

Manchester Royal Eye Hospital  
Vitreoretinal Services

## Information for Patients

# Instructions for Patients Following Vitreoretinal Surgery Who Need to Posture

**Patient name:**

**Hospital Number:**

**Consultant:**

**Surgery Date:**

**Named Nurse:**

Following your operation, you have been advised that you need to posture. This information leaflet explains posturing to you and contains other useful advice and information.

**Your posture is:** \_\_\_\_\_  
\_\_\_\_\_



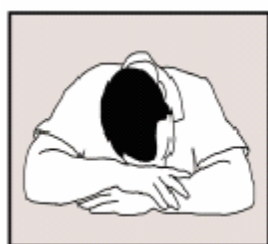
Sitting upright  
head tilted  
to right



Sitting upright



Sitting upright  
head tilted  
to left



Face down  
right cheek  
to pillow



Face down



Face down  
left cheek  
to pillow



Right side



Left side

## What is posturing?

Posturing is the term we use to describe the position that you need to adopt following your operation.

## Why must I posture?

You have been advised to posture after your operation because a bubble of gas, air or silicone oil was injected into your eye during the operation to assist in keeping your retina flat. By holding your head in a certain position the bubble will float towards the problem area of your eye. This is achieved by the bubble floating up and supporting the retina from the inside of your eye.

## How do I posture?

There are a number of positions that may be used, but only one will apply to you. This is indicated on the first page of this information leaflet and will have been discussed and demonstrated to you before leaving hospital. Posturing equipment is sometimes available to help you maintain your position. The nursing staff will discuss this with you.

## How long must I posture for?

Posturing is an extremely important part of your treatment. In order for you to have the best possible outcome, your posturing instructions need to be followed, and the posturing position you have been given should be adopted for..... days. A break from posturing of ..... minutes in every hour is allowed.

## Useful tips whilst posturing

### Mobility

Whilst posturing you may move about but you need to maintain your head in the correct position as indicated on the first page of this information leaflet. It is important that you take your allocated breaks from posturing in order to relieve pressure on your skin. **Short walks and leg exercises are important and will promote good circulation and help prevent the development of a deep vein thrombosis (DVT).** Try altering your body position from lying to sitting whilst keeping your head in the correct position.

### Diet

Whilst you are posturing we advise you to follow a light diet with plenty of drinks and fruit and vegetables. Because of your inactivity you may suffer with constipation and dehydration. If this is the case please contact your GP for treatment and advice. If you are allowed a break from posturing use this time to eat and drink. It is useful to keep your

head down leaning forward and bending at the waist when eating as this will assist you in swallowing.

## Feedback from patients

Feedback from patients who have postured suggests that you may feel isolated and a 'bit down'. The nursing staff are there to reassure you that these feelings are normal. Please speak to your named nurse or contact the staff at the hospital on the numbers below if you are experiencing feelings of isolation or depression once you have gone home.

## What happens to the gas in my eye?

If a gas bubble has been used this will gradually be absorbed and replaced by the natural fluids produced in the eye. You may be able to see the bubble, which will appear as a wobbly black ring in your line of vision. The bubble will move as you move and gradually get smaller or break into smaller bubbles, which in turn will be totally absorbed. The time this takes varies from approximately 1 - 6 weeks. This depends on the type of gas used. Your vision will be poor until the gas bubble is absorbed.

### **You must not travel in an aeroplane until the gas bubble has completely absorbed.**

This is due to the possible risk of expansion of the bubble in the eye owing to the change in atmospheric pressure. If you require a general anaesthetic whilst the gas bubble is still in your eye you must inform the anaesthetist.

You may notice a reflection of light from the gas bubble on a bright day and you may feel more comfortable wearing tinted sunglasses.

Having gas in your eye can lead to the formation of a cataract; if this occurs, you will require further surgery.

## What happens to the oil in my eye?

If silicone oil is used this will usually require surgical removal later. You may travel in an aeroplane if you have a silicone bubble, as this does not expand.

## What else do I need to know?

### Following the operation you may:

Find that your neck muscles ache and become stiff. This is due to the unusual position you have had to adopt. A warm bath or gentle massage can be useful in relieving muscle discomfort.

Your eye may be red for between 2-4 weeks and feel uncomfortable and gritty for 3-5 days. Your vision will also be blurred for 2-3 weeks following the operation.

A pain relief medication, for example Paracetamol may help to relieve your muscle stiffness and eye discomfort. If you are already taking pain relief medication for a different condition continue with these **but do not take both**.

