

Having a vitrectomy- surgery to repair your retinal detachment

If you need information on audiotape about having a vitrectomy or your hospital visit, please call 020 7188 8815.

You have been given this leaflet because your ophthalmologist (eye doctor) believes you need a vitrectomy to repair your retinal detachment. This leaflet explains what the surgery involves and the risks and benefits of the operation.

Your doctor or nurse should have given you information about what retinal detachment is, what causes it and how it affects your eyesight. There are also some contacts at the end of this leaflet to help you find more information.

What problems does retinal detachment cause?

Retinal detachment can cause your vision to become blurred and dim. Prompt treatment can often reduce the damage to your eye. If the detachment is not treated it is likely that your vision will get worse and you will lose all useful vision in the affected eye.

How successful is a vitrectomy?

This depends on how much of the retina is detached and for how long. The retina is permanently reattached after one operation in eight to nine out of 10 of cases.

Sometimes two or more operations are needed. This happens in about one out of every five to ten cases.

Your doctor will speak with you in more detail about what results you can expect from the surgery.

What does the operation involve?

A vitrectomy is sometimes done under a general anaesthetic (medication that causes you to be asleep for the entire procedure). Other times it is done under a local anaesthetic which 'freezes' the area around your eye so that it is pain-free but you are awake.

Your eye surgeon and anaesthetist will speak with you about the risks and benefits of the different types of anaesthetic. You might find our leaflet about having an anaesthetic useful. Please ask your doctor or nurse for a copy.

Using delicate instruments the surgeon will remove the vitreous jelly in your eye. The surgeon takes particular care peeling the jelly away from your retina at the back of your eye. This leaves a space inside the eye into which a gas bubble is inserted.

The gas is inserted to help the retinal detachment heal in the correct place. The bubble floats upwards because the gas is lighter than the fluid which normally fills the back of the eye. The gas acts like a splint, keeping the retina in place while the hole or tear in the retina seals. This sealing of the hole occurs in response to either freezing or laser treatment, which is done as part of the operation.

The gas bubble absorbs itself – this takes either ten to 12 days or six to eight weeks after the operation, depending on the type of gas used. The gas bubble slowly gets smaller so that eventually it is no longer in the eye. As this happens the space that was taken up by the gas is filled with aqueous fluid – the natural fluid made by the eye.

With the gas in place, the vision in your eye will be very poor, a bit like having your eye open under water. When the gas has been absorbed, your vision should improve.

If you have other problems with your eyes such as cataracts, it is possible, and quite common, for these to be treated during the same operation. Your eye surgeon will give you more information, and you may wish to ask for our information sheets on the other conditions that are being treated.

What are the risks associated with a vitrectomy?

Like any surgery, there are some risks that you need to be aware of that are associated with having a vitrectomy to repair retinal detachment. We will explain these risks to you in more detail before you sign the consent form. This is a form to confirm that you agree to have the procedure and understand what it involves. It is your right to have a copy of this form.

You should have received the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you have not received a copy of this, please ask us for one.

It is normal to be anxious. If you have any questions or concerns about the procedure you will have time at your pre-assessment appointment to discuss these with your surgeon.

The most common problems from this surgery are:

- **Failure to repair the retina** – another operation may be needed. Between one and two operations in 10 fail. Almost all retinal detachments can be repaired with further surgery, but in some cases this will not be possible and all sight can be lost in that eye. We will be able to advise you more specifically at the time that you sign the consent form.
- **Infection** occurs in about one out of every 1,000 vitrectomies and can be very serious. This is treated with antibiotic injections.

- **High pressure in the eye** occurs in about one out of every five to 10 vitrectomies and may cause **pain** and/or **double vision**. It is treated with extra eye drops.
- **Cataract** – you have a slightly increased risk of developing cataracts in the long term. You may need surgery to treat this.

If there are any complications during your surgery, the following problems can occur. Your doctor will discuss these with you in more detail.

- Bleeding in the eye
- Glaucoma – increased pressure in the eye
- Inflammation
- Retinal re-detachment
- Wound problems – infection (endophthalmitis)
- Drooping eyelid
- Distorted vision
- Blurred vision

Are there any alternative treatments?

Laser or freezing treatment is sometimes used if the problem is identified early. Your surgeon can speak with you about this in more detail.

What do I need to do before surgery?

If you are having a **general anaesthetic** you should follow the instructions about fasting (not eating or drinking) before your operation that we will give you.

