

What is Vitrectomy Surgery?

Patient Information Leaflet

Ophthalmic Day Surgical Unit

01253 957420



Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:

People Centred

Positive

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Your eye specialist has advised you that an operation called a “Vitreotomy” may improve your vision. This is carried out under a local or general anaesthetic and usually takes about 1 to 2 hours.

This booklet gives you information that will help you decide what to do in this situation; you may wish to discuss it with a relative or carer. Before you have the operation you will be asked to sign a consent form and it is therefore important that you understand the information in this leaflet before you agree to go ahead with the surgery.

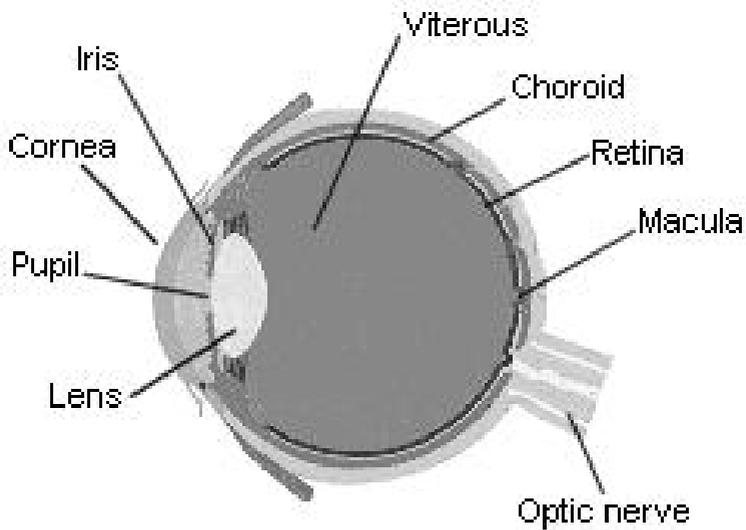
If you have any questions you may wish to write them down so that you can ask one of the hospital staff. Usually you will attend for a pre-assessment prior to surgery when a nurse will:-

- go through your medical/surgical history
- carry out a urine test
- arrange a blood test
- heart tracing (for general anaesthetics)
- answer any questions you may have.

You can expect to be in hospital for two nights.

WHAT IS A VITRECTOMY?

At the back of the eye, there is a clear jelly-like substance called “vitreous humor”. As indicated in the diagram on the next page, it is situated in front of the retina which is at the back of the eye and behind the iris, which is towards the front of the eye. It’s purpose is to give the eye definition/form. When we see we use the retina at the back of the eye and look through the vitreous to see images. If the vitreous becomes cloudy we then loose the ability to see clearly. A Vitrectomy can therefore be performed to remove the vitreous humor to enable a clear view from the retina.



Cross section diagram of the normal eye.

Once a clear view of the retina is obtained, this allows the surgeon to perform a variety of procedures, ie, laser removal of scar tissue, etc.

HOW IS THE VITREOUS REMOVED?

Three very small incisions are made through the white of the eye (sclera). One incision is made for a microscopic light source, the second for an instrument that cuts through and removes the jelly-like substance and the third for replacement substance (in place of jelly-like substance removed) which also maintains the pressure in the eye during the operation.

Various replacements are often used such as:-

- a gas bubble which is absorbed in about two months
- transparent oil which is not absorbed and may be removed surgically at a future date
- air which is absorbed within a week.

As the replacement is absorbed gradually, it gives time for the eye to naturally produce its own clear fluid to fill the space.

IF YOU ARE HAVING A LOCAL ANAESTHETIC

Before the operation, a doctor will obtain your consent for surgery. The nurse will put drops in your eye several times to enlarge the pupil. On arrival in the anaesthetic room next to the operating theatre, the Doctor will give you an injection around the eye to freeze it and therefore keep it still for the surgery. An instrument will be put in your eye to keep it open so you do not have to worry about blinking. After the injection, a firm pressure pad will be placed on your closed eye for approximately 15 minutes to enable the anaesthetic to get into the tissue surrounding the eye. You will then be taken into the operation room where you will be made as comfortable as possible. You will be expected to keep still and lie fairly flat (your head will be supported by a special headrest) for 1 1/2 to 2 hours whilst the operation is carried out. A nurse will stay with you during the operation if you wish.

IF YOU ARE HAVING A GENERAL ANAESTHETIC

You will be asked not to eat or drink for several hours before you are taken to the operating theatre. Before the operation, an anaesthetist will come to speak to you and a doctor will see you to obtain your consent for surgery. Before the operation a nurse will put drops in your eye several times to enlarge the pupil. On arrival in the anaesthetic room next to the operating theatre, the anaesthetist will put a small plastic tube in your hand or arm into which he/she will give you something to make you go to sleep. During the operation the anaesthetist will closely monitor your heart rate, breathing, blood pressure and blood oxygen levels. For six to twelve hours after surgery you may feel tired and sleepy.

AFTER THE OPERATION

On return to the ward a nurse will monitor your blood pressure, pulse and blood oxygen levels. Your eye will be firmly padded and will feel uncomfortable when the anaesthetic wears off but you will be given pain relief. When the dressing is removed the next morning, your eye may be red and swollen with bruising around the eye. This is to be expected after such an operation. Please do not rub your eye as it will be very sensitive. The discomfort should settle after a couple of days.

Several eye drops will be given to you to help prevent infection, reduce inflammation and rest the eye. You will have to use them for several weeks. When you are discharged, the staff will explain how and when to use them. At night for two weeks, you will be required to place a clear eye shield over your eye to protect it whilst you are sleeping. Advice will be given on when you should attend the hospital for follow-up appointments, which is initially within the first few weeks following surgery.

SIGHT RECOVERY

The rate of your recovery depends upon the type of operation performed, whether gas bubble is used and the health of the retina. Gas bubbles cause very blurred vision initially, and can take upto 6-8 weeks to be absorbed.

WORK

If you are employed you are advised not to work for at least 4 weeks.

BENEFITS AND RISKS OF VITRECTOMY SURGERY

The benefit of surgery is that your eye sight will be restored/stabilised but obviously to what degree cannot be predicted.

In the majority of cases only one operation is required. Occasionally the Vitrectomy may need to be repeated.

There are risks with any surgery and complications can occur, however, the percentage of patients who experience complications is small.

- Developments such as tears or detachments (coming away) of the retina during the operation or in the immediate post-operative phase are usually repaired by surgery.
- Endophthalmitis (a serious eye infection)
- Choroidal haemorrhage, (bleeding inside the eye) can occur.

Although the incidence of this happening is rare and not all complications can be repaired, and a small percentage of patients will lose all sight in the eye.

Most patients will develop a degree of cataract post-operatively which may require further surgery.

We realise that coming into hospital is for many people a worrying time. We will do our best to support and look after you in a professional and caring way.



Useful contact details

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from:

Procedural Document and Leaflet Coordinator 01253 953397

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