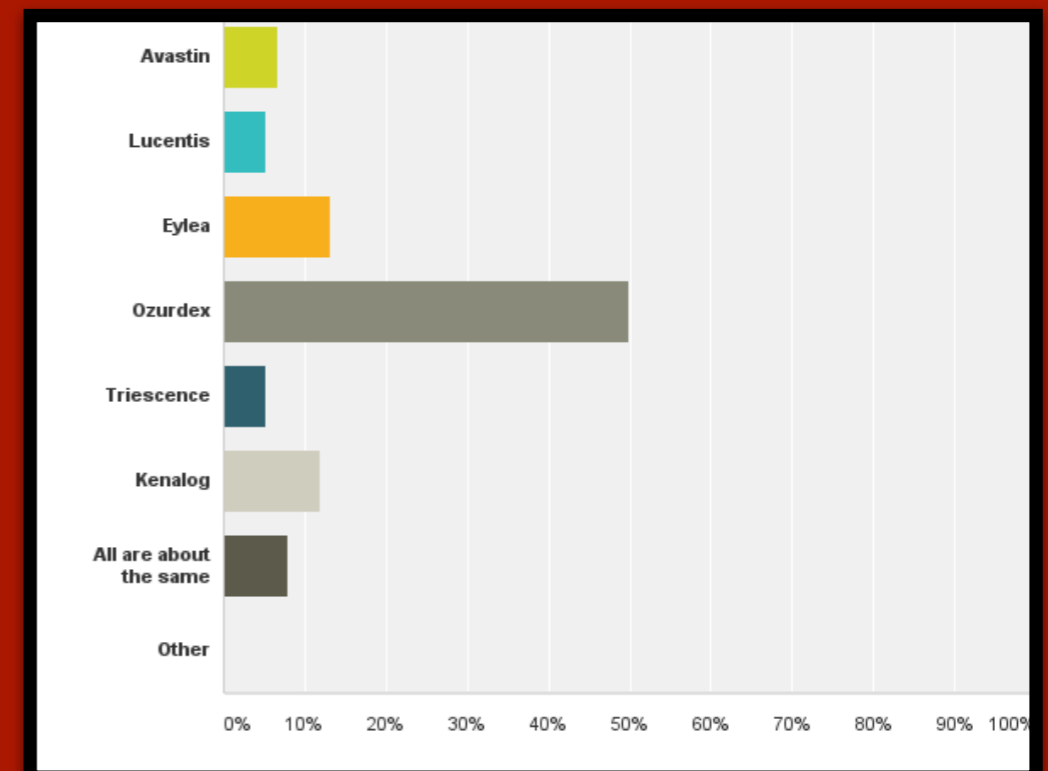
Which anti-VEGF agent allows the longest treatment interval for ARMD patients in your clinical experience?

Answer Choices	Responses
Avastin	6.58% 5
Lucentis	5.26% 4
Eylea	52.63% 40
All are about the same	35.53% 27
Total	76



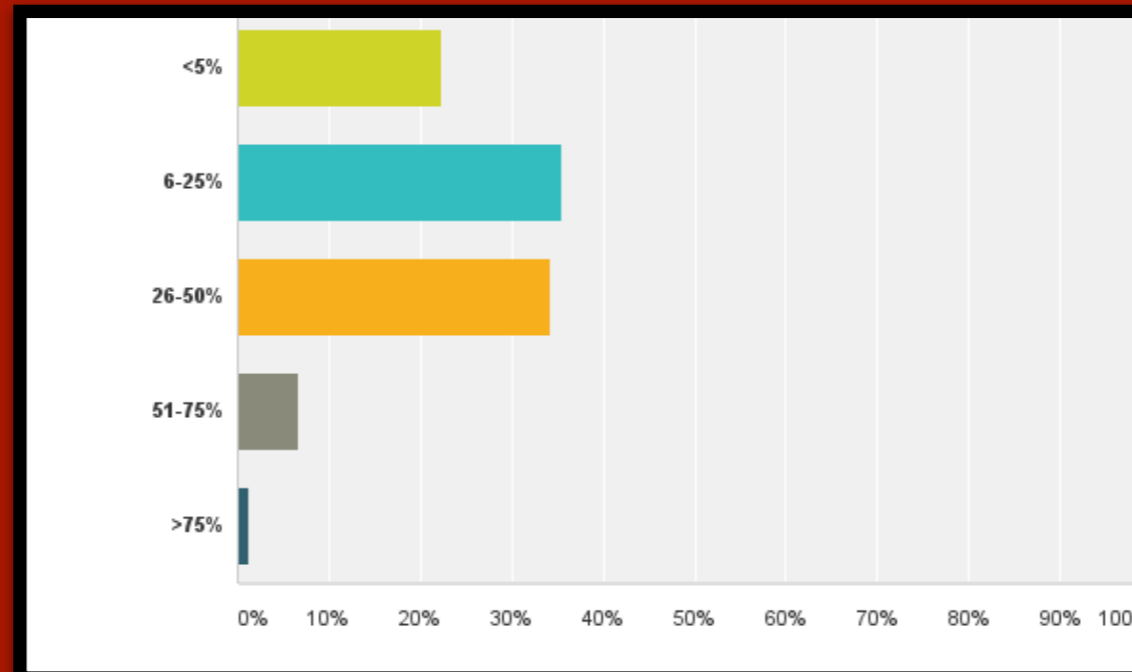
Which intravitreal agent allows the longest treatment interval for CRVO patients in your clinical experience?

Answer Choices	Responses	
Avastin	6.58%	5
Lucentis	5.26%	4
Eylea	13.16%	10
Ozurdex	50.00%	38
Triescence	5.26%	4
Kenalog	11.84%	9
All are about the same	7.89%	6
Other	0.00%	0
Total		76



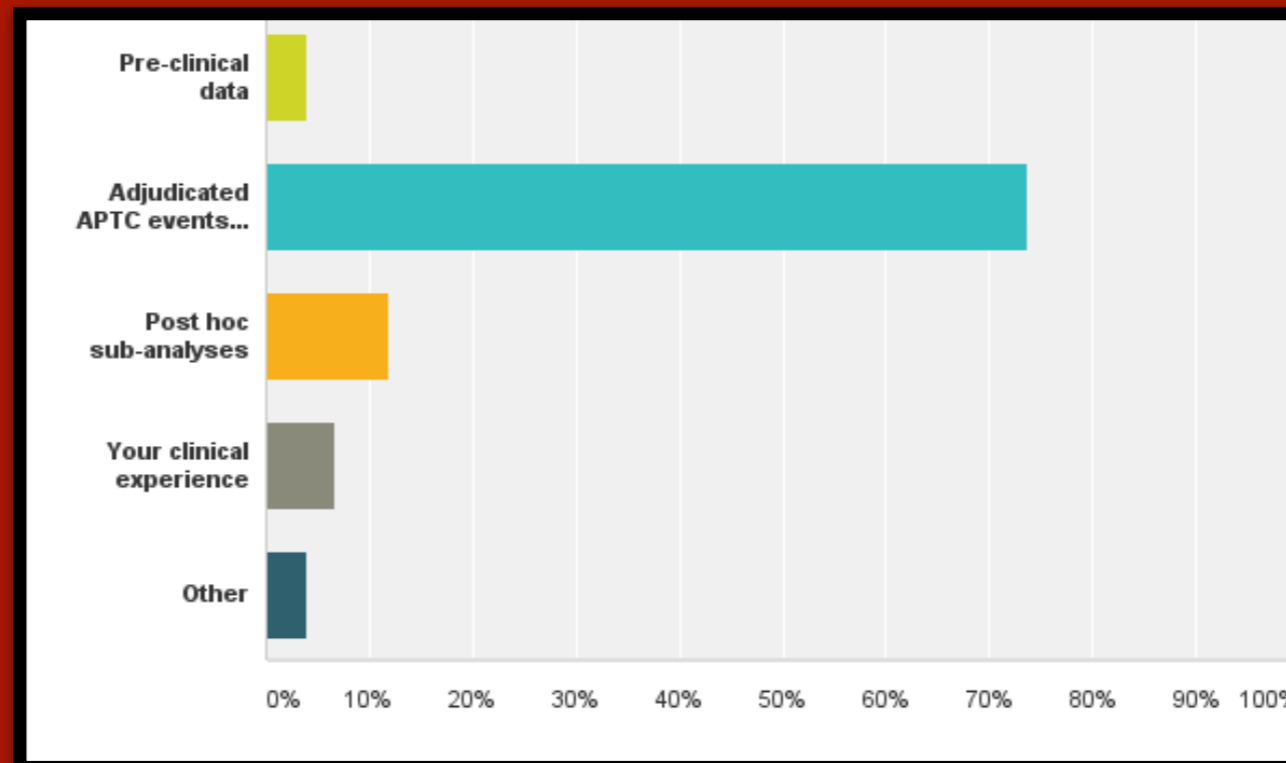
In your experience, what percentage of serous PED patients who failed Avastin and Lucentis responded to Eylea?

