



East Suffolk and
North Essex
NHS Foundation Trust

Vitrectomy surgery and aftercare

***Colchester Eye Centre
Colchester Primary Care Centre
Tel: 07780 005814
Monday to Friday, 9 am–5 pm***

(DPS: 05729-21)



This booklet is designed to help you understand what vitrectomy surgery entails and explain the care that is needed afterwards. This information will help you to decide whether to proceed. You might want to discuss it with a relative or carer. Before your operation, you will be asked to sign a consent form, so it is important that you understand this booklet before you decide to go ahead with surgery.

What is the vitreous?

The vitreous is a clear jelly-like substance within the eye, which fills the space behind the lens at the front of the eye and the light sensitive layer, called the retina, at the back of the eye. It is 99% water, the other 1% consisting of substances such as protein.

What is a vitrectomy?

This is an operation in which the surgeon removes the vitreous to clear the blood and debris from the eye. The vitreous is also removed if it is pulling or tugging the retina from its normal position. Adults do not need the vitreous inside their eye. Natural fluids produced inside your eye will eventually refill the cavity.

Some common eye conditions that require vitrectomy include:

- complications from diabetic retinopathy, such as retinal detachment or bleeding
- macular hole
- retinal detachment
- epiretinal membrane
- bleeding inside the eye (vitreous haemorrhage)
- injury or infection
- certain problems related to a previous eye surgery.



The retinal surgeon performs the procedure using a microscope and special lenses designed to provide a clear image of the back of the eye. Small incisions are made into the white of the eye and the instruments are inserted through.

What happens next?

If you wish to proceed with surgery you will be given a date for your operation. You will need to have a pre-assessment before coming in for surgery, which will include taking note of any medications and questions about your general health, to determine if you are fit enough for the operation.

It is important at this stage to determine the following:

- that you will be able to lie flat on your back for the operation, which usually lasts 60 minutes
- that you will be able to put in eye drops after surgery for approximately one month, or have someone available to help you
- that you will be able to arrange transport to and from the hospital for your operation and follow-up appointments.

It is important to know these details now so that other arrangements can be made if necessary.

The pre-assessment nurse will also explain what you need to do before and after the operation and answer any questions you may have.

Your operation will be carried out under local anaesthetic as a day case at Colchester Eye Centre. This means that you can eat and drink on the day of your operation and you will spend only 4–6 hours in hospital.



If you cannot attend on the date of your operation or if you have a cold, flu or an infection, please contact the Eye Admissions Office straight away, so that your appointment can be re-arranged (the phone number will be on your letter).

The day of the operation

On the day of your operation you should report to the Eye Theatres Admissions Unit, which is located on the first floor of the Primary Care Centre. It is well signposted from the main entrance. On arrival, show your appointment letter to the clerk or nursing staff. You will then be directed to a seating area. You do not need to get undressed for vitreoretinal surgery but we suggest you wear loose fitting, comfortable clothes. Do not bring valuables with you. It may be useful to bring something to eat.

The nurse will carry out a few preliminary checks, including blood pressure and pulse. You will also be given eye drops to enlarge the pupils of the eyes, up to one hour before your operation. A member of the surgical team will examine your eye and discuss the risks and benefits of surgery before asking you to sign a consent form, unless you have already done this in clinic.

Surgery

Surgery is performed under a local anaesthetic, which means you will be awake during the operation. A local anaesthetic involves introducing solution into the tissues surrounding the eye to numb the area. The operation can take 45–90 minutes, depending on the complexity of your case. A nurse will hold your hand throughout, so if you need to move or feel any discomfort, you can let them know by squeezing their hand.



You will need to lie flat and it is important you keep still during the operation. Your head will be covered so you will not be able to see what is happening but you may be aware of a bright light. At the end of the operation, small dissolvable stitches may be put in the eye (this varies from patient to patient) and an eye pad dressing applied. You will return to the admissions and discharge unit to recover and unless otherwise advised, may leave 30–90 minutes after surgery.

Discharge

Before you go home, we will give you verbal and written information on aftercare and a minimum of three different eye drops. These drops are used to prevent infection and to help make the eye feel more comfortable. If your eye is difficult to open, you may find it easier if your partner/friend helps you. Drops are continued for one month. The nurses in the admission and discharge unit will discuss how and when to put in your drops.

We strongly recommend that you arrange for a relative or friend to take you home. You may prefer someone to stay with you overnight. This is especially important if you cannot rely on the other eye for good vision or ‘posturing’ following insertion of an air or gas bubble.

Posturing

‘Posturing’ is a term used to describe the position your head has to adopt after surgery because a bubble of gas or air was injected into your eye during the operation. This was done in order to help keep your retina flat, so that it can float and settle over that area.



Posturing time varies from 3–7 days and for 45–50 minutes of every daytime hour. The nurse will explain how to posture and give verbal and written instructions before you go home or at your pre-assessment.

