

Patient Discharge Information Following Vitrectomy / Retinal Surgery

Ophthalmic Surgical Unit
Patient Information Leaflet



Vitrectomy

Vitrectomy surgery is a procedure which involves making three small surgical incisions into the white part of the eye known as the sclera, which allows fine instruments to enter the eye. The vitreous humour is a gel like substance inside the eye which is removed to enable the surgeon to perform the **Vitreo-retinal Surgery**. The vitreous humour is found behind the iris (the coloured part of the eye) and the lens, in front of the retina.

Once the vitreous is removed the surgeon is able to access the retina to repair the damage. At the end of the procedure the surgeon will replace the vitreous humour in the eye. The eye is unable to naturally replace the vitreous humour, therefore a suitable substitute will be used depending on the condition of the retina to maintain the shape of the eye.

The eye produces its own clear fluid known as aqueous humour. This fluid fills the vitreous chamber once the substitute is gradually absorbed (air or gas) or is surgically removed at a later date (oil).

The substitutes used include:

- Air (this is naturally absorbed usually within 7 - 14 days postoperatively and is replaced by aqueous humour).
- Gas bubble (this is naturally absorbed 1 - 3 months postoperatively depending on the type of gas used, and replaced by aqueous humour).
- Oil (this is not absorbed and usually requires a further surgical procedure to remove the oil at a later date).
- Fluid-balanced salt solution.

It is very important following the surgery for patients with a Gas or Air bubble in your eye that you DO NOT FLY, until the bubble has completely disappeared. Aircrafts have a reduced atmospheric pressure which may cause the gas bubble to expand, causing an increased pressure in your eye which can lead to visual loss.

Symptoms after surgery

It is normal for your eye to feel gritty/ itchy and in some cases your eyelids may be slightly sticky during the initial few days. The eye can be red, sensitive and slightly swollen and it could take upto 2-3 weeks for it to start to improve.

You may feel some discomfort in your eye, for this reason it is advisable to take pain relief (analgesia) in the first few days as per the manufacturer's guidelines such as, paracetamol and ibuprofen if tolerated by you and not contraindicated due to other health conditions/ medications. If your GP has prescribed aspirin, it is advisable to continue taking this; however we do not recommend you use aspirin as a form of pain relief as this can cause bleeding.

Your vision will be blurred/ poor for several weeks/months depending on the procedure and vitreous substitute used.

Symptoms of concern

It is very important to contact the hospital **IMMEDIATELY** if you experience any of the following symptoms postoperatively:

- Persistent pain in or around the eye, especially if not subsiding in 2-3 hours with pain relief
- Headache, especially if not subsiding in 2-3 hours with pain relief
- Nausea/ vomiting
- Excessive/ sticky discharge from the eye
- Increased redness in/surrounding the eye
- Sudden decrease in vision
- Flashing lights/ sudden increase in floater/ shadow in field of vision

If you experience any of the above symptoms or are concerned in any way please contact Blackpool Victoria Hospital on the numbers below:

- **Ophthalmic Surgical Unit: Monday – Friday**
8am - 6pm – 01253 957421
- **Ward 14: Out of hours, overnight, evenings and weekends, bank holidays – 01253 953414**

Post-Operative Advice

- You will be discharged with an eye pad and plastic shield covering your eye. This is to remain in place until you have been reviewed by the ophthalmic doctor the day after your surgery.
- You will be given a **plastic shield** to wear over your eye especially at night time and whilst in bed for **two weeks**. You will need to wash the eye shield each morning with hot soapy water and dry thoroughly prior to reapplying to your eye each night.
- You will be discharged with a combination of eye drops
- Prior to touching your eye or cleaning your eyelids/ eye dressing and putting (instilling) eyedrops, effective hand washing is essential to reduce the risk of infection.
- You can clean your eyelids with boiled water which has **cooled** and a sterile gauze swab, wiping over the closed eye lid gently from your nose towards your ear. Each gauze swab must be discarded after each wipe. You will be provided with sterile gauze when discharged.

- Dark/ tinted glasses may be worn to make the eye feel more comfortable. Sometimes patients note a reflection from the gas bubble, tinted glasses often help with this.
- You may wear your prescription glasses if these are comfortable, however please be mindful you may require new spectacle correction following the surgery. Your doctor will direct you at your review appointment when to visit your optician for new glasses.