Answer Choices	Responses	
<5%	22.37%	17
6-25%	35.53%	27
26-50%	34.21%	26
51-75%	6.58%	5
>75%	1.32%	1
Total		76



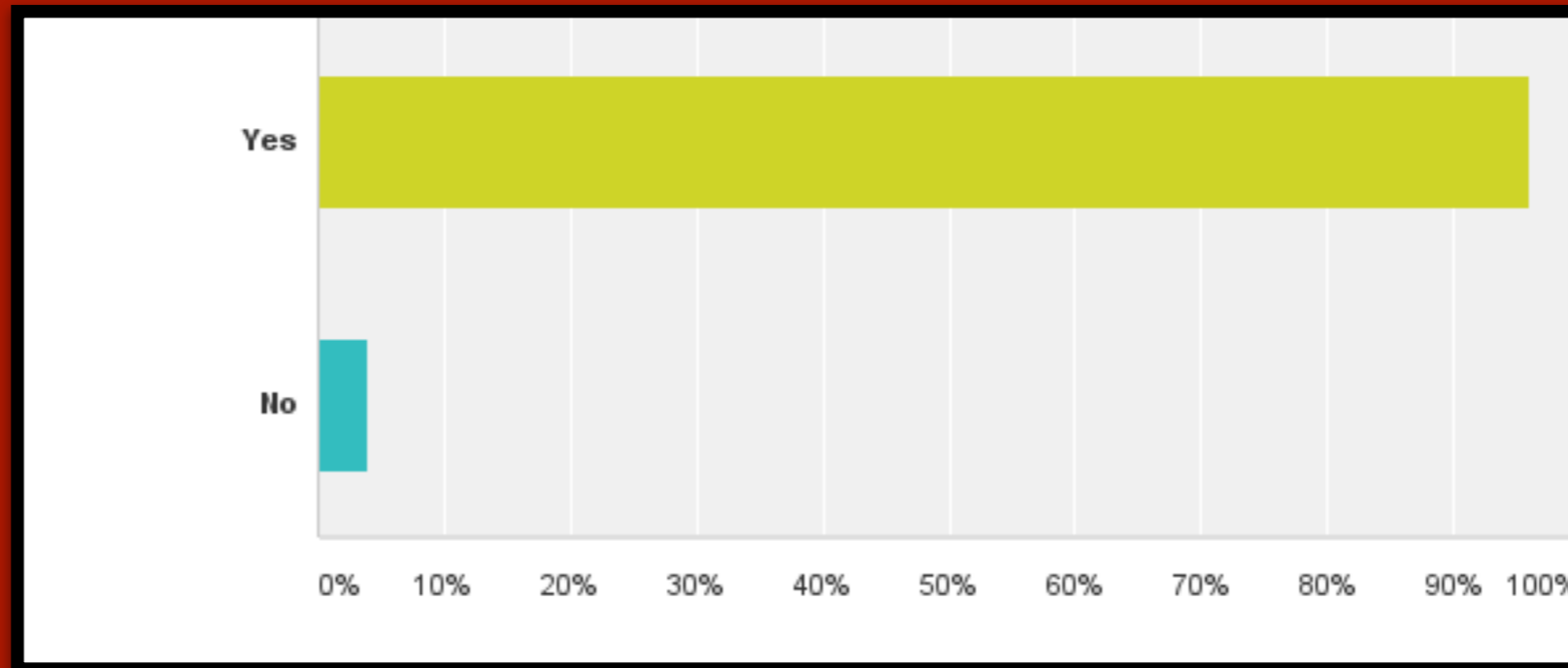
When evaluating systemic safety of anti-VEGF agents, what data are most important to you?

Answer Choices	Responses
Pre-clinical data	3.95% 3
Adjudicated APTC events from large phase 3 randomized clinical trials	73.68% 56
Post hoc sub-analyses	11.84% 9
Your clinical experience	6.58% 5
Other	3.95% 3
Total	76



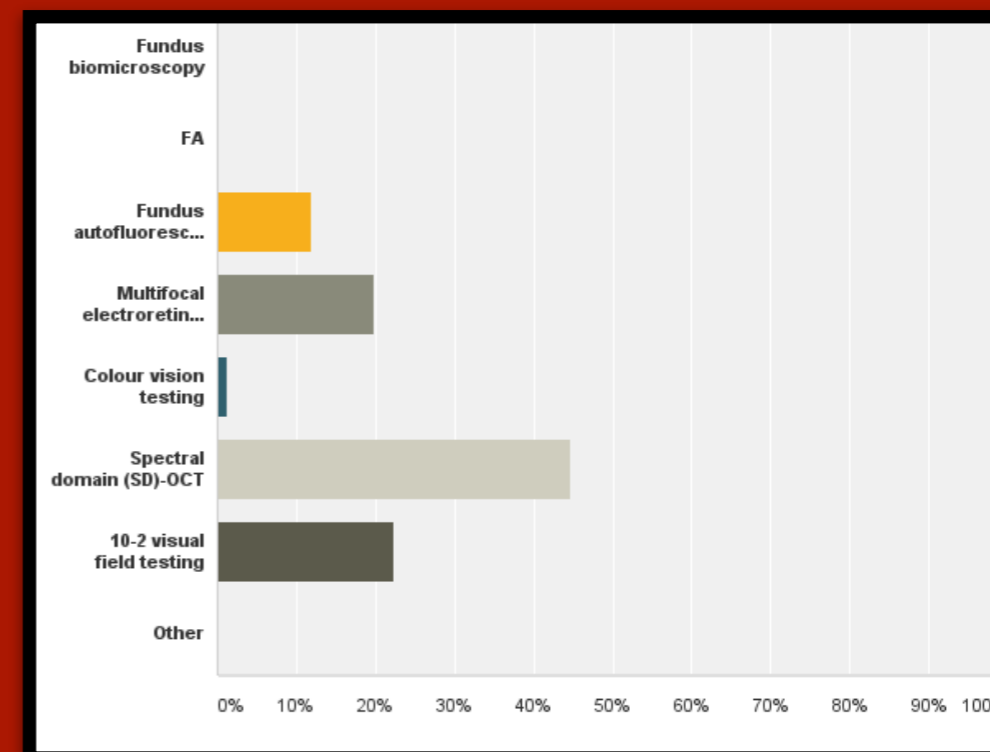
Have you switched your ARMD patients to the latest AREDS 2 formulation?

Answer Choices	Responses
Yes	96.05% 73
No	3.95% 3
Total	76



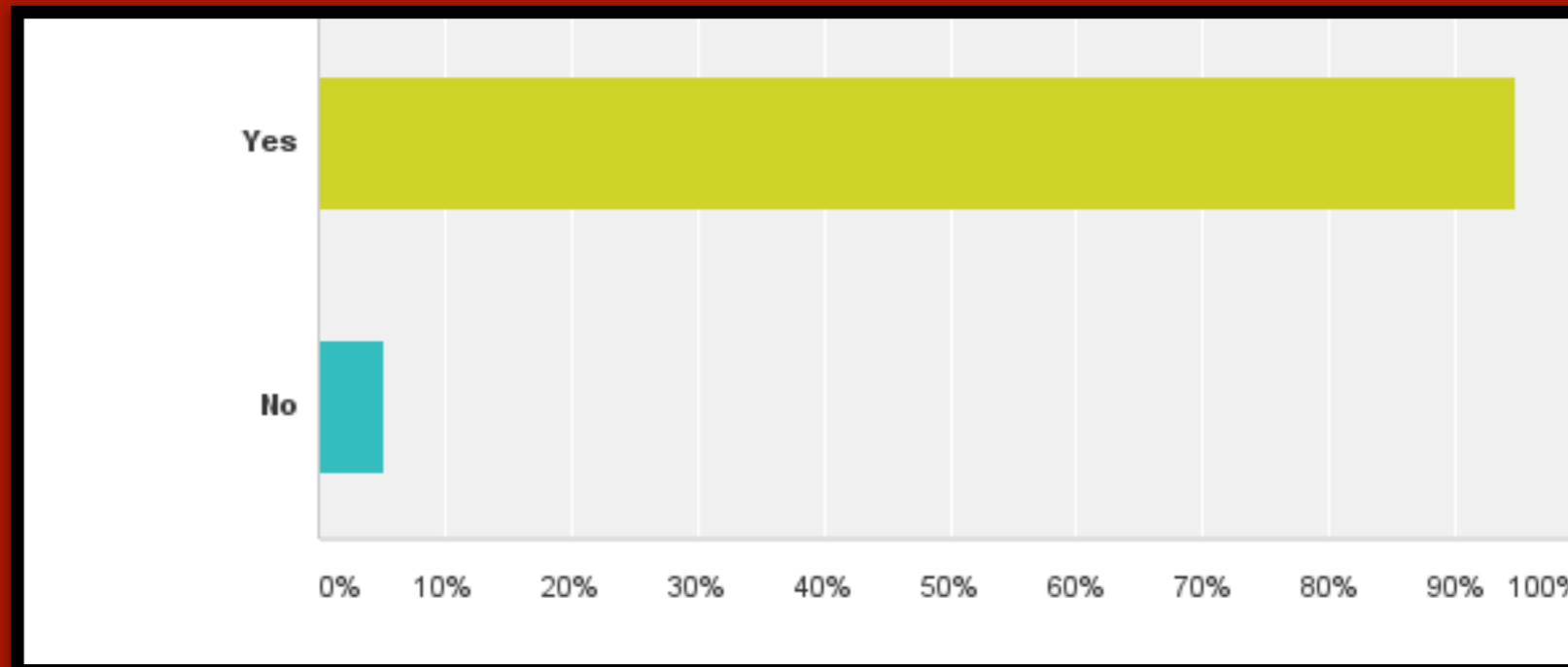
What diagnostic tool do you think is most effective in the screening of hydroxychloroquine (Plaquenil) toxicity?

