

FLOATERS



VITRECTOMY SURGERY FOR FLOATERS



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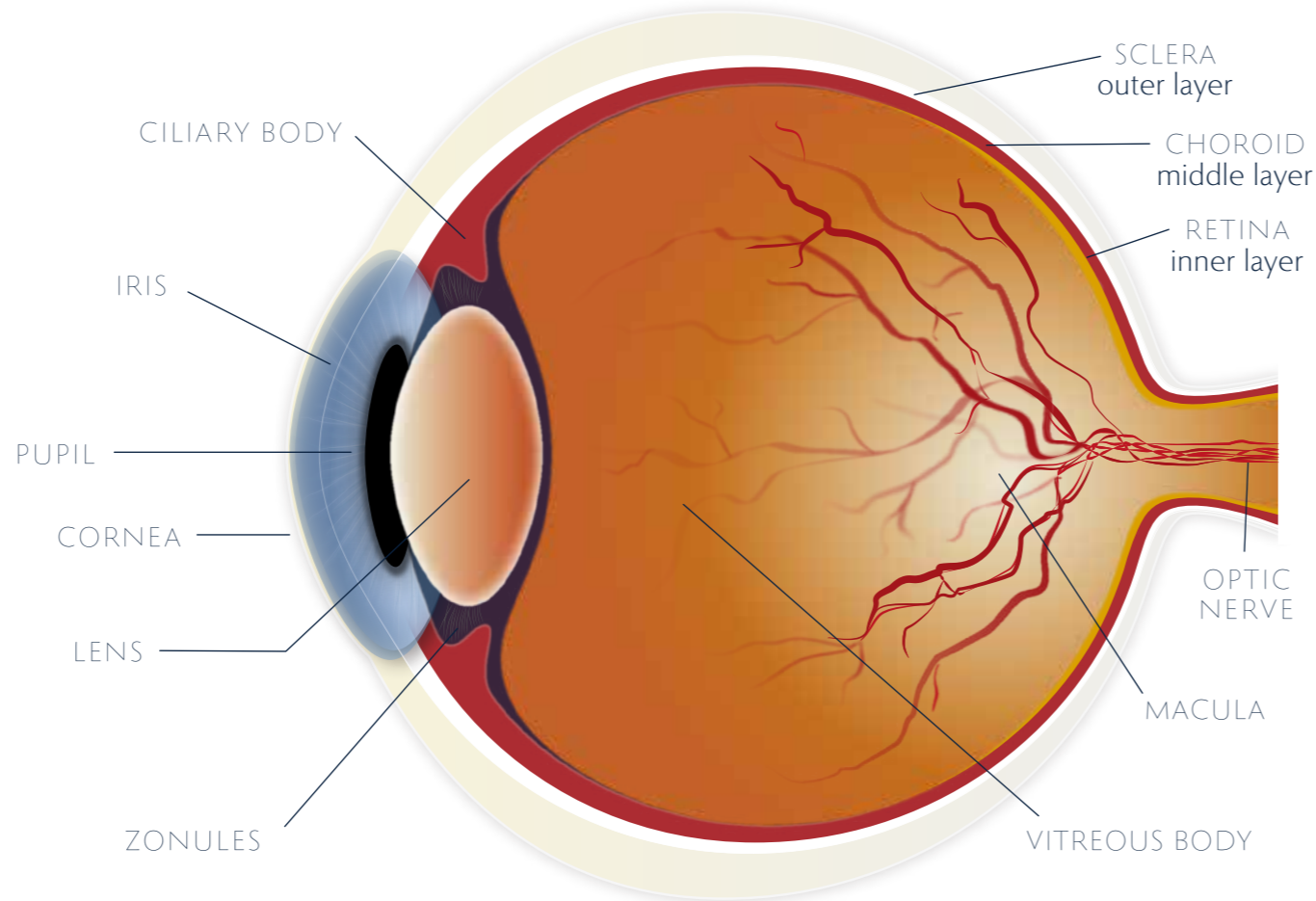
AFTER SURGERY

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anatomy

EYE ANATOMY

It is helpful to know a little about the eye and how it works in order to understand the effect floaters have on your vision, and how it can be treated.



