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Choice of Primary Rhegmatogenous Retinal Detachment Repair Method in US Commercially-insured and Medicare Advantage Patients, 2003-2016

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**ABSTRACT-**

**Purpose:** To evaluate trends for rhegmatogenous retinal detachment (RRD) repair, and the influence of patient characteristics on repair type in a large US population including children and adults, between 2003-2016.

**Design:** Retrospective cohort study.

**Setting:** Administrative claims for beneficiaries in a large nationwide managed-care network, including Medicare Advantage, employer-sponsored, or commercial insurance.

**Population:** Beneficiaries undergoing RRD primary repair procedures.

**Main Outcome Measure:** RRD repair procedure type.

**Results:** We identified 31,995 beneficiaries with RRD over the study period, mean age 59.8 years. Ocular comorbidities, including pseudophakia (16.9%), vitreous hemorrhage (14.6%), myopia (2.9%), and lattice degeneration (11.0%), were more common among RRD than non-RRD patients. Pars plana vitrectomy (PPV) was consistently the most common repair procedure, increasing over time. Scleral buckle utilization declined and utilization of other procedures remained relatively constant. After adjusting for age, demographics, and geographic region, PPV was more likely among patients with pseudophakia (OR=1.81,  $p<0.001$ ) and vitreous hemorrhage (OR=1.38,  $p<0.001$ ). Lattice degeneration (OR=1.42,  $p<0.001$ ) and younger age were associated with higher odds of scleral buckle. Pneumatic retinopexy was more likely among patients with better systemic health and less likely among patients with ocular comorbidities including vitreous hemorrhage or lattice degeneration.

**Conclusions:** PPV is increasingly the most common RRD repair procedure across a broadly-representative US population. However, other techniques are still preferred for some patients and, in aggregate, choice of repair procedure appears influenced by patient characteristics in a manner consistent with recommendations in the literature.

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