Answer Choices	Responses
Fundus biomicroscopy	0.00% 0
FA	0.00% 0
Fundus autofluorescence	11.84% 9
Multifocal electroretinogram (ERG)	19.74% 15
Colour vision testing	1.32% 1
Spectral domain (SD)-OCT	44.74% 34
10-2 visual field testing	22.37% 17
Other	0.00% 0
Total	76



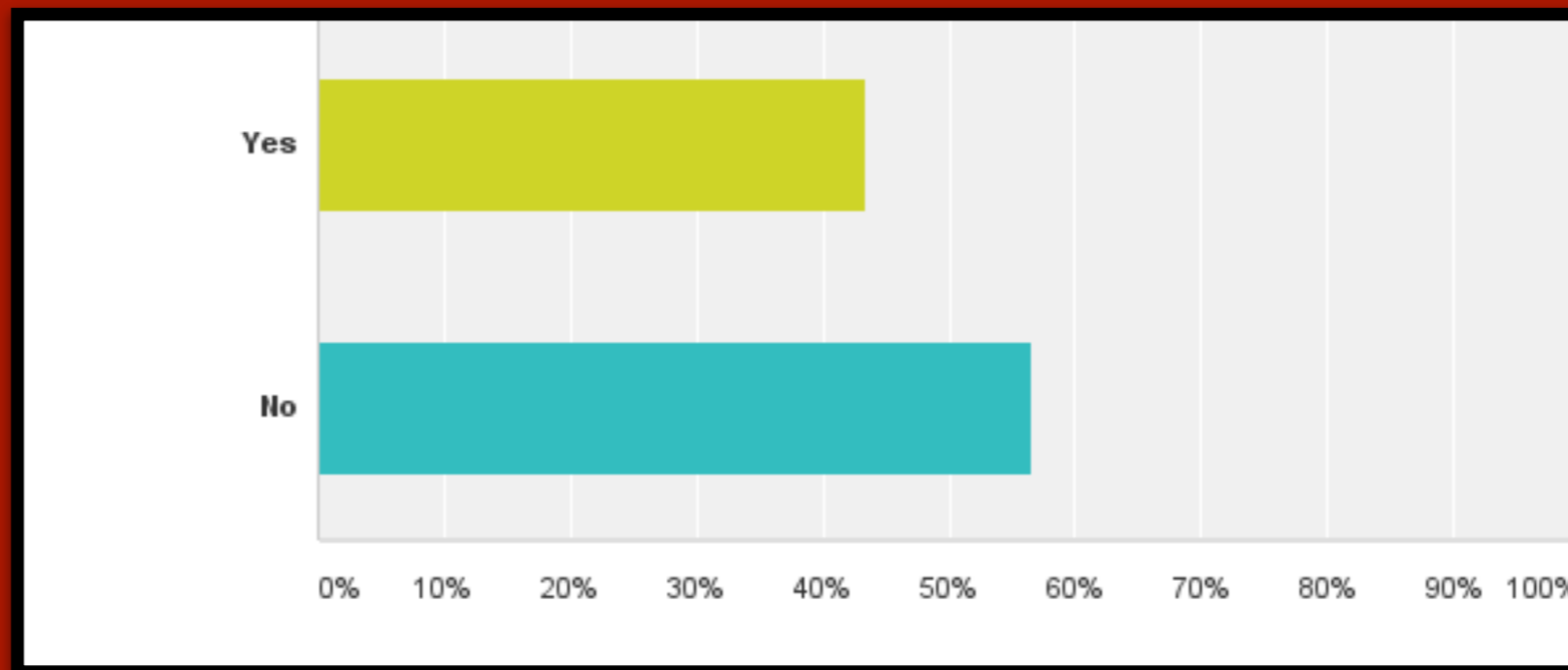
Should vision rehabilitation therapy for patients with vision loss be funded by the government?

Answer Choices	Responses	
Yes	94.74%	72
No	5.26%	4
Total		76



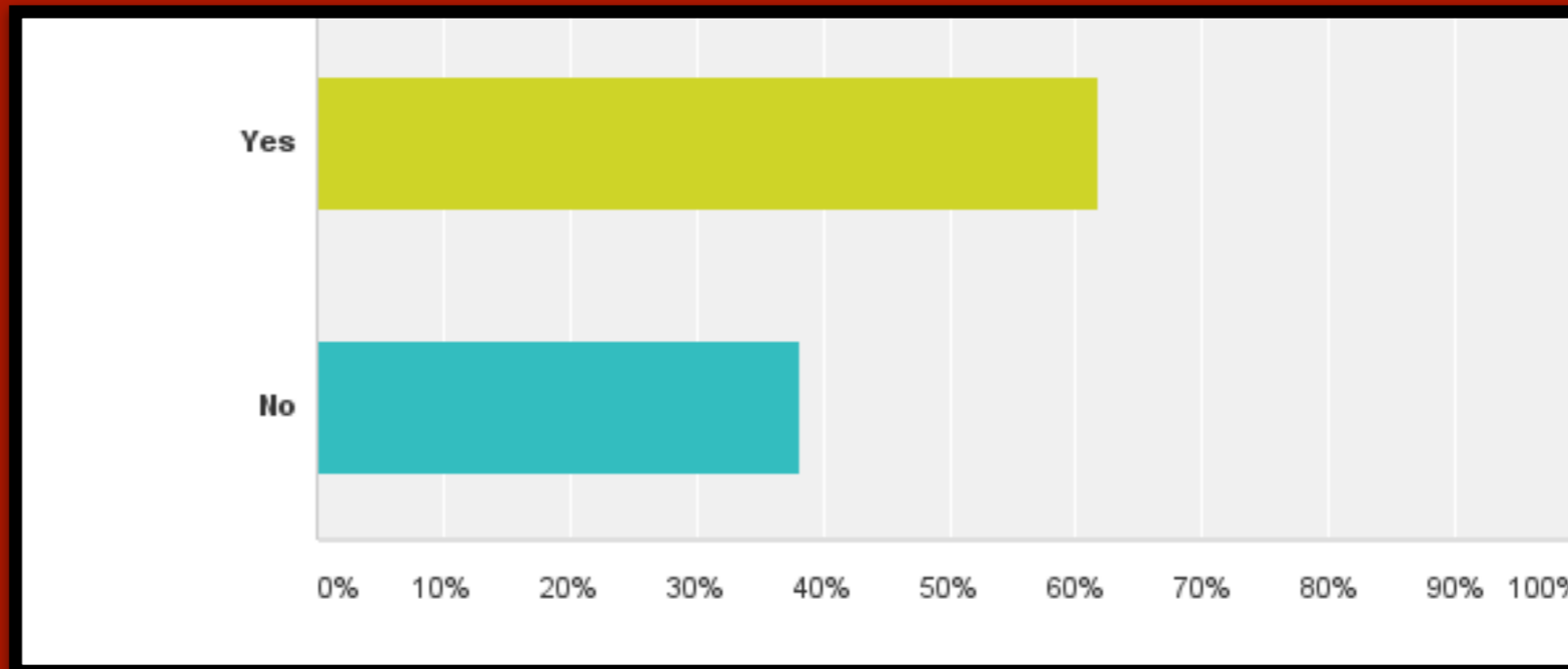
When speaking with patient with severe vision loss, do you discuss the possibility of the patient developing Charles Bonnet hallucinations?

Answer Choices	Responses
Yes	43.42% 33
No	56.58% 43
Total	76



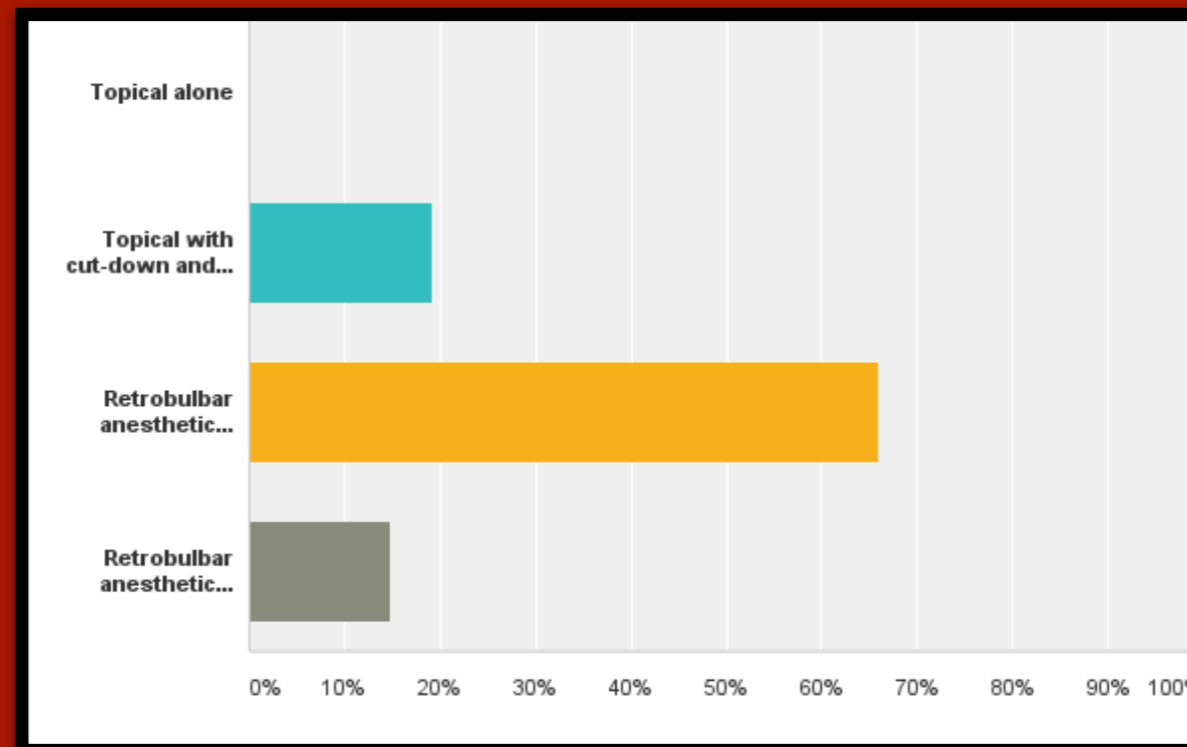
Are you a Surgical Retina Specialist?

