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ने उदाहृ उरनमे दी लेउ वै उं किरपा कवे इस नंघर उे देन कवे: 01932 723553

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यदि आपको अनुवाद की जरूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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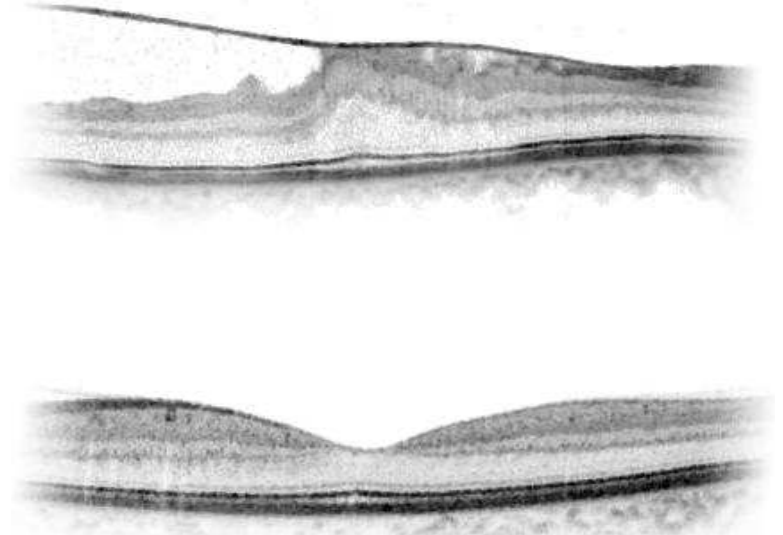
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Epiretinal Membrane Surgery

Ophthalmology Department



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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How much time off work will I need?

Most people will need at least two weeks off work after surgery. The amount of time off work will depend on the kind of work you do and the kind of surgery that is done. This will need to be discussed with your surgeon.

Will I have to get my glasses changed?

Most people will need to change their spectacle prescription at some point after surgery. This would normally be at about 3 months following the operation. As each case is different, please check with your surgeon before visiting an optician.

Contact Details

We want to hear from you if you are worried about anything:

- Ashford Hospital: **01784 884402**
- St Peter's Hospital: **01932 722686**

Senior Nurses

Sister, Georgina Gilson, Ashford Hospital

Deputy Sister, Maggie Lewis, Ashford Hospital

Deputy Sister Dorothy Adjorlolo, Ashford Hospital

Ophthalmic Nurse Practitioner, Jain Sidhu, St. Peter's Hospital

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EPIRETINAL MEMBRANE SURGERY

What is the macula?

The back of the eye has a light-sensitive lining called the retina, similar to the film in a camera. Light is focused through the eye onto the retina, allowing us to see. The centre part of the retina is called the macula - it is here that light must be focused for us to see fine detail, to be able to read and to see in colour.

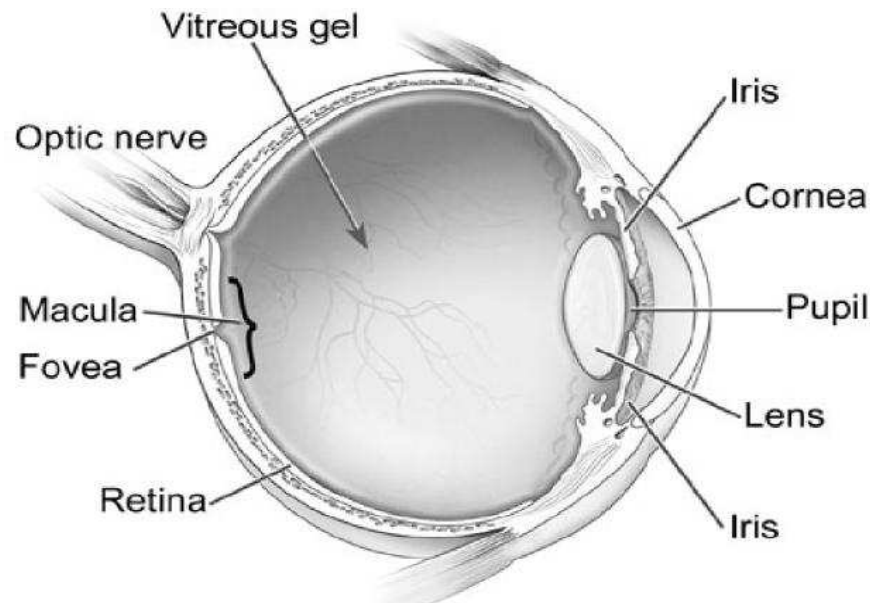


Figure 1: Cross section of eye, showing back (retina and centre of retina - macula) and front (cornea, lens) of eye.

What will I expect to feel / look like after the operation?

You should expect your eye to feel a little gritty after the operation. When you take the pad off the following day the eye may be very bloodshot. This is normal.

If you have had gas / air put into the eye, your vision be very blurred after the operation. The gas can take 2-8 weeks to disappear. As the gas gets smaller in your eye, you will notice a line going from the top to the bottom of your vision.

If at any point your eye starts to become more painful, more red with a yellow discharge or the vision gets worse, please contact the numbers at the end of the leaflet urgently.

