



Infographic: Effect of face-down positioning vs support-the-break positioning after macula-involving retinal detachment repair: the PostRD randomised clinical trial

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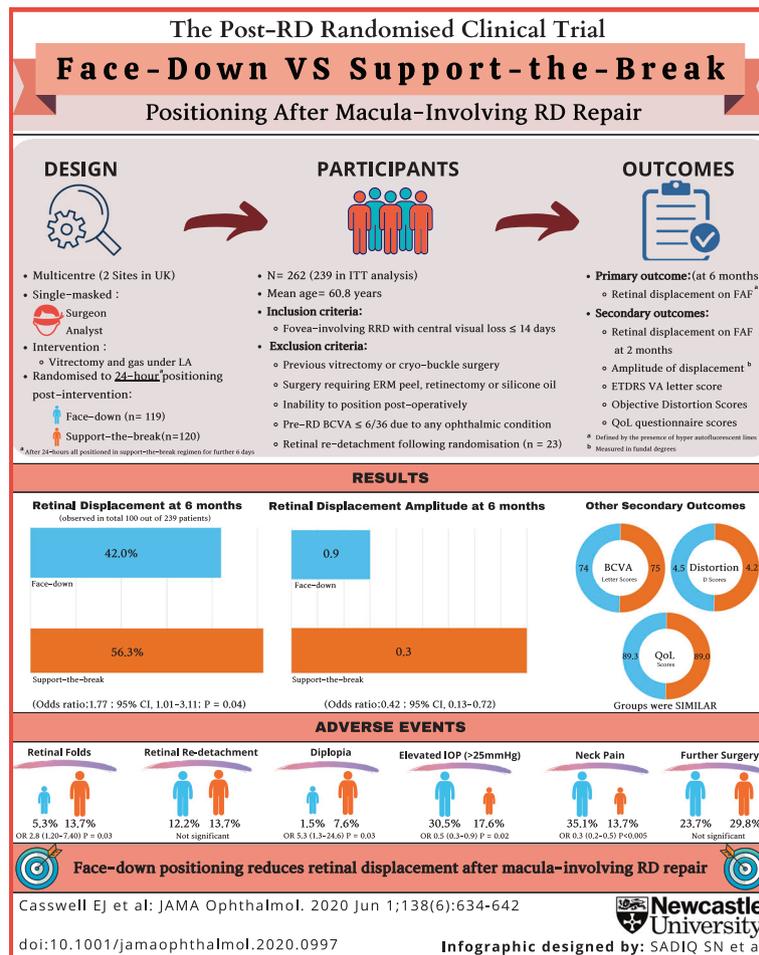


Fig. 1 This PostRD trial involving patients with macula involving rhegmatogenous retinal detachment showed that face-down positioning led to a reduction in the rate and amplitude of postoperative retinal displacement and binocular diplopia in comparison with support-the-break positioning. However, no differences were found in best-

corrected visual acuity, distortion and quality of life scores between the groups. RRD rhegmatogenous retinal detachment, LA local anaesthesia, ITT intention-to-treat, ERM epiretinal membrane, BCVA best-corrected visual acuity, FAF fundus autofluorescence imaging, QoL quality of life, IOP intraocular pressure.

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Compliance with ethical standards

Conflict of interest The authors declare no competing interest.

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Reference

1. Casswell EJ, Yorston D, Lee E, Heeren TF, Harris N, Zvobgo TM, et al. Effect of face-down positioning vs support-the-break positioning after macula-involving retinal detachment repair: the PostRD randomized clinical trial. *JAMA Ophthalmol.* 2020;138:634–42.