Answer Choices	Responses
Yes	61.84% 47
No	38.16% 29
Total	76



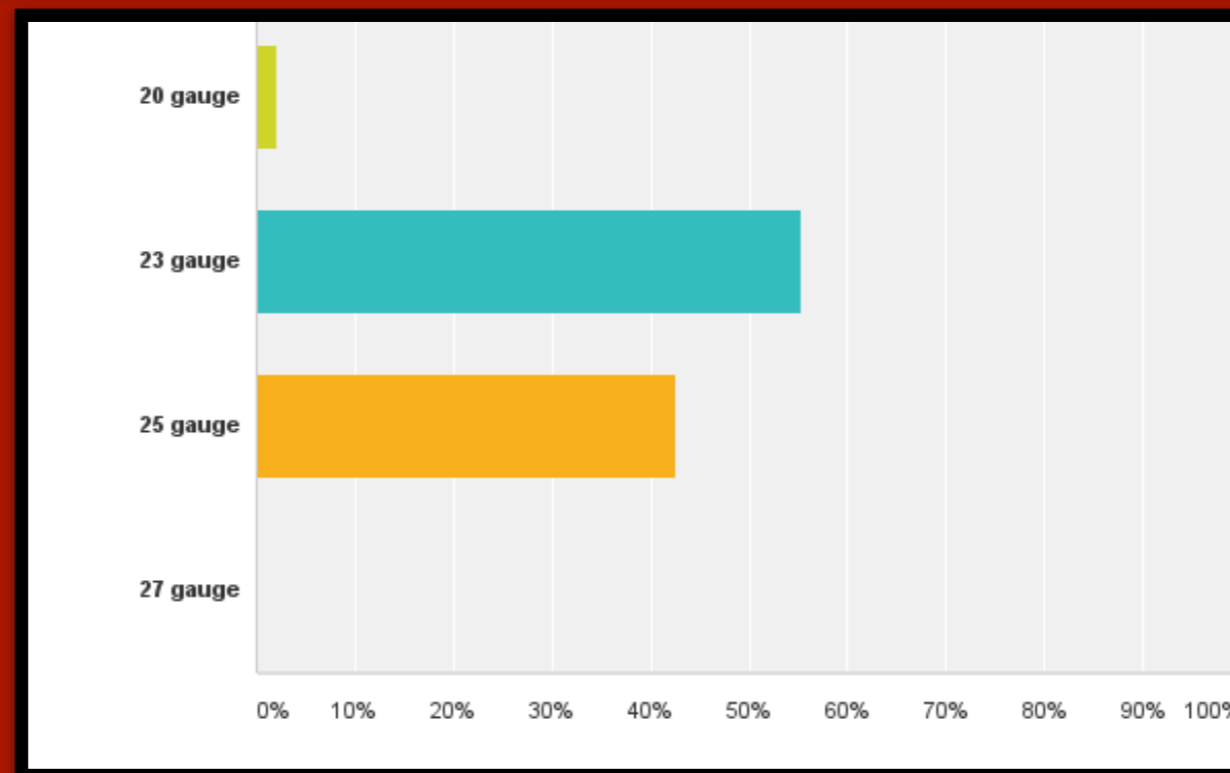
What type of local anesthetic do you utilize for an uncomplicated vitrectomy?

Answer Choices	Responses
Topical alone	0.00% 0
Topical with cut-down and sub-Tenon's anesthetic by blunt cannula	19.15% 9
Retrobulbar anesthetic performed by the surgeon, fellow or resident	65.96% 31
Retrobulbar anesthetic performed by the anesthesiologist	14.89% 7
Total	47



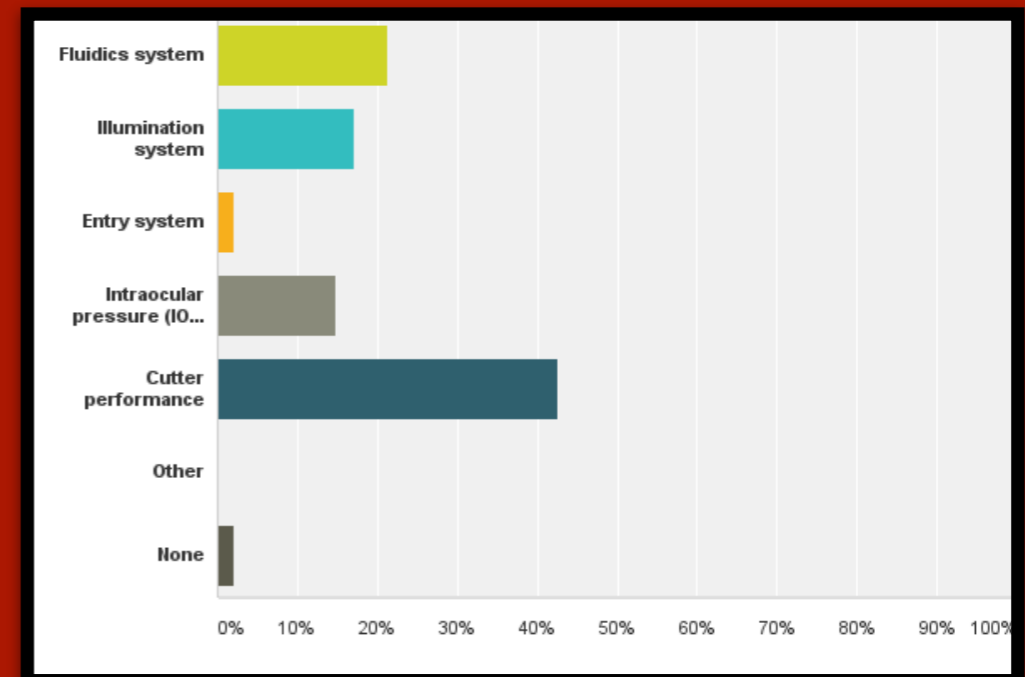
Which gauge vitrectomy system do you prefer?

Answer Choices	Responses
20 gauge	2.13% 1
23 gauge	55.32% 26
25 gauge	42.55% 20
27 gauge	0.00% 0
Total	47



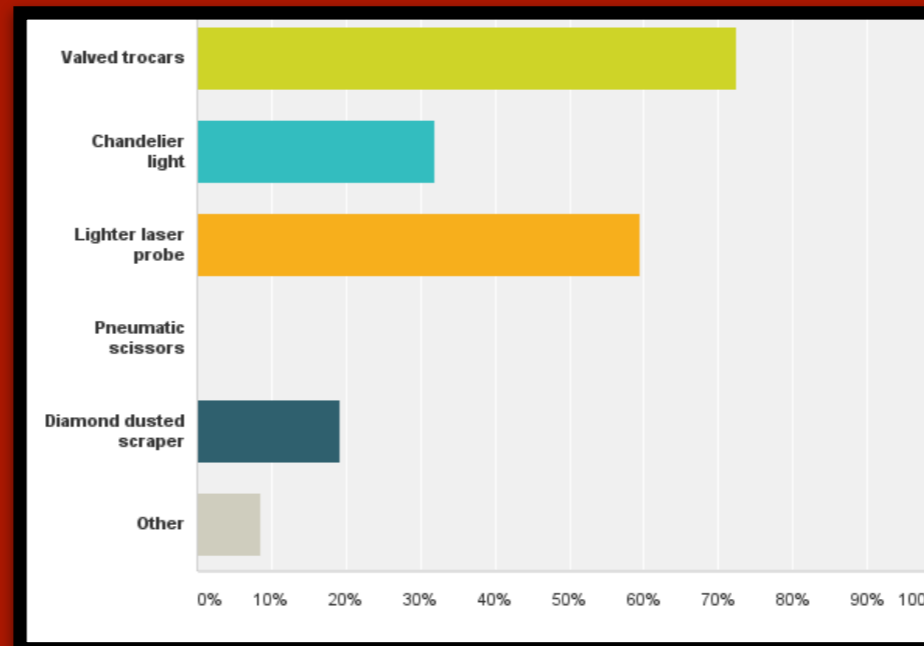
Which vitrectomy platform feature is most important to you?

Answer Choices	Responses
Fluidics system	21.28% 10
Illumination system	17.02% 8
Entry system	2.13% 1
Intraocular pressure (IOP) control	14.89% 7
Cutter performance	42.55% 20
Other	0.00% 0
None	2.13% 1
Total	47



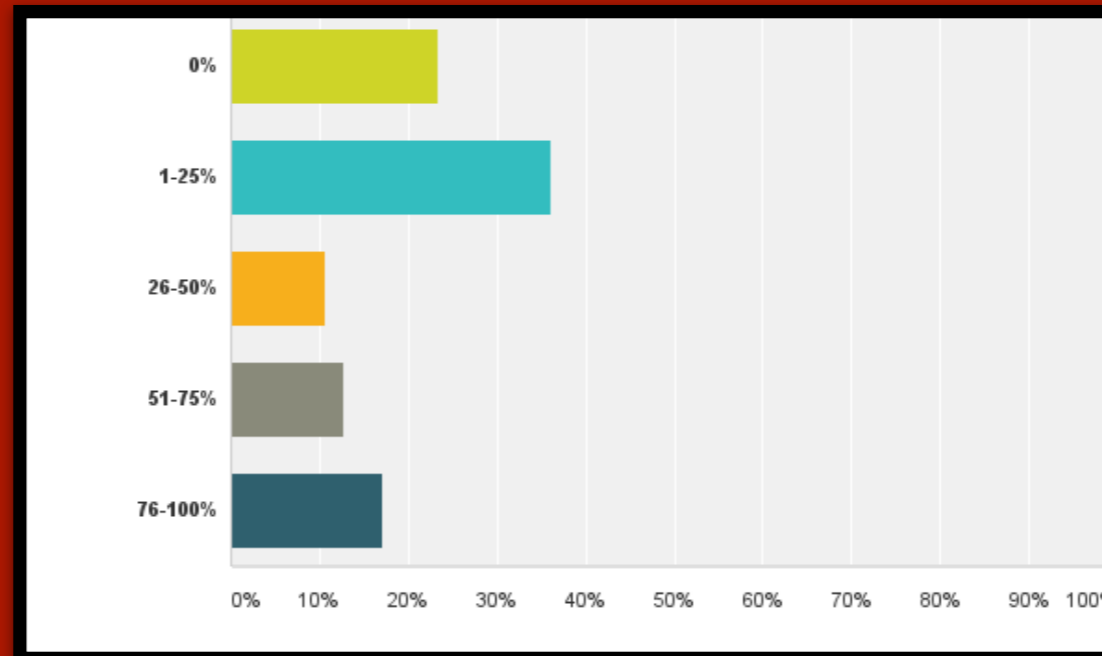
What devices are most important to you during vitrectomy surgery? Please check all that apply.