The wall of the eye is formed by three layers – the retina, the choroid and the sclera. The retina is the light-sensitive nerve tissue that lines the inner wall of the eye. Rays of light enter the eye, passing through the cornea, pupil and lens before focusing on to the retina. The retina contains photoreceptors which convert light into electrical impulses. In a healthy eye, these impulses are sent via the optic nerve to the brain where sight is interpreted as clear, bright, colourful images. The retina can be likened to photographic film in a camera. The macula is a small area at the centre of the retina. It is very important as it is responsible for our central vision, allows us to see fine detail, and it also enables us to see colour. The choroid is the underlying vascular (blood vessel) layer of the eye from which the photoreceptors of the retina receive oxygen and nutrients. The vitreous is the clear gel-like substance which fills the hollow space behind the lens. As we age, the vitreous gel opacifies and eventually may shrink away from the retina. This is very common, occurring in about 75 per cent of people over the age of 65. Although floaters can occur when the gel is still attached, they are much more common when separation of the vitreous gel from the retina occurs. This is known as posterior vitreous detachment or PVD. It does not in itself usually cause any permanent loss of vision, although very occasionally PVD results in tearing of the retina, with the risk of retinal detachment. Floaters is also more common following cataract surgery.

what are floaters?

Floaters are disturbances of the vitreous gel of the eye.

02.



Floaters are disturbances of the vitreous gel of the eye. They cast a shadow on the retina and generally take the form of small dots, irregular rings and general cloudiness. The key to diagnosing floaters is that they move independently of the eye, continuing to drift even when the eye is still.

03.

CAUSES OF floaters

In childhood, the vitreous gel is anchored to the retina and is essentially a clear structure. As we age, the vitreous breaks down, with solid components separating from the aqueous salty water. It is normal for a few floaters to appear over the years, but at some stage a sudden shrinkage or collapse of the gel results in posterior vitreous detachment. This is an acute event, usually perceived as a sudden shower of floaters or awareness of a marked increase in haziness.



symptoms

FLOATER SYMPTOMS

- Small spots or 'cobwebs' which flick across the field of vision on eye movement.
- A generalised mistiness of vision, often described as 'frogspawn'.
- Glare and increased difficulty in bright light.

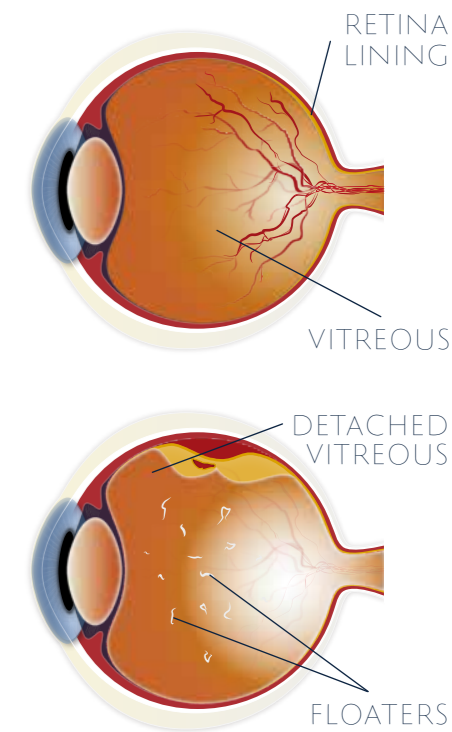
04.

FLOATERS

treatment

WHEN SHOULD YOU HAVE SURGERY FOR FLOATERS?

