OBJECTIVE We describe the successful application of a novel technique using touchless levitation for the removal of a spontaneously dislocated pellet from the strut of a fluocinolone acetonide (FA) implant.

PURPOSE The Retisert™ implant is an effective treatment for posterior uveitis. Spontaneous dissociation of the Retisert™ pellet from the strut is a known complication, and techniques for lifting the pellet off the posterior pole have been described. An in vitro touchless levitation technique for retrieval of silicone implants has been reported. We endeavored to perform the in vivo application of this technique.

METHODS This is a case report describing the application of a technique utilizing the viscous and hydrophobic properties of silicone oil to remove a dissociated pellet of a FA implant.

TECHNIQUE

1. After standard three-port 23 gauge vitrectomy was performed using valved cannulae (Alcon™) with the pellet of the Retisert™ implant resting on the macula, a complete fluid/air exchange was performed leaving the implant posteriorly under air.
2. The eye was filled with 1000 centistoke silicone oil.
3. The scleral inferonasal insertion site for the implant was reopened, and the strut was removed from the eye. Balanced salt solution was injected into the eye in a controlled fashion so that the silicone oil slowly escaped from the inferonasal scleral wound. The hydrophobic silicone-coated steroid pellet levitated in the silicone bubble as the oil floated forward.
4. When sufficient oil had been evacuated, the pellet presented itself at the scleral wound within the small remaining silicone oil bubble.
5. The pellet was removed from an external approach with toothed forceps as the silicone/fluid exchange progressed. The remaining oil was removed from the eye.

CONCLUSION Patients with panuveitis have complex eye disease with multiple types and locations of intraocular pathology. It can be beneficial to have the option of different surgical techniques to approach each particular case. We believe our technique offers an alternative to directly touching the pellet while it is in the posterior pole. It does not require chandelier lighting, excessively clear media, or bimanual passage of the implant from one forceps or suction device to a forceps in the other hand to externalize the implant. This hand to hand maneuver can be difficult with a slippery implant and can potentially lead to the implant falling posteriorly again. The silicone oil aids in stabilizing the eye with the large scleral wound necessary to remove the implant.