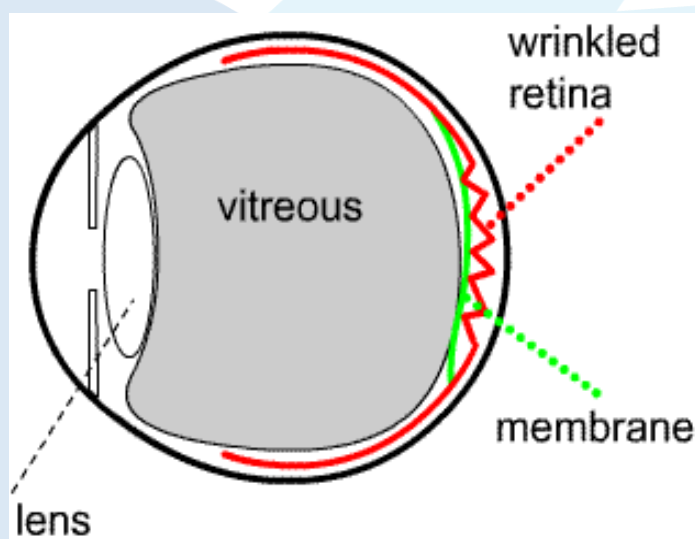


# Epiretinal Membrane (Scar Tissue)

Your eye doctor has told you that you have an epiretinal membrane (scar tissue at the back of your eye). This leaflet will help you understand your condition and the treatment options. You might want to discuss this information with a relative or carer. If you have any questions, you could write them down to help you remember to ask one of the hospital staff at your next visit.

## What is epiretinal membrane?

An epiretinal membrane occurs when scar tissue forms over the surface of the central part of the retina. The retina is the light sensitive area at the back of the eye that helps to capture the image. The macula is the name given to the sensitive part of the retina that enables us to see things clearly and see colours.



## What causes epiretinal membrane?

A membrane can form following eye surgery or as a result of inflammation inside the eye. It could also develop spontaneously. This condition most commonly affects people over the age of 50.

## How does epiretinal membrane affect my vision?

While the scar tissue is developing it might not appear to affect your vision. However, when it stops growing it contracts (shrinks) and causes a wrinkling of the macula. This wrinkling effect can cause a distortion of your central vision. That is, straight lines appear wavy or crooked and reading is difficult. Depending on the severity of the distortion, you might notice a substantial reduction in your central vision.

## How is epiretinal membrane treated?

Most patients with an epiretinal membrane can be successfully treated with an operation. A major benefit of the surgery is to correct the distortion of the central vision. If you are not aware of any visual problems, you might not need to have surgery. However, if the distortion affects your ability to work, drive, read, or perform other important activities, you should consider having an operation.

## Will the problem get worse if I leave it?

Not necessarily. In general, you should only go ahead with surgery if you find the distortion of your vision troublesome at the moment, and not as a preventative measure.

## What is the treatment?

An operation called vitrectomy is required to remove the vitreous gel and to peel off the scar tissue. A bubble of air or sometimes gas is injected into this space by the surgeon. In addition if you have an early cataract (changes in the lens of your eye) the surgeon will often remove this as part of the same procedure. (See separate leaflet on cataract surgery).

## How is the surgery performed?

You could have your operation under a general anaesthetic (while you are asleep) or a local anaesthetic (while you are awake). Your eye doctor will discuss this with you.

Your surgeon makes three very small incisions through the sclera (the white part of your eye) and using very fine instruments removes the vitreous jelly from inside. A special dye is then used to stain the scar tissue and the membrane is then peeled off and removed.

## Does the vitreous gel get replaced naturally?

No, the vitreous does not naturally replace itself; it is replaced with air or a gas bubble. The air/gas bubble is absorbed naturally within 1-6 weeks. The eye produces its own clear fluid known as aqueous humour that gradually fills the vitreous cavity as the air/gas is absorbed.