What should I do following surgery?

Following surgery, you will be given eye drops to use for a few weeks, which will help the eye settle from surgery. The operation does not require staying in hospital and patients are typically reviewed in clinic a couple of weeks after surgery.

In some cases, you may be asked to position your head in a certain way for a number of days. Otherwise, you can do most daily activities, although you should abstain from unhygienic environments and anything that puts the eye at risk of injury.

Risks of Surgery for Epiretinal Membrane Removal

Surgery for Epiretinal Membrane removal speeds up the onset of cataract, which is a treatable cause of worsening vision. Sometimes, an early cataract is removed at the same time as the membrane removal to spare the patient from cataract surgery in the near future.

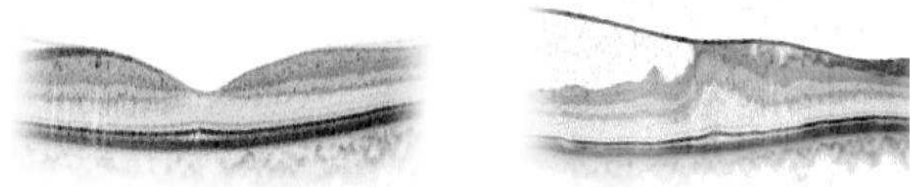
Epiretinal Membrane removal carries the risk of 1 in 50 cases of ending up with significantly worse vision and 1 in 50 of requiring further surgery to deal with recurrent Epiretinal Membrane or other complications of surgery such as retinal detachment.

The risk of serious complications of Epiretinal Membrane removal is about 1 in 1000 cases, where the eye becomes totally blind due to a bleed during surgery or an infection after surgery. Some patients may develop persistently high eye pressure, which can damage the nerve of the eye causing vision loss. This condition is called Glaucoma and can affect 1:100 patients following this type of surgery. It may require long term use of eye drops and sometimes glaucoma surgery in order to preserve vision.

What is an Epiretinal Membrane?

An Epiretinal Membrane is a condition where a very thin layer of scar tissue forms on the surface of the retina, where the vision is sharpest. The part of the eye affected by the Epiretinal Membrane is called the Macula, which is made of special nerve cells and it provides our sharp central vision needed for seeing fine detail (reading and driving etc.).

When an Epiretinal Membrane forms over the Macula, it may contract and crumple up the Macula resulting in distorted and / or blurred vision.



Cross-section of healthy macula

Cross-section of a macula with an epiretinal membrane

Assessment for Epiretinal Membrane

Your eye doctor is able to detect an Epiretinal Membrane during an eye examination following the use of eye drops that temporarily make your pupils large. Sometimes, a special scan of the back of the eye may be needed to confirm the presence of an Epiretinal Membrane. Your eye doctor will assess your symptoms to help you decide whether to proceed with surgery.

What should I expect with a diagnosis of Epiretinal Membrane?

In many cases, the discovery of an Epiretinal Membrane is by chance at a routine examination and the vision may not be affected. These Epiretinal Membranes tend not to change and do not always affect vision. Epiretinal Membranes can occasionally get worse, causing blurring and / or distortion of vision. Treatment for Epiretinal Membrane is only required in those cases where the vision has been affected.

What does the operation involve?

If an Epiretinal Membrane affects vision, the only way to treat it is to remove the membrane surgically. This is achieved by an operation called a Vitrectomy, where specialised instruments remove the jelly-like substance that normally fills the centre of the eye, called vitreous. The removal of the vitreous inside the eye does not cause any permanent harm, apart from speeding up the development of a cataract. The vitreous is replaced by natural fluid produced inside the eye. In some cases, the surgeon has to leave a special gas bubble inside the eye which disappears on its own after a few weeks.

The operation for Epiretinal Membrane removal does not usually take longer than an hour and it can be performed using a local anaesthetic injection, with the patient remaining comfortable and awake during the procedure. Before the operation, we will give you eye drops to enlarge your pupil. After this, we will give you an anaesthetic to numb your eye. This involves injecting local

anaesthetic solution into the area around your eye. During the operation you will not need to worry about keeping your eye open – the lids are gently held open with a device called an eyelid speculum. The local anaesthetic also “numbs” the eye movements and the vision so that normally you don’t need to worry too much about keeping the eye still and you don’t usually see clearly during the operation. During the operation we will ask you to lie as flat as possible and keep your head still. It is very important for the patient to stay still, especially during the very delicate manoeuvres when the membrane is removed using fine forceps.

A sticky sheet is stuck to the skin around the eye during the operation and the sheet covers the other eye. The sheet covers your face but is lifted up off the mouth and nose. If you are having a local anaesthetic and suffer from claustrophobia, please tell the surgeon / pre-assessment nurse since you may need to have a general anaesthetic instead.

Immediately following membrane removal, the vision is typically more blurred and it can take months for it to improve. The operation is usually successful in reducing the distortion in vision due to an Epiretinal Membrane. If the vision had not been distorted prior to Epiretinal Membrane removal, improvement in the sharpness of vision and reading is less predictable. Usually, we expect your vision to improve to halfway between what it was before surgery and what it was before your Epiretinal Membrane started.