Answer Choices	Responses
Valved trocars	72.34% 34
Chandelier light	31.91% 15
Lighter laser probe	59.57% 28
Pneumatic scissors	0.00% 0
Diamond dusted scraper	19.15% 9
Other	8.51% 4
Total Respondents: 47	



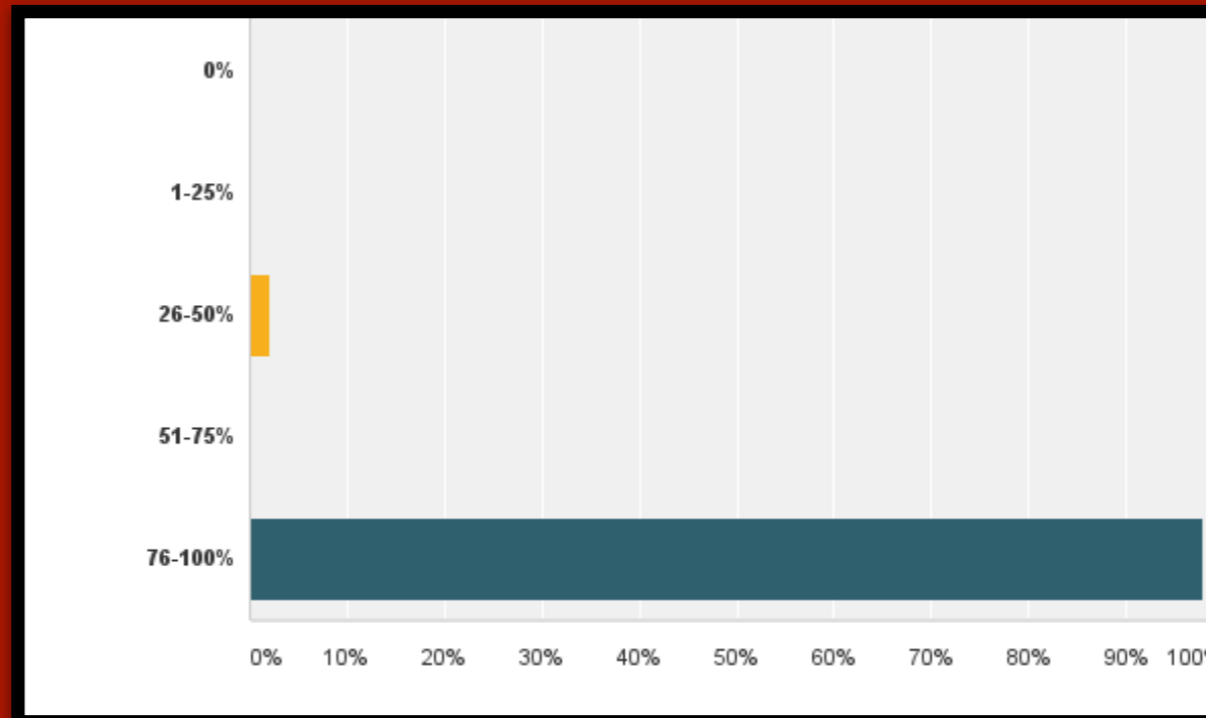
What percentage of the time do you use perfluorocarbon liquid in vitrectomy for routine primary rhegmatogenous retinal detachment (RRD) without proliferative vitreoretinopathy (PVR)?

Answer Choices	Responses	
0%	23.40%	11
1-25%	36.17%	17
26-50%	10.64%	5
51-75%	12.77%	6
76-100%	17.02%	8
Total		47



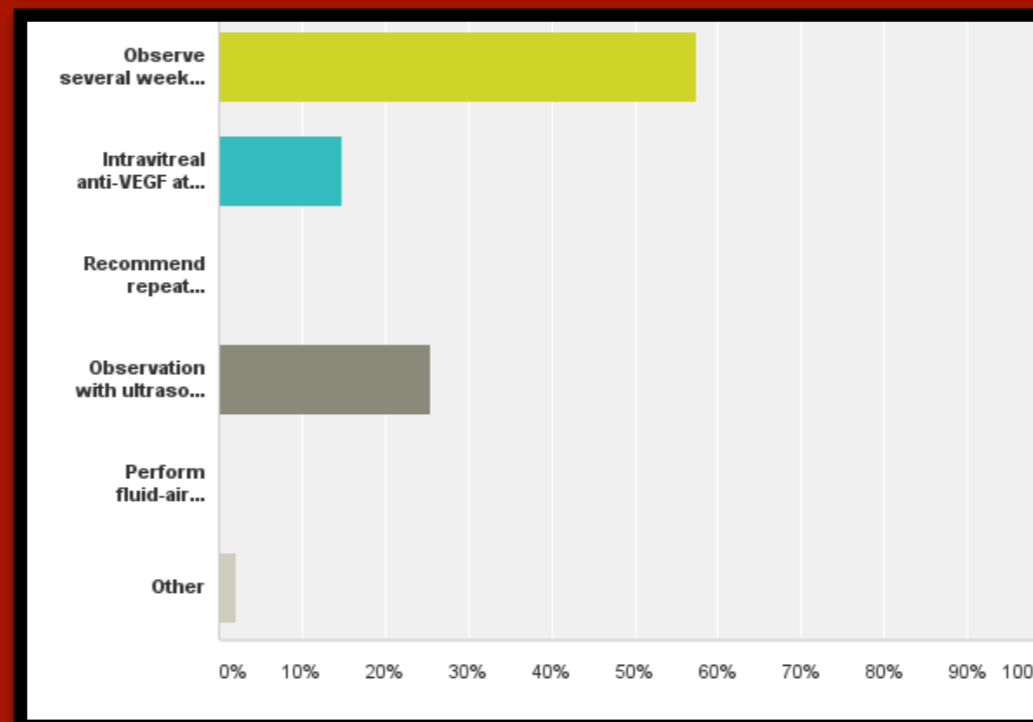
In what percentage of cases do you peel ILM during a routine vitrectomy for macular hole?

Answer Choices	Responses
0%	0.00% 0
1-25%	0.00% 0
26-50%	2.13% 1
51-75%	0.00% 0
76-100%	97.87% 46
Total	47



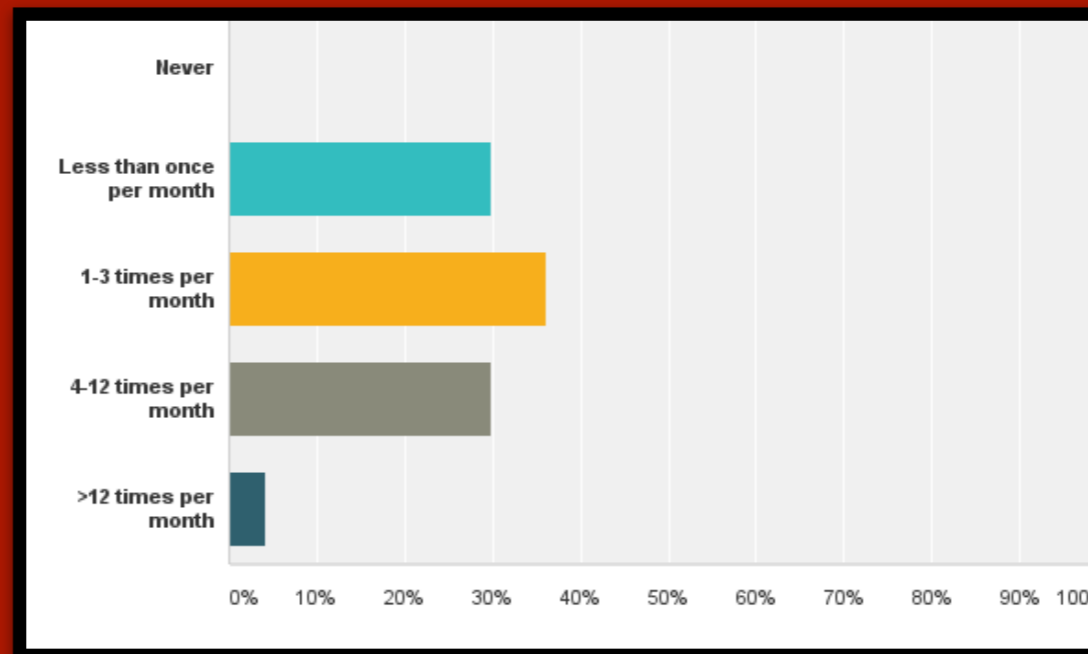
How do you manage persistent vitreous hemorrhage 1 week after vitrectomy for PDR?