It is important that **you do not fly** whilst you have gas in your eye, as the reduced atmospheric pressure in the aircraft may cause the bubble to expand, leading to a dangerous rise in your eye pressure.

It is also important to alert other medical staff if a general anaesthetic is required in the future, so that the anaesthetic teams know which gas to avoid. You will be given an ID wrist bracelet which will indicate the gas used and the approximate date. Please keep this safe.

## What are the risks of surgery?

Complications are not very common and in most cases they can be treated. Very rarely complications can lead to reduced vision or loss of vision. Please remember that the overall benefits of vitrectomy surgery to remove an epiretinal membrane far outweigh the risks, but your surgeon will discuss this with you further. The important potential risks are:

- A cataract will develop in virtually everybody who undergoes epiretinal membrane surgery that has not already had a cataract operation. It is not possible to put a time on when it might occur, however, if this happens you will require another operation to remove the cataract. Sometimes cataract surgery is performed at the same time as the vitrectomy operation.
- Infection and bleeding in the eye can occur. The risk of these occurring is very low but they are serious if they occur and can result in a permanent severe visual loss.
- Inflammation in the eye, which is treated with eye drops.
- A retinal detachment could occur if tears develop on the retina. If this happens the doctor will laser the tears and put a bubble of gas into your eye. If gas is inserted into your eye during the vitrectomy operation, you might have to posture face down (keep your head in a certain position) after the operation while the gas bubble dissolves. This will be discussed with you further before and after your surgery.

- Raised pressure can occur in your eye. It is usually a temporary problem occurring in the first few days after surgery. In most cases this can be successfully treated with eye drops or tablets. A very small proportion of patients might need a surgical procedure to treat high pressure following surgery. Low pressure can also occur in the eye after surgery. Depending on the cause of the low pressure, some patients could require surgery to correct the problem.
- Failure of surgery/need for further surgery. In some cases, more than one surgery is required.
- Very rarely after eye surgery, inflammation could develop in the other eye which can damage the vision. This is called sympathetic ophthalmia, the chance of this happening is greater if you have multiple operations on the same eye, but it is still very rare.

Please remember that the overall benefits of vitrectomy surgery to remove an epiretinal membrane far outweigh the risks, but your surgeon will discuss this with you further.

## **Do I need to stay in the hospital?**

Surgery can be done as a day case so it is not necessary to stay in the hospital. However, you should not drive yourself home after the operation and you might wish to be accompanied by a friend or family member. A member of nursing staff will discuss this with you at your pre-assessment appointment.

## **What to expect after your surgery**

The most important factor determining your rate of recovery, and the final outcome, is the condition of your eye before surgery. Another important factor is your ability to follow instructions/recommendations following your surgery.

- Your eye will be mildly gritty, sensitive, red and swollen.
- You will be prescribed a combination of eye drops to use when you go home. These will help to prevent infection, reduce inflammation and rest your eye following surgery.
- If gas has been inserted into your eye you may be advised to posture your head in a certain position. This helps to ensure that the gas or oil is lying against the area of the retina that has been treated encouraging it to heal in the correct place. You will be given further information about this before you go home.
- You will be reviewed the day after your surgery where the doctor or nurse specialist will examine you and discuss your progress. Further appointments will normally be required.

## What will my vision be like after the operation?

Your vision will be very blurred for a few weeks following the operation whilst the gas/air bubble is in your eye. The gas/air bubble will gradually be absorbed, 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, and eventually disappear.

The majority of patients have a significant reduction in the symptoms of distortion, with improvement in ability to see the vision chart. Occasionally the symptoms of distortion do not go away and your vision might not improve. In other patients, the membrane might recur with re-crumpling of the retina. In either case further surgery can be discussed and is potentially successful. Surgery usually improves the vision in the affected eye; however, it will never be completely normal.

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 specialist nurse on (0161) 701 4820 Monday – Friday 8.00am – 4.00pm

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.