Avoid the following for 2 weeks after surgery:

- Getting tap water or soap into the eye as this can cause infection

You can use **cooled** boiled water to bathe the eye only. Avoid taking a bath or shower in the first week if possible. You can take a bath or shower with care after the first week provided water does not run into the eye and you can maintain the position safely for posturing (with assistance if required). Avoid washing your hair due to risk of infection.

- Dusty and crowded places, hoovering, gardening
- Strenuous activities

You can resume gentle exercise in the first 1-2 weeks, starting during periods when not posturing. You can discuss with your doctor at follow-up visit regarding specific activities/exercise if required.

Avoid the following for 4 weeks after surgery:

- Swimming due to the risk of infection.
- Contact sports, to reduce the risk of injury to the eye.
- Eye makeup, to reduce the risk of infection.
- Rubbing your eye
- **Driving** – you must not drive until directed by the doctor. You are advised to refer to the gov.uk website on retinal treatment before you commence driving: www.gov.uk/retinal-treatment-and-driving

- DO NOT FLY IF YOU HAVE GAS OR AIR BUBBLE IN THE EYE. This is to avoid risk of serious complications and blindness. You are also advised to avoid any changes in pressure, for example with – climbing/ walking at high altitudes, diving or treatment in a hyperbaric chamber until the gas has completely disappeared (absorbed), which can take up-to 3 months depending on type of gas used. This is to avoid the risk of increased ocular pressure and related complications which can lead to visual loss.
- PATIENTS WITH GAS IN THE EYE REQUIRING A GENERAL ANAESTHETIC, MUST ALWAYS INFORM THEIR ANAESTHETIST OR HEALTH CARE PROFESSIONAL REGARDING THE GAS IN THE EYE. This is to AVOID NITROUS OXIDE during Anaesthesia or for Pain relief, until the gas in the eye has completely disappeared, which can take up-to 3 months depending on the type of gas used. This is to avoid the risk of increased ocular pressure and related complications which can lead to visual loss. You would be provided an Alert wrist band to wear.

Posturing

Following the surgery you may be asked to keep your head in a particular position, this is known as 'posturing'. The nursing staff taking care of you postoperatively will offer guidance on your posturing requirements and duration.

This is required in order to give your surgery the best chance of success. You will need to remain in the advised posturing position for 50 minutes of every hour. During the 10 minute rest each hour we encourage patients to mobilise and perform leg exercises to reduce the risk of pressure area damage and blood clots.

Whilst posturing a light diet, including fruit and vegetables is suggested. We also advise you drink plenty of fluids to avoid constipation and dehydration.

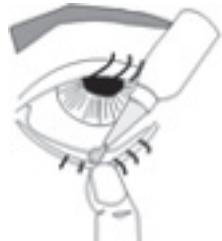
When	Position Required	Duration
<i>On day of surgery :</i>		
After recovery on the ward, and on journey back home (if possible)-		
Upon arrival at home –		
<i>Overnight:</i>		
<i>The following two weeks :</i>	Day Night	

Medications following surgery

Date commenced	Name of eye drops	Route	Times daily and duration

Eye drop instillation technique

- Wash hands prior to putting drops into your eye.
- Avoid touching your eye with the dropper/nozzle.
- Tilt your head back and look up.
- Hold the drops, upturned just above the centre of the lower eye lid.
- Gently pull the lower lid down and squeeze the upturned bottle to release the drop into your eye.
- If more than one type of drop is prescribed please leave a gap of 5 minutes between each drop.
- The drops can cause a slight sting, and blurring of the vision for a short period of time.
- Do not stop using the drops unless advised by a doctor. If you experience excessive stinging, watering, swelling or redness of the eye whilst using the drops please contact the hospital immediately.



Please Note: All patients are different and the information within this leaflet is only a guide.

Notes

Other sources of information:



Ophthalmic Surgical Unit

Telephone: 01253 957421

Monday – Friday 8am - 6pm



Hospital switchboard

Telephone: 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
or by email: bfwh.patientrelations@nhs.net

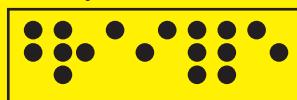


You can also write to us at: Patient Relations Department, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR



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

If you'd like a large print, audio, Braille or a translated version of this booklet then please call: 01253 955520



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