Answer Choices	Responses
Observe several weeks, then surgery if not clear	57.45% 27
Intravitreal anti-VEGF at 1 week, then surgery if not clear	14.89% 7
Recommend repeat vitrectomy in the next week or 2	0.00% 0
Observation with ultrasound until clear	25.53% 12
Perform fluid-air exchange in the office	0.00% 0
Other	2.13% 1
Total	47



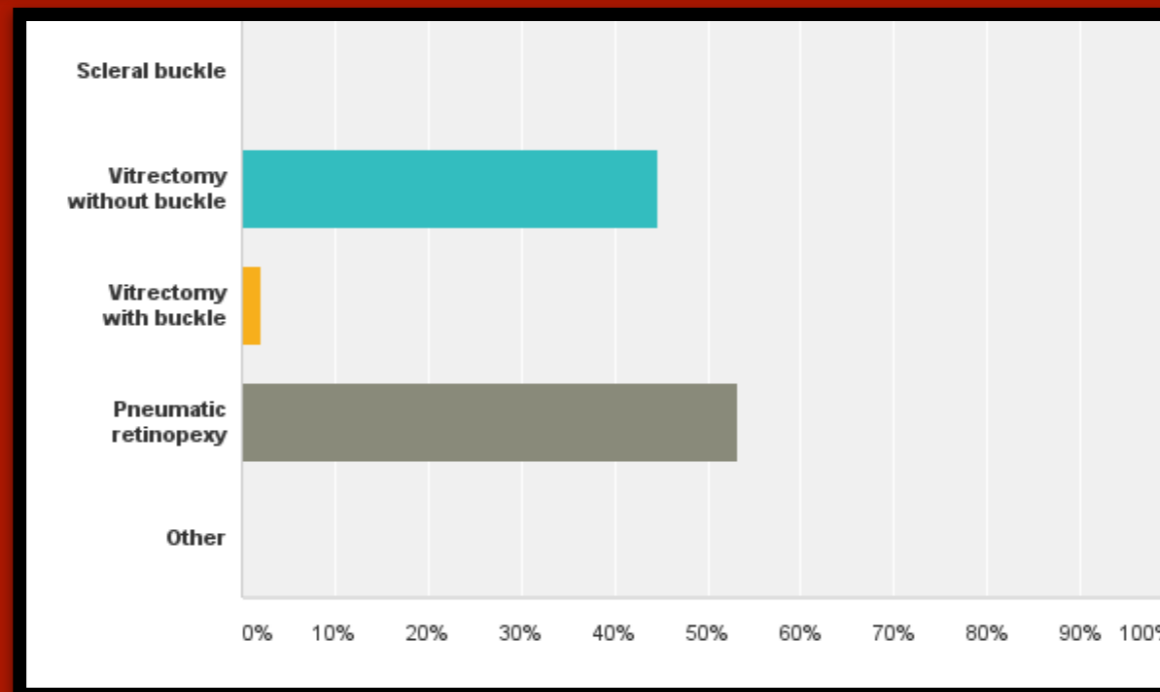
How often do you perform pneumatic retinopexy?

Answer Choices	Responses
Never	0.00% 0
Less than once per month	29.79% 14
1-3 times per month	36.17% 17
4-12 times per month	29.79% 14
>12 times per month	4.26% 2
Total	47



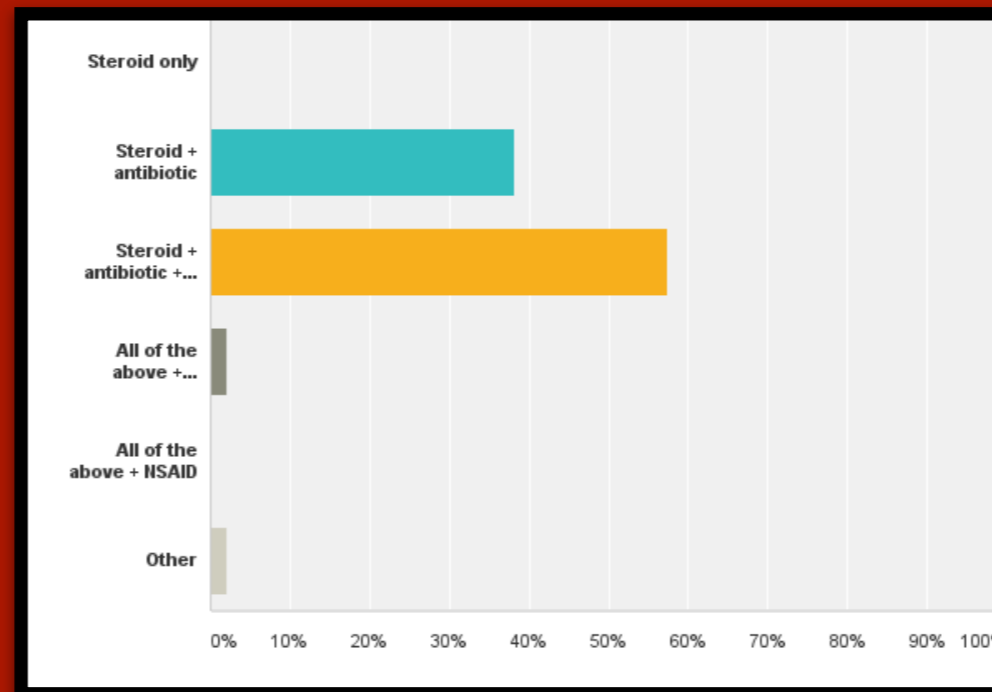
What is your usual recommendation for a pseudophakic superior RD, macula-on -3.00D myope, single tear?

Answer Choices	Responses
Scleral buckle	0.00% 0
Vitrectomy without buckle	44.68% 21
Vitrectomy with buckle	2.13% 1
Pneumatic retinopexy	53.19% 25
Other	0.00% 0
Total	47



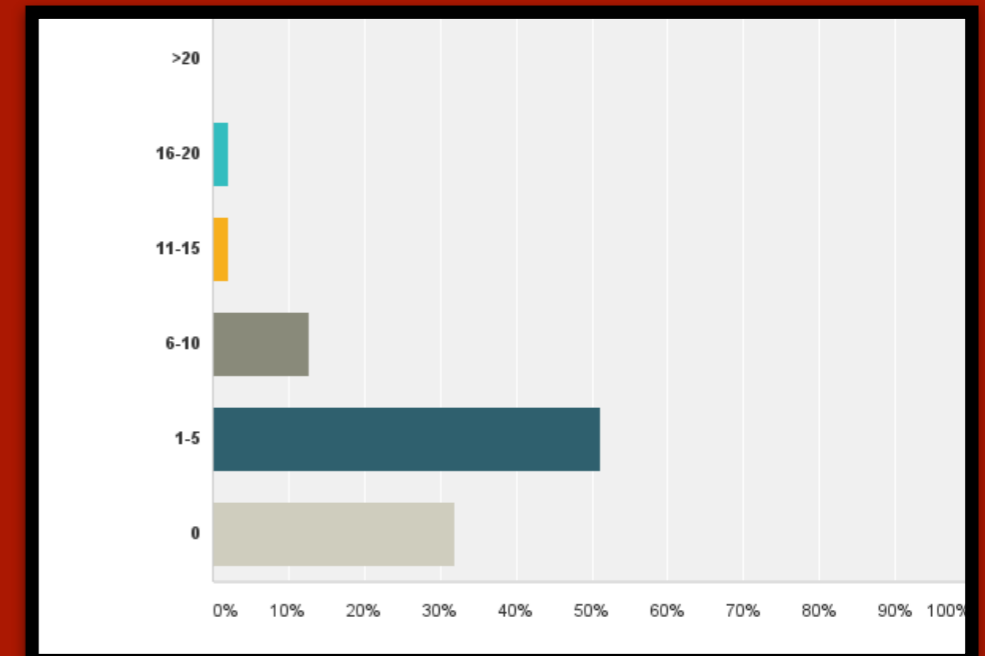
What is your post-operative regimen following vitrectomy for retinal detachment repair?

Answer Choices	Responses
Steroid only	0.00% 0
Steroid + antibiotic	38.30% 18
Steroid + antibiotic + cycloplegic agent	57.45% 27
All of the above + anti-glaucoma medication	2.13% 1
All of the above + NSAID	0.00% 0
Other	2.13% 1
Total	47



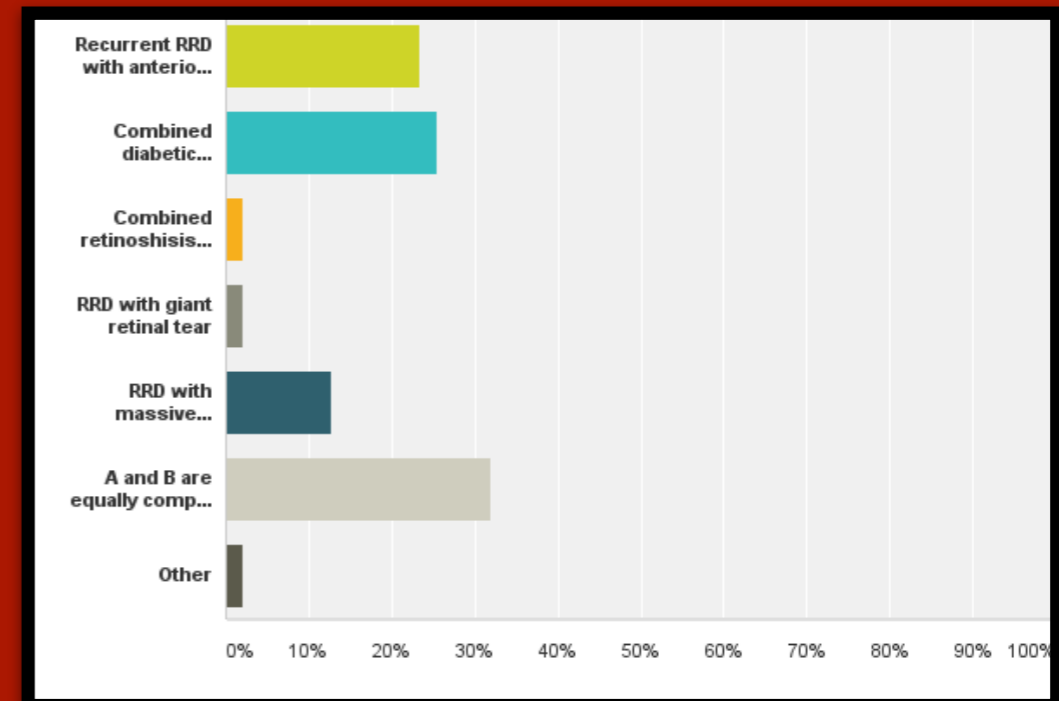
How many vitrectomies for floaters have you performed in the past year?

