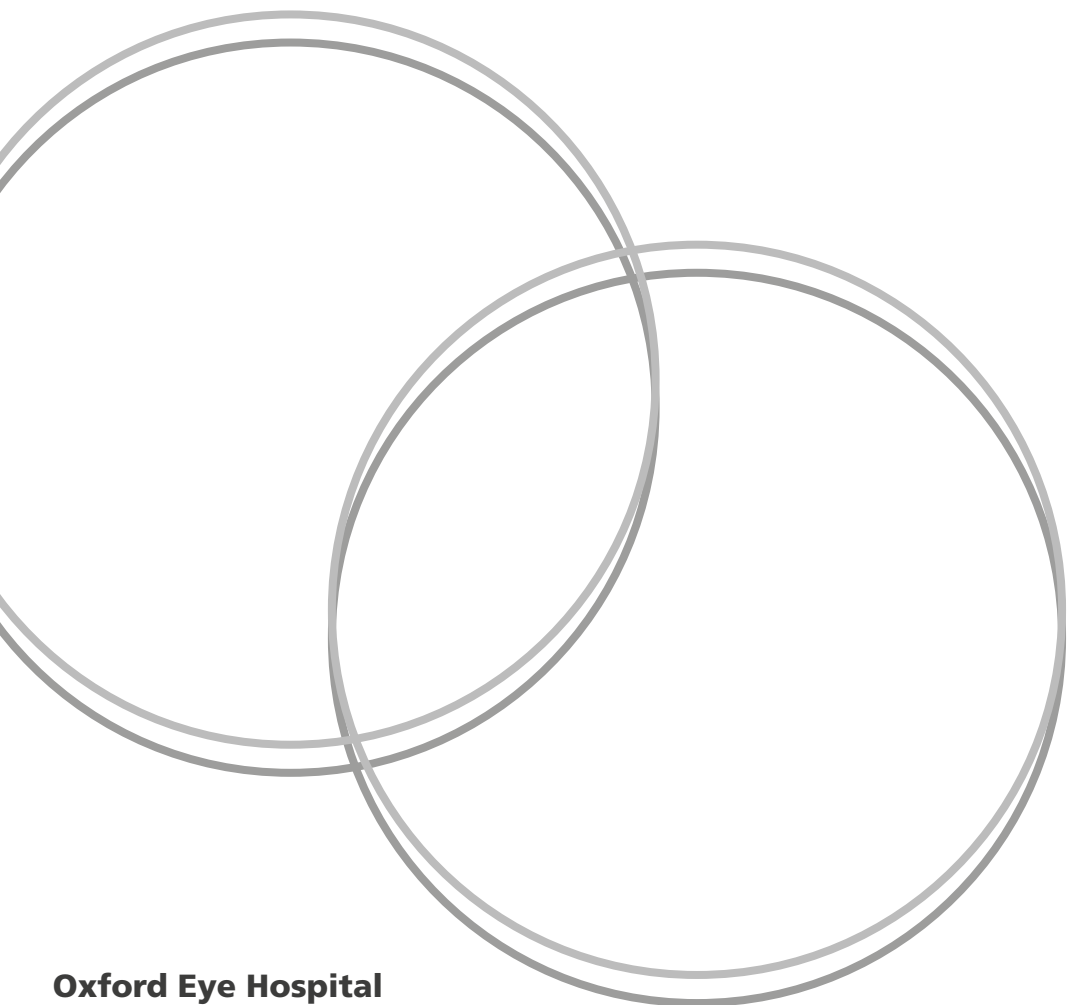




Oxford University Hospitals
NHS Foundation Trust

Vitrectomy

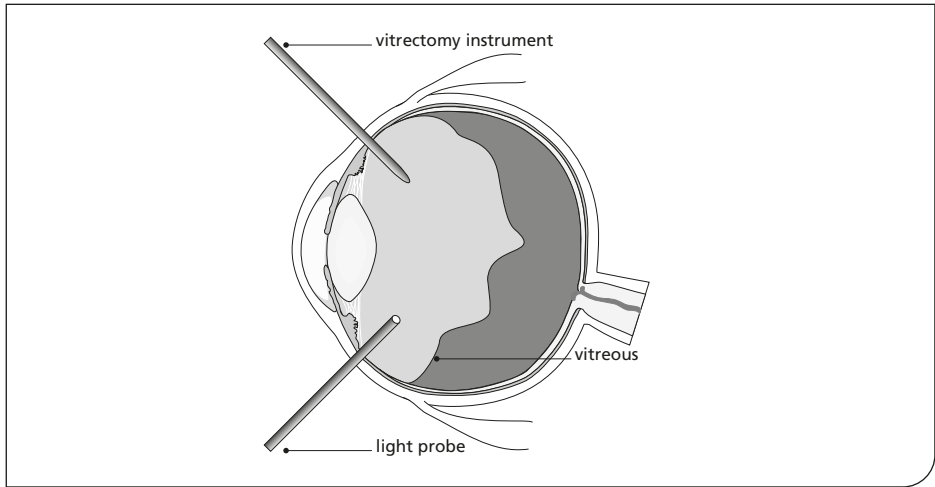
Information for patients



Oxford Eye Hospital

What is a Vitrectomy

The vitreous humour is normally a clear, transparent jelly-like substance inside the eye. It lies behind the iris (the coloured part of the eye) and the lens, and in front of the retina (back of the eye). It has no real function other than providing volume to the eye. A vitrectomy is a surgical procedure to remove the vitreous humour.