### You should change your eye dressing by:

1. After washing your hands remove your plastic eye cover and any dressings covering your eye. Keep the plastic eye cover and throw away the remainder.
2. Wash the plastic eye cover in warm soapy water and store it dry. You are not required to wear this shield unless you have also had combined cataract or lens replacement surgery, and then you must wear the plastic eye cover whilst in bed, for two weeks.
3. The morning after your operation, pour **cooled** boiled water into a small clean container and then use this to clean your eyelids.
4. Wash and dry your hands again.
5. Clean your eyelids from the inside corner, (near your nose) outwards, using clean cotton wool or tissues dipped into the water. Use fresh cotton wool or tissue each time you wipe.
6. Put in your eye drops or ointment as you have been shown. Keep using the drops or ointment as instructed until the hospital doctor tells you to stop.
7. Wipe any tears, drops or ointment from your cheek with a clean tissue.
8. Wash and dry your hands.
9. Keep your eye clean. Bathe your eye every morning using cotton wool balls and cooled boiled water. Repeat this if your eyelids are sticky. If your eye becomes redder, very sticky or more painful please contact staff on the numbers at the end of this information leaflet.

### Putting your eye drops or eye ointment in

A nurse will be available to show you how to put your eye drops in safely.

1. Always wash your hands before and after you put your eye drops in. This is to help prevent infection.
2. Avoid touching any part of your eye with the dropper to avoid contamination of the drops or injury to the eye. Make sure the dropper lid is placed on a clean surface.

3. Hold your head back; with the dropper bottle in one hand and with the fingers of the other hand gently pull the lower eye lid to form a gap. If you are posturing face down you should put your drops in by turning your head to the side and then promptly resume your face down position again.
4. Squeeze the dropper bottle so that one drop goes into the gap between the eyeball and the lower eyelid. You may find that the **drops sting**; this is normal.
5. Close your eye gently and keep it closed for a slow count of 60. This will help the drops to work.
6. Wipe away any liquid that did not go into the eye with a clean tissue.
7. If you are having more than one type of drop they will be labelled **A, B, C, etc.** This is the order they should be used in. Leave at least **three minutes** between each drop.
8. Keep your eye clean. If your eyelids are sticky, clean them using cotton wool balls and **cooled** boiled water

If you lose or run out of your eye drops before the end of your treatment you should request more from your GP. Once opened the drops can be kept for 4 weeks and then must be thrown away. It is important that you continue to use your eye drops as prescribed.

You may find it useful to purchase a drop aid from your local chemist, which can assist you in putting your eye drops in.

Ask your eye doctor at your clinic appointment or before you leave hospital when you can return to work, and return to driving, as this will depend upon your vision. Ask your doctor to provide a sick note if needed.

### You should not:

- Swim for four weeks (to reduce any risks of infection).
- Participate in contact sports for four weeks (to reduce the risk of accidents to the operated eye).
- Use eye make-up for four weeks or until all the redness has gone from your eye.

## You may:

- Bath, shower, shave and wash your hair, but avoid getting soap into your eyes and keep your head in the correct posture position. Never put your head right back.
- Resume normal household activities and sexual activity once you are no longer required to posture and feel able. Light housework is possible as long as you keep your head in the correct position. Avoid vacuuming and gardening, and accept any offers of help from friends and family.
- Go out with friends and family once you feel well enough but again you must keep your head in the correct position and maintain the posturing regime.
- Feel bored. Try reading, listening to music, playing board games or watching television using an angled mirror.
- Find it more difficult to sleep. Try not to sleep during the day and try and alternate your position from lying in the bed to sitting in a chair. Warm drinks and a variety of pillows may help you get a more restful night. It is important to maintain your posture position when sleeping.

Your eyelids may appear swollen during the posturing period. This is normal and will subside in time. **If you develop nausea, vomiting, a sudden loss of vision, or a reaction to your eye drops please contact the ward staff on the number below.**

If you have loaned any posturing equipment/pillows you will be required to sign the loan book before leaving hospital and will be advised of the return date for the equipment/pillows. It is very important that the equipment/pillows are returned on time for other patients to use.

**Please remember that each patient is different, and the information contained in this leaflet is only a general guide.**

If you require emergency treatment, you can contact the Emergency Eye Department which is open from 8.00am to 8.00pm every day. Outside of these hours please contact Ward 55 open 24 hours every day. These departments can be contacted via the hospital switchboard on (0161) 276 1234 asking to be put through to the Emergency Eye Department or the ward.

Please use the space provided to write any further questions you may have and bring this leaflet with you to your out-patient appointment.

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