Answer Choices	Responses
>20	0.00% 0
16-20	2.13% 1
11-15	2.13% 1
6-10	12.77% 6
1-5	51.06% 24
0	31.91% 15
Total	47



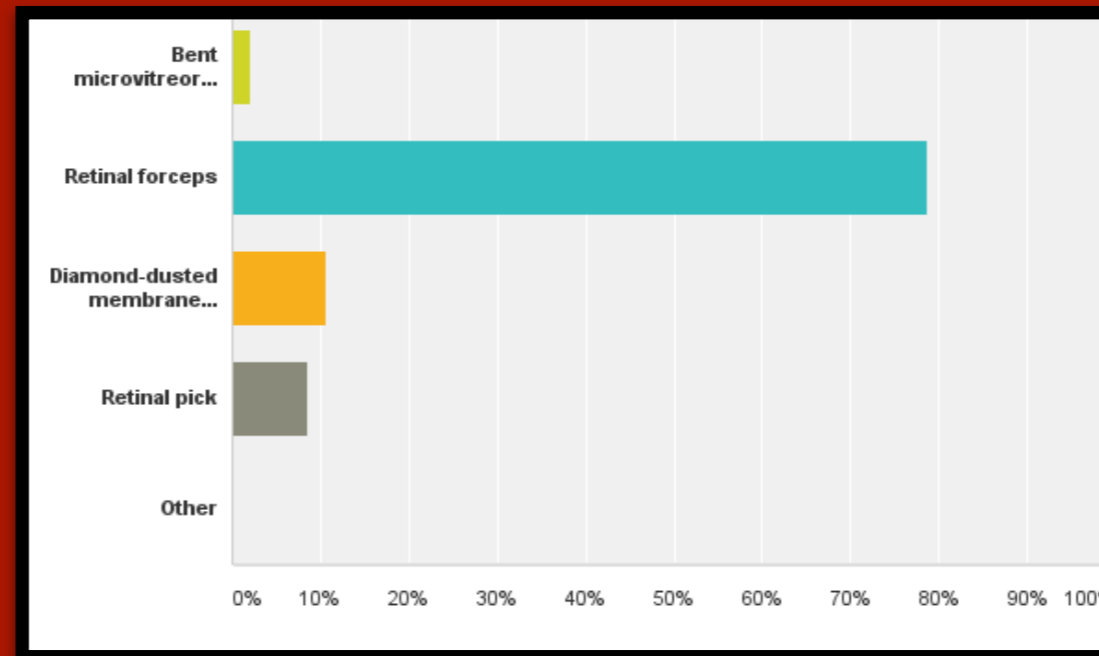
Which type of vitreoretinal pathology do you consider the most complex/difficult to repair?

Answer Choices	Responses	
Recurrent RRD with anterior and posterior PVR	23.40%	11
Combined diabetic tabletop TRD and with RRD component	25.53%	12
Combined retinosis/RRD	2.13%	1
RRD with giant retinal tear	2.13%	1
RRD with massive suprachoroidal hemorrhage	12.77%	6
A and B are equally complex and difficult	31.91%	15
Other	2.13%	1
Total		47



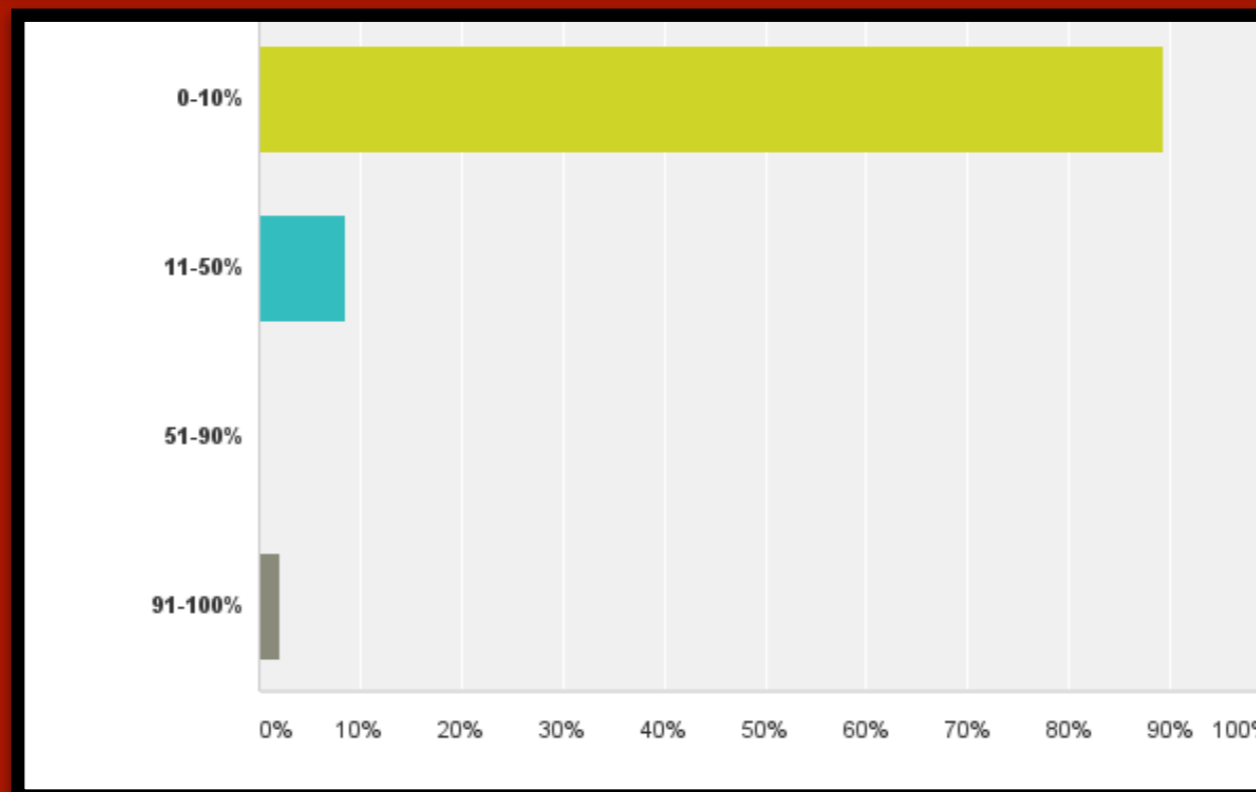
What is your preferred method of initiating peeling of an epiretinal membrane (ERM)?

Answer Choices	Responses
Bent microvitreoretinal (MVR) blade	2.13% 1
Retinal forceps	78.72% 37
Diamond-dusted membrane scraper	10.64% 5
Retinal pick	8.51% 4
Other	0.00% 0
Total	47



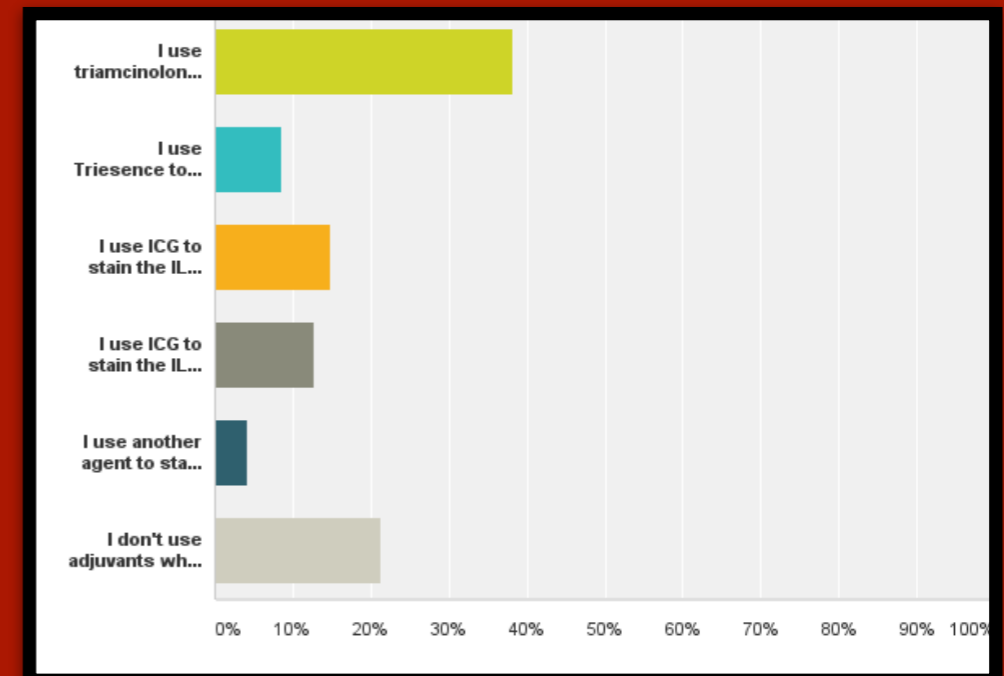
What percentage of the time do you perform vitrectomies or scleral buckles under general anesthesia?

