

Epiretinal membrane

Information for patients

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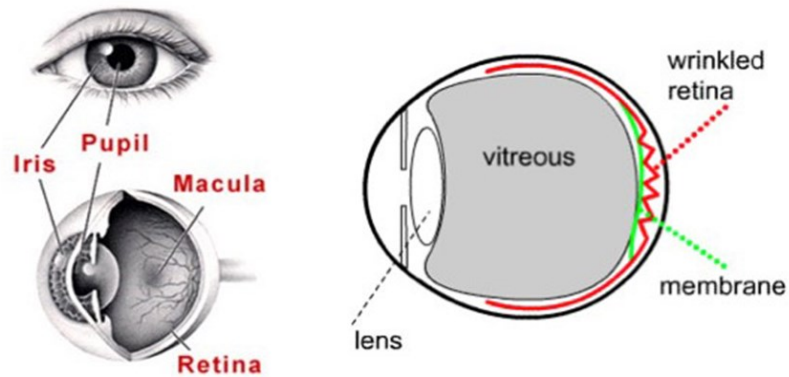
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What is an epiretinal membrane?

Notes

An epiretinal membrane is a condition where a very thin layer of scar tissue forms on the surface of the central retina, where the vision is sharpest. This central part of the eye is called the macula, which is made of special nerve cells and it provides our sharp central vision needed for seeing fine detail (reading and driving etc). The surface of the macula is normally smooth and crease-free. When an epiretinal membrane forms over the macula, it may contract and crumple up the macula resulting in distorted and/or blurred vision.



Why do I have an epiretinal membrane?

In most cases the development of an epiretinal membrane, appears to be related to normal aging changes inside the eye. In some cases it can be related to other conditions such as diabetes, blockage of a blood vessel and inflammation or following retinal surgery. Epiretinal membranes do not usually affect the other eye. They are quite common and affect people over the age of 50.

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 further advice please contact the Eye Clinic between 9am-5pm, Monday to Friday on 01744 646136/37 in order to speak to a nurse.

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, you should not go ahead with surgery as a preventative measure.

What is the treatment?

The only way to treat it, is to remove the membrane surgically. This is done by an operation called vitrectomy, where the surgeon removes the jelly-like substance that normally fills the centre of the eye. A bubble of air or sometimes gas is injected into this space by the surgeon. The air/gas bubble is absorbed naturally within 1-6 weeks. In addition if you have an early cataract, the surgeon will often remove this as part of the same procedure.

The eye produces its own clear fluid, known as aqueous humour that gradually fills the vitreous cavity as the air/gas is absorbed. It usually takes months for the sight to improve.

It is important that **you do not fly** whilst you have gas in the 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.

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.
- Infection and bleeding in the eye can occur. The risk of these occurring is very low but they are serious if they occur.
- Inflammation in the eye, which is treated with eye drops.
- 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.

- 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.
- 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.

What should I do following surgery?

- The most important factor determining your rate of recovery, and the final outcome, is the condition of your eye before 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 reviewed the day after your surgery, where the doctor will examine you and discuss your progress.
- Further appointments will normally be required.