

VITRECTOMY SURGERY PATIENT INFORMATION

WHAT IS VITRECTOMY?

Vitrectomy is the surgical removal of the vitreous gel from the middle of the eye. This procedure may be done for several reasons. To remove scar tissue membranes from the retinal surface, to repair macular holes, to repair retinal detachments, to remove vitreous haemorrhage, as well as other less frequent indications.

Patients with diabetes are particularly prone to retina problems for which a vitrectomy may be recommended (to remove blood in the vitreous gel caused by abnormal vessel growth and vessel haemorrhage).

During a vitrectomy, the surgeon inserts small instruments into the eye, cuts the vitreous gel, and removes it by suction. After removing the vitreous gel, the surgeon may treat the retina with a laser (photocoagulation), cut or remove fibrous or scar tissue from the retina, flatten areas where the retina has become detached, or repair tears or holes in the retina or macula.

At the end of the surgery, saline, air or a gas (perfluoropropane - C₃F₈ or sulfur hexafluoride - SF₆), or silicone oil may be injected into the eye to replace the vitreous gel to restore normal pressure in the eye.

Alternatives to the surgery

The available alternatives, some of which include pneumatic retinopexy or a scleral buckling procedure for those patients who have a retinal detachment. The potential benefits and risks of the proposed procedure, and the likely result without such treatment have been explained to me.

HOW WILL THE VITRECTOMY PROCEDURE AFFECT MY VISION AND/OR CONDITION?

Vitrectomy has been shown to improve visual acuity in many people who have severe vitreous haemorrhage that has not cleared on its own. A vitrectomy can decrease the risk of severe bleeding complications in people who have begun to have bleeding into the vitreous

gel. It can also reduce the risk of severe bleeding into the eye in people with growth of abnormal blood vessels in the iris. If the surgery is being done for a retinal detachment the visual result will depend on the extent of the detachment and absence of a secondary detachment later. If performed for epiretinal membrane or macular hole, there is a high likelihood of vision improvement, but there can be no guarantee.

WHAT TYPE OF ANESTHESIA IS USED AND WHAT ARE ITS IMPORTANT RISKS?

A Vitrectomy is performed under local (injection) anaesthesia, with sedation. General anaesthesia may be used instead in some cases.

It is typically performed in a day surgery or hospital setting. In some cases a hospital stay overnight may be required.

There are some risks associated with anaesthesia, whether general or local.

Complications of anaesthesia injections around the eye may include:

- Perforation of the eyeball,
- Injury to the optic nerve resulting in loss of vision,
- Haemorrhage,
- Retinal detachment,
- Interference with retinal circulation resulting in possible vision loss,
- Drooping of the upper eyelid,
- Systemic hypotension or lowering of the blood pressure
- Respiratory depression.
- General anaesthesia can result in heart and breathing problems, and in a very unusual and rare instances, death or diminished brain function can occur.

WHAT ARE THE MAJOR RISKS OF VITRECTOMY SURGERY?

There is no guarantee that the surgery will improve your condition. Sometimes it doesn't work. In addition, surgery is risky. Sometimes it can make the problem worse, cause an injury, or create a new problem; if it does, this is called a complication.

Complications can happen right away or not until days, months, or years later. You may need more treatment or surgery to treat the complications.

Below is outlined some of the important risks associated with retinal detachment surgery to help better inform you and to allow a careful decision on whether to proceed with the proposed surgical procedure.

Retinal detachment surgery risks:

- Vision loss
- Double vision
- Blindness
- Loss of the eye
- Retinal re-detachments that may require additional surgery or may be inoperable
- Elevated eye pressure (glaucoma)
- Poorly healing or non-healing corneal defects
- Corneal clouding and scarring
- Cataract, which might require eventual or immediate removal of the lens
- Eye lid droop
- Loss of circulation to vital tissues in the eye, resulting in decrease or loss of vision
- Phthisis (disfigurement and shrinkage of eyeball)
- Bleeding within the eye and orbit
- Infection
- Injury to the eye or nearby body parts



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Finally, if you have any further questions, or if you would like Dr Hogden to explain more, please do not hesitate to ask.