

Epiretinal Membrane

An information guide



Epiretinal Membrane

Your eye specialist has advised you to have Epiretinal Membrane surgery. This leaflet gives you information that will help you decide what to do. You may wish to discuss the information with a relative or carer. Before you have the operation, we will ask you to sign a consent form, so it is important that you understand the information in this leaflet.

What is an Epiretinal Membrane?

An Epiretinal Membrane is a condition where thin layers 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.

What causes an Epiretinal Membrane?

In most cases, an Epiretinal Membrane appears to be related to normal aging changes inside the eye. In some cases it can be related to other conditions e.g. diabetes, blockage of retinal blood vessels, inflammation or following retinal surgery.

Treatment of an Epiretinal Membrane

The treatment involves surgery. An experienced eye surgeon will carry out the operation and may supervise a trainee doctor who may perform part or all of the surgery.

The Anaesthetic

You may have a local or general anaesthetic. Most retinal operations are performed under local anaesthesia with or without sedation. Please let your surgeon know if you are claustrophobic, or

feel you will not be able to tolerate the procedure under local anaesthesia. General anaesthesia is associated with many more risks than local anaesthesia.

The Surgery

The operation for an Epiretinal Membrane removal usually takes around 60 to 90 minutes and it can be performed under local anaesthetic injection with the patient remaining comfortable and awake during the procedure.

It is very important for the patient to remain still, especially during the very delicate manoeuvres when the membrane is removed with fine forceps. If oedema (swelling) of the retina is noted prior to or at the time of the surgery the surgeon may decide to inject a steroid into the eye.

An operation called a Vitrectomy, where specialised instruments remove jelly-like substance that normally fills the centre of the eye, called vitreous is performed. In some cases, the surgeon has to leave a special gas bubble inside the eye which disappears on its own after a few weeks.

After the operation

If you have discomfort, we suggest that you take a pain reliever, e.g. paracetamol, every 4 to 6 hours. It is normal to feel itching, sticky eyelids and mild discomfort for a while after retinal detachment surgery.

It is common for your eyes to water.

Occasionally, the area surrounding the eye can become bruised. Any discomfort should ease after 2 to 3 days. In most cases, your eye will take about 6 weeks to heal.

Posturing

If we put a gas or oil bubble in the eye, we will usually ask you to keep your head and body in a particular position. This is called

'Posturing' and aims to provide support. This is an important part of the treatment and the position you hold your head will depend on where the holes are in the retina.

We may advise you to sleep in a certain position at night. By following our instructions, you will give your retina the best chance to be successfully treated. Your co-operation matters a great deal.

If you have a gas bubble in your eye, you **must not travel by aeroplane** or ascend to significant altitude by other means on transport.

You **must** also warn your doctor you have a gas bubble in the eye should you need another operation of any kind.

What are the benefits of Epiretinal Membrane Surgery?

- Following the Epiretinal Membrane removal, the vision is typically blurred and can take months for it to improve
- The operation is usually successful in reducing distortion in vision due to the Epiretinal Membrane formation.
- If the vision had not been distorted prior to the Epiretinal Membrane removal, improvement in the sharpness of vision and reading is less predictable

The risks of Epiretinal Membrane Surgery

There is a risk of complications, either during or after the operation and the list below is not exhaustive. Minor complications are common and in most cases can be treated effectively. Very rarely, some complication can result in **blindness**.

Cataract

This is the clouding of the lens inside your eye which can cause blurred or reduced sight. This can be a consequence of a vitrectomy for diabetic vitreous haemorrhage. The chance of developing cataract in the first year is 1 in 5 and is less likely if you are younger or have no cataract prior to surgery.

Retinal tear and detachment

A tear in the retina may occur 1 in 10 times with this surgery. These can be treated at surgery however, a retinal tear allows fluid to pass from the vitreous cavity between the retina and the inside wall of the eyeball causing the retina to tear off the wall (detachment). This can occur in 1 in 50 cases. Most retinal detachments can be repaired with further surgery but occasionally cannot and leads to sight loss. Tears or detachment are more likely with more complex surgery.

Post-Operative Vitreous Cavity Haemorrhage

This occurs in 3 out of 10 patients after vitrectomy for diabetic vitreous haemorrhage and refers to blood still present in the eye after surgery (residual blood) or new haemorrhage into the vitreous cavity at some time after surgery. Sometimes blood can clear spontaneously but for some patients it does not clear quickly and can cause high pressure in the eye. A further operation, vitreous washout, for residual or recurrent blood could be required in 1 in 10 patients after the initial vitrectomy for diabetic vitreous haemorrhage. This vitreous washout feels similar to the experience of the original vitrectomy operation.

Raised Pressure in the Eye

This could occur due to several reasons. If pressure is high it can cause pain, nausea and vomiting. Usually pressure is controlled with eye drops or medications for a few weeks. However, sometimes further surgery is needed and in some cases vision is slightly damaged if pressure is very high and prolonged.

Sympathetic Ophthalmia

This is when surgery to one eye can cause inflammation to both eyes. This could require strong medications and can result in poor sight in both eyes. This may occur between 1 in 1000 and 1 in 2000 times after vitrectomy

Pupil Size and Focussing

Occasionally, especially if laser or freezing treatment is needed, the pupil can remain larger on the treated side, even after stopping eye drops after surgery. This can affect focussing and could cause sensitivity to bright lights. This usually almost completely recovers over the months following surgery.

Reduced peripheral field (side vision) and reduced night vision

This may occur as a consequence of laser treatment during surgery. Sometimes this can stop patients driving because the DVLA Standards require patients to have a certain amount of peripheral field vision.

Endophthalmitis

This is a term used for infection inside the eyeball. It may occur in 1 in 1000 to 1 in 2000 times after surgery. This can be bad for eyesight long term and can lead to further treatment or operations.

Choroidal Haemorrhage

This is bleeding between the layers of the wall of the eyeball and may occur in 1 in 1000 patients. This can badly affect vision long term and further operations may be needed.

Loss of the Eye

Very rare following this operation. Most commonly surgery is used to remove an eye or part of the eye if sight is lost and the eye is painful or unsightly. This may occur because of factors unrelated to surgery. After a cosmetic shell or "glass eye" can achieve a good cosmetic effect

Further Surgery

If you develop any complications from the initial procedure then you may need further surgery. You may require cataract surgery once the eye has recovered from your vitreous or retinal surgery.

Contact Details:

The Royal Oldham Hospital, Oldham :

A&E Department - 0161 627 8923

Friday 5pm until Monday 9am

Oldham Integrated Care Centre Eye Clinic - 0161 621 3721

Monday to Friday 9am - 4.30pm

Rochdale Infirmary, Rochdale :

Eye Clinic - 01706 901757

Monday to Friday 9am until 5pm. Friday 9am until 12.30pm

Eye Ward - 01706 901766

Monday to Friday 8am until 8pm

Urgent Care Centre - 01706 517005

Monday to Friday after 8pm. Friday 8 pm until Monday 9am.

Fairfield General, Bury :

Eye Outpatients Clinic - 0161 778 2804

Accident & Emergency – 0161 778 2600

After 8pm Monday to Friday, Friday 8pm until Monday 8am

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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