Floater do not cause damage, and the need for surgery is based entirely on your symptoms and the impact they have on your daily activities. We will help you decide if an operation to remove your floaters is appropriate for you.



Comparison of a healthy eye and an eye with floaters

05.

BEFORE SURGERY

WHAT DO YOU NEED TO CONSIDER PRIOR TO SURGERY?

It is important that we have knowledge of any prescribed medications you are taking. You will probably be asked to continue taking these in the usual way, but some medications can cause complications during any surgical procedure.



These include warfarin, an anti-clotting agent. If you normally take this, you may be asked to stop for a few days prior to admission. You can resume taking it immediately after surgery.

If you take a diuretic ('water tablet') and are having surgery on a morning operating list, you may wish to postpone taking it until after your operation.

As most vitrectomy surgery is carried out under local anaesthesia, there are usually no restrictions on what you may eat and drink prior to admission. If the use of sedation during surgery has been discussed, you should avoid eating a heavy meal during the two hours prior to hospital admission.

Occasionally, surgery may be carried out under general anaesthesia. If you are going to have a general anaesthetic, you will be advised of the need to fast prior to surgery.

WHAT HAPPENS NEXT

Once a decision has been made to proceed with surgery, our secretarial team will liaise with you to arrange a convenient date on one of our operating list. This will be at one of the private hospitals in your local area.

You will receive confirmation of your admission date from the hospital bookings department, together with a health questionnaire and some general information about your chosen hospital. The procedure is usually carried out as a day case, with a hospital stay of a few hours.

Remember, you should not drive yourself to the hospital. You may want a relative or friend to accompany you, or to drop you off and return to collect you when you are ready to go home.

Alternatively, if you find getting to and from the hospital difficult, we may be able to offer assistance.



Please alert the secretarial team if this is the case, as the hospital bookings office is not able to help with transport arrangements.

HOW TO PAY FOR SURGERY

If you belong to a private health insurance scheme you may be obliged, under the terms of your policy, to undergo surgery at a particular hospital.

It is therefore important that you notify your insurer of the intended procedure, and check whether you are fully covered for admission to the hospital of your choice.

If you do not have private health insurance, you may choose to pay for your procedure as a self-funding patient.

Please ask for details of the costs involved as prices may vary between hospitals, and are subject to change.

06.

THE DAY OF surgery

WHAT TO EXPECT ON ADMISSION TO HOSPITAL

You will be welcomed at the hospital and shown to the ward where you will be settled in. A nurse will carry out routine investigations including checking your pulse and blood pressure.



The nurse will also check the details of any medications you are taking and ask questions about your general health.

Once this has all been completed, the nurse will instil the drops, or a pellet, which dilate your pupil in readiness for the operation.

The ophthalmic nurse will come to see you on the ward to explain what will happen during and after the operation, and to answer any further questions you may have.

You will be asked to sign a consent form to state that you have been provided with, and understand, all the information given relating to the operation (including the risks and benefits of surgery), and that you agree to the proposed treatment. You will be taken to the operating theatre in your normal clothes, so it is important to wear something comfortable.

DURING SURGERY

The procedure to treat this condition is called vitrectomy.

Vitrectomy means removal of the vitreous, the gel-like substance that fills the eye behind the lens. This is a necessary part of the treatment for a number of conditions affecting either the retina of the eye or the vitreous itself. In your case, vitrectomy simply removes debris to give light a clear passage to the retina.

Surgery is usually carried out under local anaesthesia, which involves gently injecting anaesthetic around the eye. The anaesthesia will numb the eye and allow it to remain still during the procedure. You will be offered sedation which will help you relax while the procedure is carried out.

You will be awake during the operation and will be aware of some movement and touch, but the procedure will be painless.

