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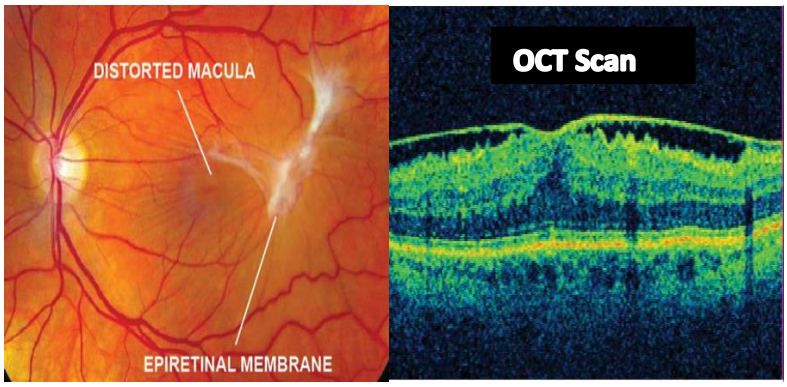
Epiretinal Membrane Surgery via Vitrectomy



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 the fine focus needed for seeing 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.

Why do I have an Epiretinal Membrane?

In most cases, the development of an Epiretinal Membrane appears to be related to normal aging changes inside the eye. In some case, it can be related to other conditions such as diabetes, blockage of blood vessel, inflammation or following retinal surgery. Epiretinal membranes are not related to Macular Degeneration. Epiretinal Membranes do not usually affect the other eye. They are quite common and affect up to 8% of people in later years.

Assessment for Epiretinal Membrane

Mr Tanner is able to detect an Epiretinal Membrane during an eye examination following the use of eye drops that temporarily make your pupils large. Usually an Optical Coherence Tomography (OCT) is also carried out to further investigate the scar tissue. Mr Tanner will assess your symptoms and 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 mild 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.

Epiretinal Membrane Removal

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, here specialized 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 the speeding up the development of a cataract. The vitreous is replaced by natural fluid produced inside the eye. In some cases, Mr Tanner will leave a special gas bubbled 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 is usually performed using a local anaesthetic injection, with the patient remaining comfortable and awake during the procedure, often with some mild sedation.

Following membrane removal, the vision is typically more blurred in the short term and then slowly improves over several months. The operation is usually successful in reducing the distortion in vision due to an Epiretinal Membrane, but vision will unfortunately never be returned entirely to normal.

Main Risks of Surgery for Epiretinal Membrane Removal

Surgery for Epiretinal membrane removal speeds up the onset of cataract requiring a second procedure. In some patients Mr Tanner will suggest a combined procedure of both epiretinal membrane and cataract removal.

Epiretinal membrane removal carries a 3-4% risk of vision being worse after the operation. In these patients, additional surgery may be required to repair retinal detachments, treat infections, bleeds or other problems.

The most serious risk is that of an infection in the eye where all of the vision is lost, a 1 in a 1000 risk. One in 10,000 will unfortunately lose the eye.

Other problems: Details on some of the most common or significant complications are given below

Bruising of eye or eyelids (mild and affects almost all).
Eyelid drooping – common and temporary, very rarely needs further surgery.

Dry eye with surface irritation requiring long term lubricating drops.

Suprachoroidal haemorrhage - bleeding inside the eye, which may damage vision.

Post-operative raised intraocular pressure - raised pressure in the eye for the first few weeks, common and usually easily treated with drops, but may be long term in approximately 1% of patients.

Allergy - to drops given after the operation, causing an itchy swollen eye. Drops usually changed to preservative free

Detached retina – requiring additional retinal surgery.

Sympathetic endophthalmitis - a very rare condition in which surgery in one eye triggers inflammation and sight problems in the other (1:10,000)

Unusual reaction to drugs used in surgery or for anaesthesia resulting in damage to the eye or severe allergic reaction in rest of body.

What should I do following surgery?

Following surgery, you will be given eye drops to use for a few weeks, which will help with eye settle from surgery. The operation does not require staying in the hospital longer than one night 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 most of the day, for 5 days. Usually, Mr Tanner will insert a bubble of air into the eye which will block the vision for about one week. Sometimes a longer acting gas will need to be used, which can last up to a month.

While the gas bubble is present you will not be able to drive or fly. Otherwise, you can do most daily activities with care.

How much time off work will I need?

Most people will need two weeks off work after surgery. The amount of time off work will of course depend on the kind of work you do, and the exact procedure you need.

What if I have a problem?

If you experience significant eye pain or loss of vision:

Please contact Mr Tanner's team on 0800 644 0700 or 0800 644 0900

Out of hours, please contact Hospital where you had surgery and they will contact Mr Tanner or his team.

Main Hospital Switchboards are:

Princess Margaret Hospital, Windsor - 01753 743434

Spire Dunedin Hospital, Reading - 01189 587676

Circle Hospital, Reading - 0118 922 6888

Eye Casualty at Royal Berkshire Hospital, Reading - 0118 322 5111 – 24 hour service

PATIENT CONSENT

Please read this form carefully.
If you have any further questions, please ask - we are here to help you. You have the right to change your mind at any time, even after you have signed the form. Any procedure in addition to those described on this form will only be carried out if it is necessary to save life, or to prevent serious harm to your health or sight.

I have been told about additional procedures above which may become necessary during or following my operation. I accept there are other potential complications and have listed below any further questions or procedures which I do not wish to be carried out without further discussion.

Patient details

The above explanation has been read by/to me. The nature of my eye condition has been explained to me and the proposed treatment has been described. The risks, benefits, alternatives, and limitations of the treatment have been discussed with me. All my questions have been answered.

I hereby authorise Mr Tanner to carry out:

Left Right Vitrectomy to remove epiretinal membrane

Patient's Signature……Date……

Confirmation of consent

I have confirmed with the patient that he or she has no further questions and wishes the procedure to go ahead.

Mr Vaughan Tanner ……..…..Date ……