Manchester University
NHS Foundation Trust

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:

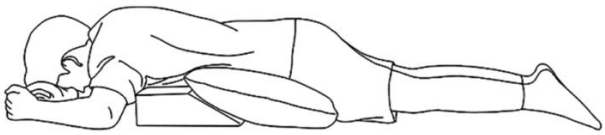
Following your operation, you have been advised that you need to posture. This information leaflet explains posturing to you and contains other useful advice and information.

Your posture is: ----------

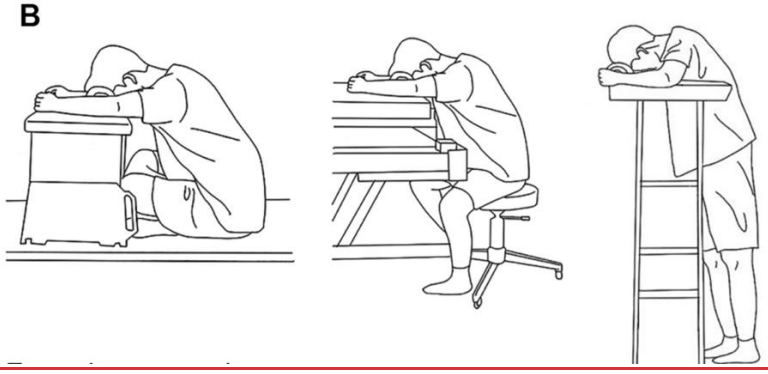
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Face down ☐

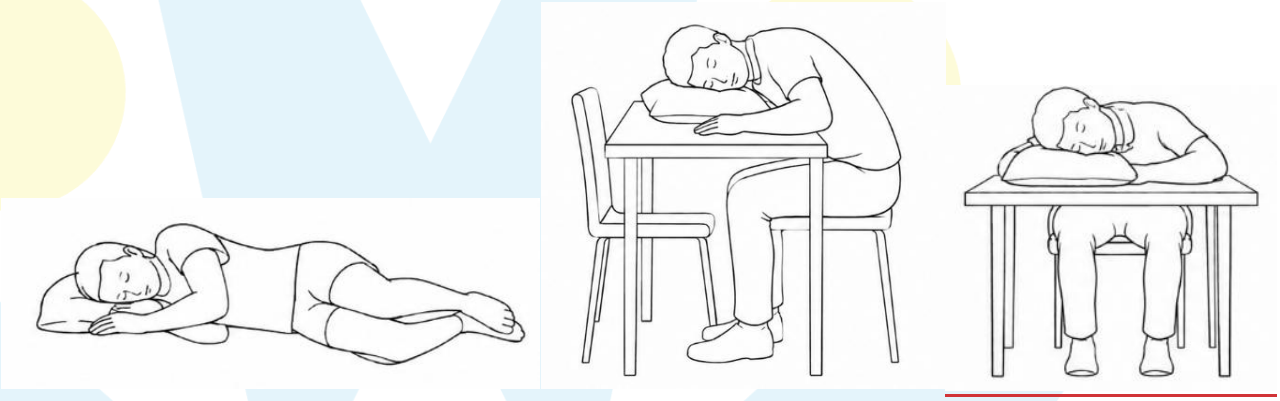
A



B



Right cheek to pillow ☐



Left cheek to pillow ☐



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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 several positions that may be used, your specific position(s) will be 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. 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 5-10 minutes in every hour is allowed.

Posturing equipment

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.

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 to relieve pressure on your skin. **Short walks and leg exercises are important and will promote good circulation**

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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.

Following the operation:

Your neck muscles may 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.

You may take a pain relief medication, for example Paracetamol to help 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.**

What else do I need to know?

The presence of a bubble in the eye will cause very blurred vision, and the duration of this blurring depends on the type of bubble used, and your overall retinal condition. You must wear your yellow wristband if you are given one. The yellow wristband is to notify emergency service staff that an air or gas bubble is present in your eye. You do not need a yellow wristband if a silicone oil bubble was used.

You should remove your dressing and (plastic shield if provided) on the following day and begin to administer eye drops as instructed.

Your nurse will give you leaflets and instructions about cleaning of your eye and eye drops.

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 physical activities for as long as the bubble is in the eye.

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Please check with your eye doctor when you can restart exercising.

- Participate in contact sports for four weeks (to reduce the risk of accidents to the operated eye).

- Use eye make-up or wear contact lenses 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 activities once you are no longer required to posture and feel able. Light housework is possible if 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.

When to seek <u>urgent</u> help

After a vitrectomy, it is important to be aware of the warning signs of retinal detachment, as prompt treatment can help protect your vision. If you suddenly notice any of the following symptoms, you must visit our Emergency Eye Centre or local urgent eye centre urgently:

1. Flashing lights
2. Significant increase in Floaters (spots or cobwebs in your vision)
3. A shadow or dark curtain in the field of your vision
4. Acute deterioration in vison
5. Acute Loss of vision

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These symptoms may indicate that the retina has detached and should be assessed as soon as possible.

If you develop worsening pain, nausea, vomiting, or a reaction to your eye drops please contact us with the numbers below.

Please remember that each patient is different, and the information contained in this leaflet is only a general guide. For more information and support please contact the vitreoretinal specialist nurse on (0161) 701 4820 Monday – Friday 8.00am – 3:30pm.

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 Ward 55.

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