



**East Suffolk and  
North Essex**  
NHS Foundation Trust

# **Epiretinal membrane Surgery and aftercare**

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

*(DPS: 05725-21)*



# Introduction

This booklet is designed to help you understand what an epiretinal membrane is, what the surgery for an epiretinal membrane entails and explains the necessary aftercare. This information will help you to decide whether to proceed and 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 an epiretinal membrane?

An epiretinal membrane is a problem where scar tissue forms over the very centre of the retina. This area is called the macula.

The retina is a layer of fine tissue that lines the inside of the eye and senses light. If you were to compare the eye to an older style camera, the retina would be comparable to the film in the camera. The macula is a small area of the retina at the centre that is responsible for clear detailed vision which you would use for activities such as reading and recognising faces.

Your symptoms may have started with blurred or distorted vision which caused you to visit your optician or GP. Alternatively, the epiretinal membrane may have been a chance finding during an eye examination undertaken for other reasons.

## What causes an epiretinal membrane?

It can happen for a variety of reasons such as eye injuries, but is usually a result of the normal aging process. The vitreous gel (a jelly-like fluid) inside the eye is firmly attached to



the macula. With age, the vitreous becomes thinner and separates from the retina.

The healing response of the eye is to form a layer of scarring (a membrane) which contracts, causing traction on the macula, giving the symptoms of blur and distortion.

## **What can be done to help?**

An operation called a vitrectomy can be performed to prevent your vision worsening. In most cases, it results in some improvement in your vision.

## **What does a vitrectomy involve?**

A vitrectomy involves your surgeon using tiny instruments to remove the vitreous gel from the centre of your eye.

Adults do not need vitreous inside their eyes. Natural fluids produced inside your eyes will eventually refill the cavity. Once the jelly is removed the surgeon is able to grasp and peel away the epiretinal membrane.

## **What happens if I don't have the operation?**

Without the operation 75% of patients will experience no deterioration. However, the symptoms of blur and distortion will not improve by themselves and for 25% of patients they may get worse. The only available treatment is surgery.

## **How successful is an epiretinal membrane operation?**

Currently 80% of patients who undergo surgery experience improved vision, (all patients will notice an immediate reduction in distortion). In 15% of cases, where the membrane has caused much damage to the delicate cells of



the retina, patients will find their vision has not improved, while 5% will experience some deterioration.

Full visual recovery may not be achieved until 3–6 months after your surgery, and in some cases up to a year later. Your vision will never return to how it used to be before the problem started.

## **So 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 at the hospital 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 that you can:

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

It is important to know these details now so 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 surgery.



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

## **The day of the operation**

### **Admission to hospital**

On the day of your operation you should report to the Eye Theatres Admissions Unit which is situated on the first floor of Colchester Primary Care Centre. It is well signposted from the main entrance.

On arrival, show your appointment letter to the ward 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 a sandwich or something else 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.

### **Surgery**

Surgery is performed under a local anaesthetic, which means you will be awake during the operation. A local anaesthetic involves introducing a solution into the tissues surrounding the eye to numb the area.



The operation will take about 60 minutes. A nurse will hold your hand throughout so if you feel any discomfort or need to move, 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 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 minutes after surgery.

## **Discharge**

Before you leave hospital, we will give you verbal and written information on after-care 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 1–3 months. The nurses in the admissions 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 a gas bubble (see page 10 for posturing and gas bubble information).

## **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 8 tablets in 24 hours) but not aspirin which can cause bleeding.

The eye may be red and gritty or even itchy after surgery, which may last 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 should seek prompt treatment if you experience any of the following symptoms:

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

Please contact us urgently on the numbers on page 11 of this leaflet.

## **Appointments after surgery**

- A nurse will telephone you the day after your surgery.
- 7–10 days after surgery you will see the consultant or one of his team who will check that your eye is healing well. You will be advised if you can stop any of the drops.
- One month after surgery you should have finished all your drops, so we will be able to scan your retina to see how well the macular is healing. A further appointment will be scheduled for 2–3 months' time.

## **Risk of complications**

- One of the most common side effects is the formation of a cataract. Approximately 70–90% of patients go on to develop a cataract in the first year after surgery. If the cataract is significant you may need an operation.
- 10% of patients may experience raised pressure in the eye, which can be treated with eye drops.
- 4–5% risk of retinal tear which will need treatment and require gas bubble, therefore this means there is a 1–5% chance of having to posture (see page 10 for posturing information).
- 1% chance of developing a retinal detachment after surgery, which will require another operation to correct.
- Less than 1 in a 1,000 chance of developing a serious infection or haemorrhage in the eye which can result in total blindness.

## **What are the signs of infection or raised pressure?**

- Nausea/headache/severe pain/intolerance of lights.
- Painful red sore eye.
- Sticky discharge.
- Any deterioration in vision.

## **What are the signs of retinal detachment?**

- Light 'flashes'.
- The presence of a shadow which obscures vision and may spread over time.
- Large 'floaters' or spots.





If you experience any worrying symptoms please contact us on one of the numbers on the front of this leaflet.

## **Posturing**

Posturing is a term used to describe the position your head has to adopt after surgery because a bubble of air or gas was injected into your eye during the operation in order to help to keep your retina flat so it can float to settle over that area. Posturing time varies from 3–7 days and 45–50 minutes of every daytime hour. The nurse will explain how to posture and give verbal and written instructions at your pre-assessment and on discharge home following your surgery, if necessary.