The doctor or nurse at the pre-assessment clinic will speak with you about any medicines you are taking and if and when you should take them before your operation.

What happens after the operation?

Your eye may be sore after the operation. When you wake up, your eye will be padded with a plastic protective shield taped over it. The pad and shield can be removed the day after the operation.

You will have a certain amount of vision in the eye which was operated on; it is very hard to predict how much because it depends on a lot of factors. Your eye surgeon will talk with you before the operation about what you should expect.

When can I go home?

You will generally be able to go home the same day as the operation.

If you had a local anaesthetic for your surgery, you can expect to leave hospital about one hour after the surgery. If you had a general anaesthetic or sedation for your surgery, you can expect to stay in hospital for at least two hours after your surgery, until you are fully alert.

We sometimes suggest that you stay in hospital overnight after the operation. This may be due to other medical conditions that you have, the type of anaesthetic you were given or the amount of help you have at home or the long distance you have to travel home.

If you had a general anaesthetic, you will not be able to leave the hospital unless a responsible adult is there to help you get home.

You will also be given the leaflet, **Going home after your eye surgery under general anaesthetic**, which has more information about looking after yourself until you have fully recovered from the anaesthetic. It is very important for your safety that you follow these instructions.

Can I return to my normal activities after surgery?

The gas bubble will be still present in your eye for between six and eight weeks after your surgery and during this time:

- You must **not** drive a motor vehicle of any sort.
- You must **not** fly in an aeroplane.
- If you have a general anaesthetic for any reason during this time, you must tell your doctor and anaesthetist that you have recently had an operation to repair your retinal detachment and may still have a gas bubble in your eye.

Most people are well aware of when the gas bubble has gone. You will be able to see it getting gradually smaller. It usually takes between two and eight weeks, depending on the type of gas used.

You should be able to continue most of your usual activities including exercise and work without damaging your eye, but you will need to be very careful because your vision in the eye that was operated on will be poor. For example, stairs and kerbs may be difficult until your vision returns to normal.

How do I care for my eye after the surgery?

Eye drops. We will give you eye drops to take home. It is important that you use these as directed. One is usually a steroid to control the inflammation and the other an antibiotic to prevent infection. You may also be given drops and/or tablets to control the pressure in your eye.

Sleeping positions. You will need to sleep in a position where your head is to the side, so that you are resting your head on one of your ears. This is to make sure that the gas bubble is in contact with the retinal detachment as much as possible.

If you cannot lie on your side, then you should sleep propped up with pillows so that you are at a 45 degree angle. If you move around a lot at night, some people have found it useful to sew a clothes peg onto the back of their nightclothes. This can stop you from moving onto your back whilst you are asleep. We can give you more information about this.

If you have concerns about sleeping positions, please talk to your doctor or nurse.

Day time posturing. As well as keeping your head in a certain position overnight, it **may** be necessary for you to spend several hours during the day with your head held still and in a specific position – this is called posturing. It will depend both on your specific condition and the professional opinion of your eye surgeon. Some people will not need to do posturing at all.

If you need to posture after your operation, your surgeon and nurse will explain this to you. We will also give you written instructions to take home.

Follow-up appointment

You will need to return to the hospital the day after your surgery. This is so we can remove your dressing and examine your eye. You will be given an appointment to return to the hospital between one and three weeks after the operation. This is to check that the retinal detachment is healing. We will often change the eye drops that you are using as well.

If you do not receive an appointment, or need to change it for any reason, please phone the Eye Department's reception on **020 7188 4311**.

What if there are any problems?

Your eye will feel sensitive and may be uncomfortable after the operation. If you are in serious pain at any time, your vision gets worse than it was on the day after the surgery, or the discomfort continues for more than three days, please seek medical advice from your GP or your nearest eye casualty. There is one at St Thomas' hospital.

Useful sources of information

Royal National Institute of the Blind (RNIB) is a charity offering information on many different eye conditions. RNIB can also provide information in large print format or on audiotope. Phone the helpline on **t: 0845 766 9999 e: helpline@rnib.org.uk or w: www.rnib.org.uk**.

Contact us

If you have any questions or concerns, please contact the nurses in the eye day care unit at St Thomas' hospital on 020 7188 6564

- Monday to Friday 7.30am to 6pm
- Saturdays 9am – 12pm.

Outside these hours, please contact the eye doctor on call via the main switchboard on 020 7188 7188.

Pharmacy medicines helpline

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 at St Thomas'

t: 020 7188 8803 at Guy's

e: pals@gstt.nhs.uk

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