hemostasis is maintained by continuous aspiration and cutting as the instrument is moved side to side, retracting from the edge. **Highlights:** Reverse swiss roll technique is safer compared to lift and shave because of the safety cushion of the membrane between the port and the retina. There is inherently less chances of retinal break because the active suction from the port is directed away from the retina. The technique also minimises traction and localised pull on the atrophic macula.

Video link: https://youtu.be/WNnSsP69ZLw

Key words: Diabetic membranes, reverse swiss roll technique

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Reverse Swiss Roll technique for diabetic vitreous membranes

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Abstract

Background: Diabetic membranes are always a challenge for a surgeon because of sticky nature and chances of iatrogenic break while removing. **Purpose:** To demonstrate a safe reverse swiss roll technique to dissect diabetic vitreous membranes. **Synposis:** Approaches and techniques for membrane dissection are segmentation, delamination and en-bloc dissection using various types of instruments and illumination. With vitreous cutte, picks and scissors, surgical steps are traditionallu performed by using classic lift and shave technique. After identifying the plane, tissue is lifted and then cut, which puts the retina at risk of break because of traction and active suction. Such a threat can be reduced by placing the cutter above the membrane thereby having the membrane itseld acting as a protective cushion to the retina. Port here, unlike lift and shave technique, doesn't face the edge of membrane but is exactly 180 degree opposite and membrane curls into port because of suction. Also,