Some points to remember about the bubble:

- initially the bubble is large enough to make your vision worse, because the gas makes everything out of focus. This will last up to 2–3 weeks
- as the bubble reduces in size it will appear as a fluid level (like a spirit level). You will be able to see above this line. This is where the gas meets the fluid, which gradually replaces the gas bubble. The line will move in your vision with head movements and over time you will see more
- the bubble will disappear by itself between two and 12 weeks, depending on the type of medical gas used, or in 3–5 days if an air bubble is used, eventually breaking up into smaller bubbles and disappearing completely from vision
- as long as there is gas in your eye, you must not fly in a plane, because changes in air pressure will cause the bubble to expand, which will result in pain and can lead to loss of sight
- to a lesser extent, the same thing happens with changes in atmospheric pressure, so no bungee jumping or scuba diving!
- if you need to have a general anaesthetic, please tell the anaesthetist you have a gas bubble in order to avoid the use of nitrous oxide, which can cause a dangerous rise in eye pressure
- do not lie on your back until the bubble disappears completely.



Recovery

It is unusual to experience severe pain after this type of operation, although you may be aware of mild discomfort or a scratching sensation.

If you have discomfort, we suggest you take pain relief such as paracetamol every 4–6 hours (maximum of eight tablets in 24 hours) but not aspirin, which can cause bleeding.

The eye may be red and feel 'gritty' or even itchy after surgery and this may last for 7–14 days. Please do not rub the eye and ensure that you wash your hands thoroughly before and after using eye drops. Fingernails should be kept short and clean.

You may need prompt treatment if you experience any of the following symptoms:

- severe pain
- loss of vision (if a gas bubble is inserted your vision will be affected by its presence in the eye)
- nausea, headache or intolerance of lights
- increased redness.

Please contact us urgently on one of the numbers on page 11 of this booklet, or on your post-operative information leaflet, if affected.

Appointments after surgery

- The day after surgery a nurse will telephone you.
- 7–10 days after surgery you will see the consultant or one of his team, who will check that your eye is healing. You will be advised if you can stop using the eye drops.

- You should have finished all your drops one month after surgery. We will be able to do a scan of your retina to see how well the retina/macula is healing. Another appointment will be scheduled for 2–3 months later.

Risk of complications

- One of the most common side effects is the formation of a cataract. Approximately 70–90% of patients develop a cataract in the first year after surgery. If the cataract is significant, you may need an operation. This surgery is far less complicated and requires no posturing afterwards.
- 10% of patients may experience increased pressure, which can be treated with eye drops.
- There is a 4–5% risk of a retinal tear, which would need treatment that includes a gas bubble. If this is needed we will ask you to posture and clear instructions will be given.
- There is a 1% chance of developing a retinal detachment after surgery, which would require another operation to correct.
- There is a less than 1 in 1,000 chance of developing a serious infection or haemorrhage in the eye, which could result in total blindness.

What are the signs of infection or increased pressure?

- nausea / headache / severe pain / intolerance of lights
- painful, red sore eye
- sticky discharge
- any deterioration in vision.



What are the signs of a retinal detachment?

- light 'flashes'
- the presence of a shadow which partly obscures vision, which may spread over time
- large 'floaters' or spots.

If you experience any worrying symptoms, please contact us on one of the numbers on page 11 of this booklet.

Frequently asked questions

I live on my own. How am I going to cope?

We recommend you arrange for someone to help at home for at least a week while you are posturing. Ask your family or friends to help for two weeks, especially with shopping. Before coming to hospital, stock up with ready-meals to pop in the oven or microwave.

How do I wash my face?

You can apply a shield and wash your face with a flannel, and shave. If your eye needs bathing, use warm boiled water. Gently clean your eye using some cotton wool, while keeping your eye closed. Do not press down on the eyeball. Wipe gently from the nose outwards and discard the cotton wool after each wipe. Repeat until the lids appear clean. Avoid rubbing your eye and avoid smoky or dusty environments.

When can I go back to work?

It depends on what you do. Usually you within a month but heavy manual work may require a longer convalescence period.

When can I drive?

You should not drive until after your doctor at the hospital advises it is safe to do so.

Can I watch TV and read books?

Yes, you will not damage your eye. If your eyes begin to feel tired, stop and rest for a while.

Can I do the gardening?

Do not do any gardening until we have checked your eye(s) first. When you resume gardening, it is best to start with light gardening, such as potting plants etc.

Wear either your glasses or protective eyewear when you are mowing the lawn, to prevent anything from getting inside your eyes. Wait at least two months before lifting heavy compost bags or undertaking any heavy manual work. It will depend on how your eye is settling down and we will be able to advise you accordingly.

Can I cook and do the housework?

For the first two weeks take plenty of rest. You may cook light meals and resume some household chores as long as it does not involve anything too strenuous.

Can I go shopping?

Yes, whenever you feel up to it and your vision allows, but avoid lifting heavy bags for at least a month.

Can I travel?

