Surgery for macular holes precipitates cataract formation in the majority of patients within a year of surgery. Some surgeons therefore elect to perform a combined clear lens phaco-vitrectomy as a primary procedure to avoid the inconvenience and cost of a second operation at a later date. Other surgeons prefer to perform the procedures separately due to concerns about the possible increased risk of cystoid macular oedema, and inflammation as well as lens complications. In this poster we will present the results of a retrospective study of the outcomes of 189 operations for macular hole performed by two vitreoretinal surgeons in the same institution over a 3 year period. 82 of these were carried out using phaco-vitrectomy, 70 were carried out by consecutive phaco-vitrectomy, and 25 were already pseudophacic preoperatively.