Why is a vitrectomy necessary?

A vitrectomy may be necessary for a number of reasons:

- A vitrectomy is often part of another operation. For example, if you need a surgical repair to the retina because it has a tear or hole in it, or it has become detached, a vitrectomy is needed for the surgery to take place.
- For diabetic eye conditions where blood vessels from the retina leak and bleed into the clear vitreous jelly, greatly reducing vision.
- After a trauma (accident) to the eye – e.g. to allow a foreign body to be removed from the vitreous jelly or from the retina.
- To take a biopsy (a sample of tissue) from the eye for examination in the laboratory – e.g. to diagnose a serious eye infection.

How is the vitreous jelly removed?

Most people will be awake during the surgery. The eye is made numb using a local anaesthetic which is given using a blunt instrument. General anaesthetics are not often required for this surgery. The type of anaesthetic depends on your particular surgery.

The vitreous jelly is removed through small 1mm cuts made in the sclera (the white of the eye). The jelly is broken up and very gently sucked out. The procedure can take 1 to 2 hours, depending on the reason for surgery. Once the jelly is removed the retina is repaired if necessary, any foreign bodies removed and, in the case of diabetics, any leaking blood vessels are sealed using laser treatment.

Does the vitreous jelly get replaced?

The jelly, that is only required as a baby, does not naturally replace itself and is substituted with one of the following:

- a gas bubble (this is naturally absorbed in 2 to 3 weeks or months depending on the type)
- a special oil or heavy liquid which is not absorbed and is surgically removed at a future date
- air (absorbed in 24 to 36 hours).

The eye produces its own clear fluid known as aqueous humour which, once the gas or air is absorbed, will gradually fill the vitreous chamber.

What is the risk of complications?

There is a 5 to 10% risk of needing further retinal surgery after vitrectomy. All cases will develop a cataract earlier than without surgery.

Pre-operative assessment

Before your operation you will be asked to attend for pre-operative assessment. Sometimes this can take place as part of your first clinic visit.

At pre-operative assessment we will explain the details of the surgery and answer any questions you may have.

We will take a full history of your general health and eye health and also ask for details of any medications you have been prescribed for general health conditions.

As there is a risk of developing a cataract after vitrectomy surgery, your eye will be measured to assess the power of lens implant that is needed for successful cataract surgery in the future (please see our cataract surgery leaflet).

As vitrectomy surgery is normally performed with a general anaesthetic, it may be necessary to take blood tests and perform an ECG (heart reading) to ensure you are fit for surgery.

What happens on the day of surgery

For some patients, vitrectomy is performed under a general anaesthetic. We will tell you when to stop eating and drinking before your operation. You will be asked to arrive either early morning if your operation is to be during the morning, or late morning for afternoon surgery.

Normally, you will not need to stay in hospital. But just in case, please bring with you an overnight bag with night clothes, slippers, dressing gown and toiletries. Please also bring with you, in the original containers, any medications you have been prescribed for general health conditions.

After the operation

- Expect your vision to be blurred for several weeks after surgery. The long term visual outcome is often not known until 4 to 6 weeks after surgery.
- Expect your eye to be sensitive, swollen and red due to the nature of surgery. This can take up to a couple of weeks to start to improve.
- You will be prescribed a combination of eye drops to instil on your discharge home. These will help to prevent infection, reduce inflammation and rest the eye after your surgery.
- If gas or oil has been inserted into the vitreous chamber you may be advised to position your head facing down. This helps to make sure that the gas or oil is pressing against the area of the retina which has been treated. If instructed, you will need to do this for 4 to 7 days, depending on your original diagnosis, 50 minutes out of every hour during the day, and at night while in bed we would advise you to lie on your front if possible.



- If you need to position head down after surgery we try to keep a small supply of neck support pillows on the ward which makes this more comfortable. If you wish to purchase your own pillow please see the attached internet websites which might be useful to you.

www.physiosupplies.co.uk/Travel_Pillow

www.webtogs.co.uk/Lifeventure_Microbean_Travel_Neck_Pillow_100619

- We will ask you to attend the eye outpatients 1 to 2 weeks after your surgery when we will advise you of your progress. Further appointments will normally be necessary.

It is universal after vitrectomy for a cataract (clouding of the lens) to develop. At some stage you are therefore likely to need cataract surgery. The possibility and timing of this secondary operation will be discussed with you before your vitrectomy surgery.

Signs to look out for after your operation

- Increasing pain, redness and swelling, light sensitivity and coloured discharge from the eye.
- Worsening of the vision.

If you experience any of these, please call our specialist emergency telephone triage number:

Telephone: 01865 234 567 option 1 followed by option 1

Monday to Friday 8.30am to 4.30pm

Saturday and Sunday 8.30am to 3.30pm

(including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS 111 or your out of hours GP practice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Rebecca Turner, Matron for Speciality Surgery
April 2024
Review: April 2027
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