You can travel as long as you feel up to it. However, you must not fly in an aeroplane whilst a gas bubble is present and until after we have checked that all the gas has gone.



I enjoy walking, jogging, swimming and going to the gym. When can I start again?

You can go for a walk whenever you feel up to it. Gentle jogging or light weights at the gym/exercise classes can possibly be resumed six weeks after surgery. Contact sports, eg rugby or heading a football, should be avoided for longer. Swimming may be resumed once you have stopped using the drops and your eyes feel comfortable with no irritation but it is best to check with us first.

Please note that these time limits are just a guide. It will depend on individual cases before decisions can be made. Always check with the ophthalmologist first.

Will I damage my eye if I move my head quickly / sneeze hard / cough or bend down to lift something?

You must not strain to lift anything very heavy as you may add pressure to the eye and make your eye sore. Sneezing and coughing and moving quickly will not damage your eye.

When can I stop being careful?

The first three months is a crucial period for the eye to settle down. During this time you must not over exert yourself. Take things easy and slowly. In the long term you must avoid any trauma to the head or eye, as falling and banging your head, for example, may cause the blood vessels to bleed again.

Will I need glasses?

If you wear glasses already, the lens over the operated eye may need changing a couple of months after your operation. If you did not wear glasses before, it may be necessary to wear them in order to obtain the best possible vision.



Can I wear contact lenses?

If you already wear prescriptive or cosmetic contact lenses you should stop wearing them straight away after the operation. Wear your glasses. It will be a few months before we would consider advising you to wear contact lenses again, because we will need to make sure the front of the eye is suitable and you are no longer using eye drops.



This booklet is intended to provide only general information for patients. If you are worried or unsure about your individual circumstances please telephone **07780 005814**, Monday to Friday, 9 am–5 pm.

Out of hours – Weekdays 5 pm–7 pm and weekends and bank holidays, 11 am–4 pm, please telephone **01206 286882**, or contact your GP, or go to a walk-in centre or the nearest accident and emergency department.



Your experience matters

We value your feedback. Please help us improve our services by answering a simple question, in our online survey – “Overall, how was your experience of our services?”

This survey is known as “The Friends and Family Test”.

You can either scan this QR code with a smart phone camera:

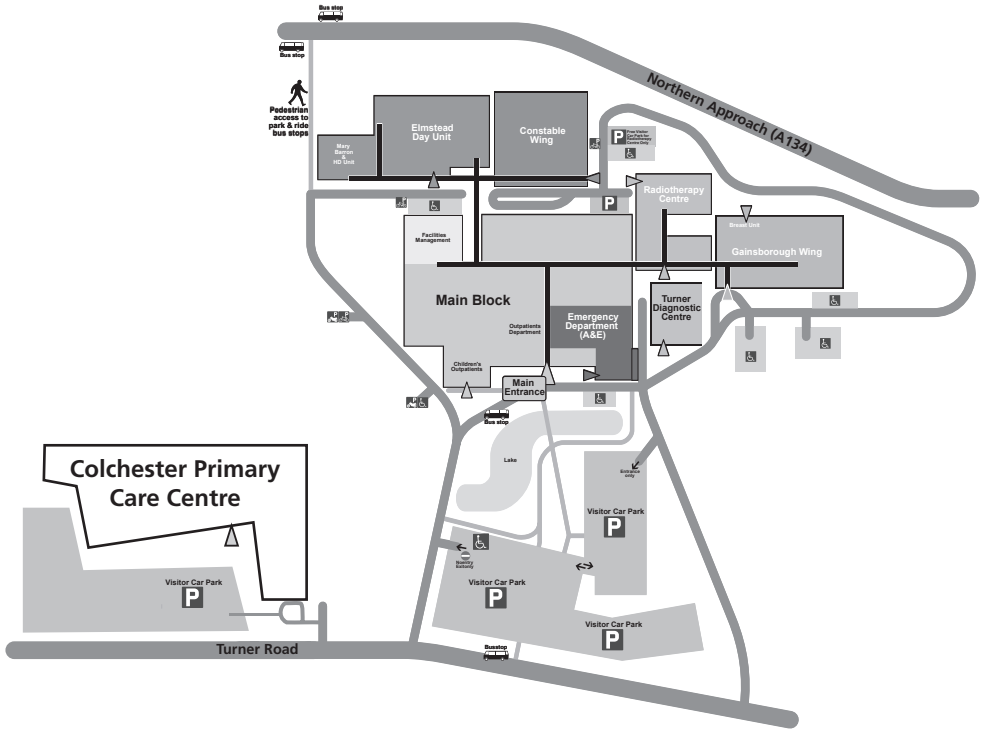


Or type the following web address into your browser:
www.esneft.nhs.uk/get-involved/your-views-matter/friends-and-family-test/

Thank you very much.



How to find Colchester Primary Care Centre



Please ask if you
need this leaflet in
an alternative format

Issued by:
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www.esneft.nhs.uk



Issue 4: November 2021 Review date: October 2024
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