Answer Choices	Responses
0-10%	89.36% 42
11-50%	8.51% 4
51-90%	0.00% 0
91-100%	2.13% 1
Total	47



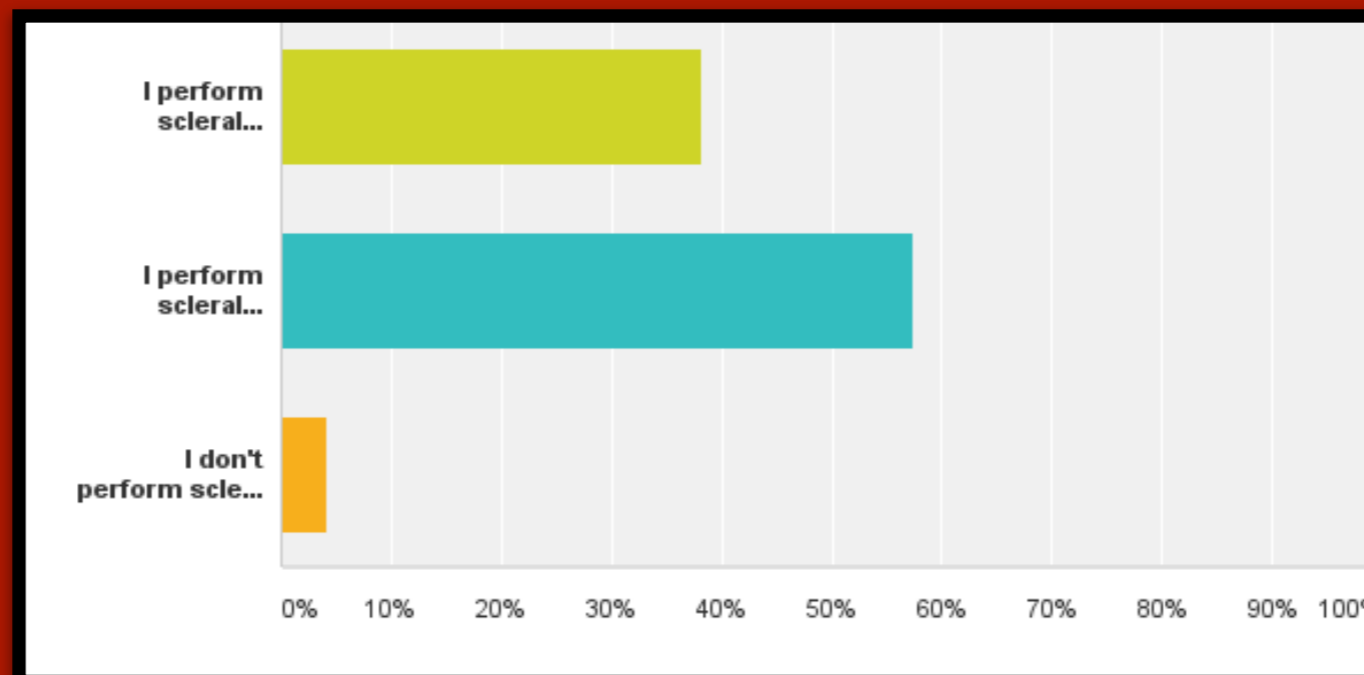
When surgically managing proliferative vitreoretinopathy for recurrent retinal detachment I do the following:

Answer Choices	Responses
I use triamcinolone to stain the vitreous to look for residual cortical vitreous to remove	38.30% 18
I use Triescence to stain the vitreous to look for residual corical vitreous to remove	8.51% 4
I use ICG to stain the ILM, then peel the posterior pole if required	14.89% 7
I use ICG to stain the ILM, then peel from posterior pole to the vitreous base if required	12.77% 6
I use another agent to stain the vitreous and/or ILM	4.26% 2
I don't use adjuvants when performing vitrectomy surgery for proliferative vitreoretinopathy for recurrent retinal detachment	21.28% 10
Total	47



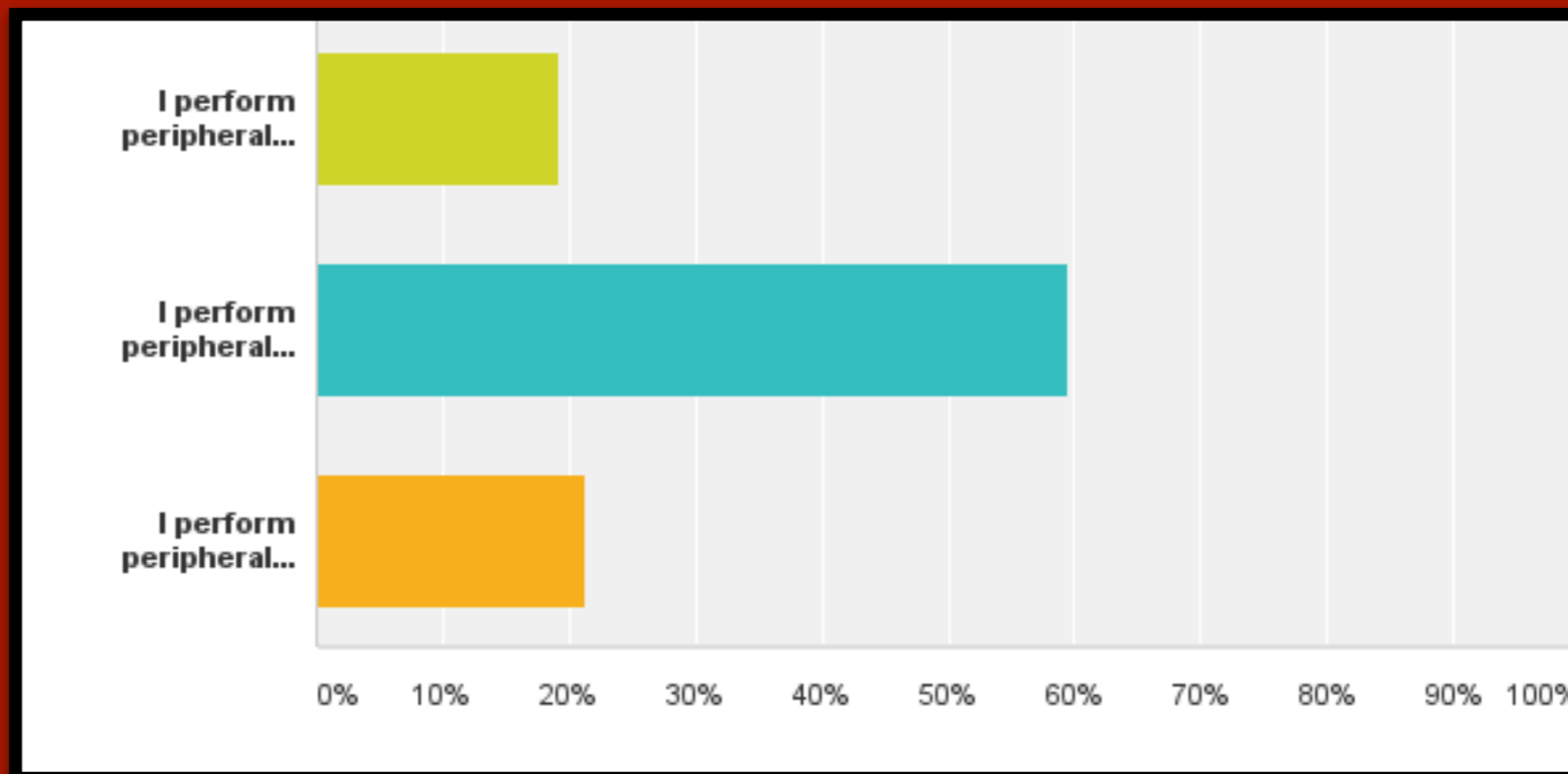
When surgically managing proliferative vitreoretinopathy for recurrent retinal detachment I do the following:

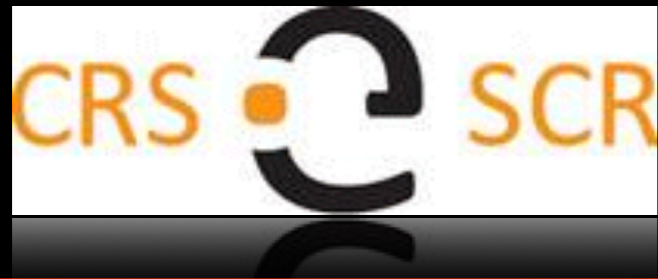
Answer Choices	Responses
I perform scleral depressed vitrectomy to look for anterior loop traction then open the contracted retina by vitrectomy or membrane peeling without adjuvants	38.30% 18
I perform scleral depressed vitrectomy to look for anterior loop traction then open the contracted retina by vitrectomy or membrane peeling with adjuvants	57.45% 27
I don't perform sclera depressed vitrectomy	4.26% 2
Total	47



When surgically managing proliferative vitreoretinopathy for recurrent retinal detachment I do the following:

Answer Choices	Responses
I perform peripheral retinectomy on a regular basis to deal with residual peripheral retinal traction	19.15% 9
I perform peripheral retinectomy occasionally to deal with residual peripheral retinal traction	59.57% 28
I perform peripheral retinectomy rarely to deal with residual peripheral retinal traction	21.28% 10
Total	47





Canadian Retina Society 2015

Thank you

CAN-PAT Commitee

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