### **Some points to remember about the gas 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 is gradually replacing the gas bubble. The line will move in your vision with head movements and over time you will see more.
- The bubble will disappear between two and 12 weeks by itself depending on the type of medical gas 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, resulting in pain, and can lead to loss of sight.



- To a lesser extent the same thing can happen 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.

## **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 the shopping. Before coming into 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.

You can shave.

If your eye needs bathing use cooled boiled water. Gently clean your eye using some cotton wool or an eye make-up remover pad while keeping your eye closed. Do not press down on the eyeball. Wipe gently from your 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, and whether you required a gas bubble. The bubble will significantly disturb your vision which may interfere with your work. Usually work can be resumed within a week but heavy manual work may require



a longer convalescence period. We can discuss this with you when you attend for your follow-up appointment.

### **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. However, 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 your glasses or protective eye wear. Wait at least two months before lifting heavy compost bags or doing any heavy manual work. It will depend on how your eye is settling down. We will be able to advise you.

### **Can I cook and do the housework?**

Light housework, such as washing up and hoovering may be carried out in your 10–15 minute breaks. Have ready meals to put in the microwave.

### **Can I go shopping?**

Ask someone else to do the shopping until you have stopped posturing. Then you may shop as long you do not strain to pick up heavy bags of shopping because it is best to refrain from heavy lifting for up to two months.

## **Can I travel?**

You can travel as long as you keep your head in the desired position. However, you must not fly until we have checked that all the gas has gone. After you have stopped posturing, you can travel in a car or on a bus, train etc.

## **I enjoy walking, jogging, swimming and going to the gym – when can I start again?**

When you are posturing, you have 10–15 minutes free in every hour to go for a short walk. Gentle jogging or light weights at the gym or exercise classes can possibly be resumed six weeks after surgery but contact sports, such as 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.

## **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 for at least two months. Sneezing and coughing and moving quickly will not damage your eye.

## **When can I stop being careful?**

The first three months are crucial for the eye to settle down. During this time you must not over-exert yourself. Take things easy. In the long term, you must avoid any trauma to the head or eye, such as falling and banging your head, which may disrupt the retina and macula.



## Will I need glasses?

If you wear glasses already, the lens over the operated eye may need changing 3–6 months after surgery. If you did not wear glasses before the operation, 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 for at least six weeks after your operation because you are using eye drops. Once you have finished the drops we will assess the eye's suitability for contact lens wear.

Please note the time limits mentioned above are just a guide, as it will depend on individual cases. Always check with the ophthalmologist first.

## Contact details

For advice, 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:

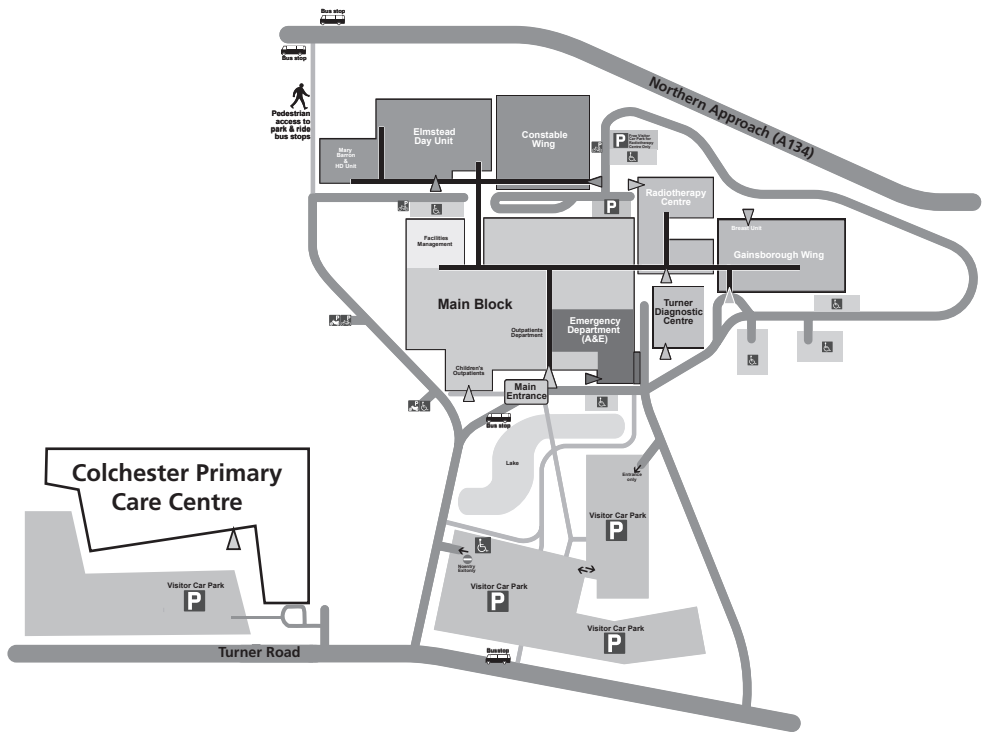


Or type the following web address into your browser:  
[www.esneft.nhs.uk/get-involved/your-views-matter/friends-and-family-test/](http://www.esneft.nhs.uk/get-involved/your-views-matter/friends-and-family-test/)

Thank you very much.



# How to find Colchester Primary Care Centre



Please ask if you need this leaflet in an alternative format.

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