

Vitrectomy (surgery to remove vitreous jelly from eye)

Your eye specialist has advised you to have a vitrectomy – surgery to remove the vitreous humour (clear jelly) from inside the eye. This leaflet gives advice and information about having the vitrectomy in the Eye Day Unit. If you have any questions or concerns, please speak to your eye specialist or nurse.

Why do I need a vitrectomy?

- It may be part of another operation, e.g. you may need retinal surgery therefore the jelly is removed so that the surgeon can access the retina.
- You may have a diabetic eye condition leading to cloudy vitreous humour and reduced vision.
- You may have had a trauma to the eye and may need to have a foreign body removed.
- You may need a biopsy (sample of tissue sent for testing) in order to diagnose a serious eye infection.

How is the vitrectomy carried out?

The operation is usually done under a local anaesthetic (you are awake, but the eye area is numbed) although some people are more suitable for a general anaesthetic (you are asleep). When having local anaesthetic, options for sedation (relaxing medicine) are available. The anaesthetic will depend on the type of operation you need and your individual health.

The surgeon will make tiny cuts in sclera (white of your eye) and remove the vitreous jelly from inside using this keyhole approach. The operation usually takes about an hour, though it can be shorter or

longer depending on your eye problem. Once the jelly is removed, the surgeon can then carry out any other procedure necessary to treat your condition.

Usually, no stitches are needed afterwards. However if they are, the stitches are dissolvable so don't need removing.

What happens next?

The eye will eventually produce a clear liquid called aqueous humour that will fill the space where the vitreous jelly used to be, but in the meantime, something else needs to be inserted in order to keep the eyeball in shape, including:

- A gas bubble (that is naturally absorbed in 2-8 weeks).
- A special oil or heavy liquid which is not absorbed and is surgically removed at a future date.
- Air (absorbed in 24-36 hours).
- Saline fluid

What is the risk of complications?

There is a 5-10% risk of needing further surgery after a vitrectomy. The chance of developing a cataract is 50-100%. Because of the risk of cataracts developing, patients undergoing vitrectomy are measured for lens implants at their pre-operative assessment appointments so that cataract surgery can be carried out at a future date. The possibility and timing of this secondary operation will be discussed with you before your vitrectomy.

Your operation

You will be given a folder called 'Quick guide to coming into hospital for surgery' at your pre-operative assessment, which will help you prepare for your operation and will give you instructions on fasting. Vitrectomy

operations are usually carried out as ‘day cases’ – you come in and go home on the same day – but sometimes an overnight stay is necessary.

After your operation

- Your vision may be blurred for several weeks and the level of your vision may not be stabilised until 4-6 weeks post-op. It is not unusual for visual improvement to continue slowly for many months after retinal surgery.
- Your eye will probably be sensitive, swollen and red following surgery. This takes a few weeks to improve.
- You will be given eye drops to use at home. These will help prevent infection, reduce inflammation and aid healing.
- If gas or oil has been used, you may be advised to ‘posture’ after surgery to make sure that the gas/oil stays in the right area. You will usually need to do this for five days for 50 minutes every hour during the day. This may involve face down posturing (leaning forward and looking at the ground) or lying on one side. At night you may be advised to sleep in a certain position – usually on one of your sides.
- Your nurse will explain this in more detail to you and will give you a leaflet on ‘posturing’.
- If an air or gas bubble has been used during surgery, you will have very little vision for the first few weeks. Gradually, a black line will appear in your vision, with a wobbly shape at the bottom of the vision. This will gradually move across your vision, reducing in size over several days and weeks and eventually disappear. This is the air/gas bubble shrinking. Once the bubble clears the centre of your vision, you should start to get your vision back.
- With an oil bubble in the eye, the vision will remain very blurred – this is expected and normal. Your doctor will advise you on further steps that need to be taken with the oil bubble at your follow up appointment.

- You will be given a follow up appointment 1-2 weeks following your surgery. Further appointments will sometimes be necessary.

Signs to look out for after your operation

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

If you experience either of these symptoms, please attend Eye Casualty.

- Eye Casualty (Reading): Mon-Fri 8.30am to 5pm; Sat & Sun & bank holidays 9am-12.30pm; Closed Christmas Day and New Year's Day.
- Eye Casualty: Prince Charles Eye Unit (Windsor): Mon-Fri 8.30am to 5pm; Sat 8.30am-12.30pm; Closed Sun & bank holidays.
- Dorrell Ward (Reading): 0118 322 7172 (24 hours a day)
- Eye Day Unit (Reading): 0118 322 7123 (Mon-Fri 7am to 6pm)

Outside of Eye Casualty hours, you should telephone your GP's out of hours' service, ring NHS 111 or if you have serious concerns, visit your nearest Emergency Department (A&E).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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