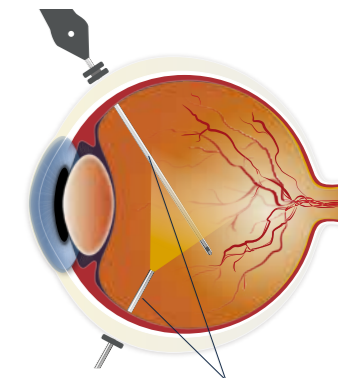


You will be made comfortable on the operating table, following which the skin around your eye will be thoroughly cleansed and a sterile cover ('drape') will be placed over your eye and face. The cover will be lifted off your mouth so you can breathe and talk easily. Your eyelids will be gently held open, although they will feel closed.

You will see little of what is happening during surgery, but we will explain what we are doing as the operation goes along.

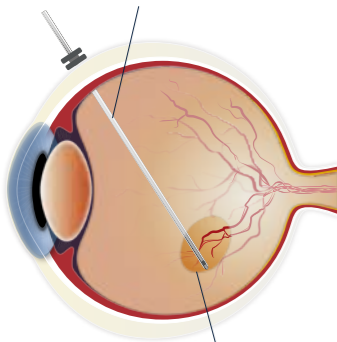
The theatre staff will make sure you are comfortable and help you relax. Someone will be there to hold your hand if you wish. The operation usually takes about 45 minutes, but in some cases may take longer. Surgery is performed with the aid of an operating microscope and special lenses which give the surgeon a clear image of the vitreous and retina.

Three tiny incisions are made in the sclera (the white of the eye) to enable instruments to be passed into the vitreous.

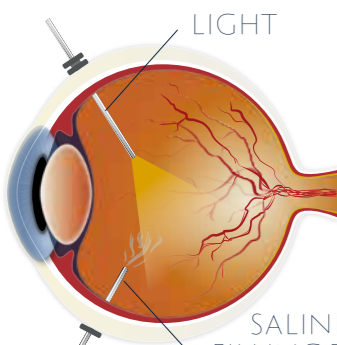


INSTRUMENTS IN THE VITREOUS

VITRECTOMY CUTTER



REMOVAL OF VITREOUS GEL



SALINE FILLING THE VITREOUS CAVITY

The first of these incisions is for a saline infusion (a 'drip') to replace fluid as vitreous is removed from the eye, maintaining the pressure and therefore the shape of the eye during surgery. The second incision is for a fibre-optic light to illuminate inside the eye, and the third is for the operating instrument, starting with a vitrectomy cutter which enables safe removal of the vitreous gel from inside the eye. Once the surgical procedure is completed, the vitreous is replaced with a saline solution into which the eye secretes its natural aqueous fluid. For technical reasons, your surgeon may decide to leave the eye filled with an air bubble rather than saline. This will blur your vision for the first few days and can take anything up to eight days to disappear completely. The three tiny scleral incisions seal spontaneously, so we no longer require sutures in the vast majority of cases.



IMMEDIATELY AFTER YOUR OPERATION

After the operation, you will return to the ward with a pad and plastic shield covering the operated eye. This remains in place overnight.

You will be given a combination antibiotic and anti-inflammatory eye drop to take home, with written instructions on how to instil this, and the frequency with which it should be used. We will make sure you know how to care for your eye when you get home.

While resting after the operation you will be offered refreshments. You may leave the hospital when you feel ready.

During the first few hours after your operation the eye may feel sore. This is nothing to worry about and standard analgesics can be taken, such as those taken for headache.



07.

AFTER Surgery

THE DAY AFTER YOUR SURGERY

The plastic shield can be removed on the morning after your surgery. You do not need to use it thereafter, although some patients prefer to wear the shield for the first few nights for peace of mind.

You may find the eye is a bit sticky and there might have been a slight pink discharge overnight. This is quite normal and you should cleanse the eye only if necessary, by wiping gently across your closed eyelids with cotton wool dampened with clean water.

You will then need to start your eye drops, following the detailed written instructions given to you before you left the hospital.

Advice will be given on when to reduce and stop your eye drops. If you are running out of drops before your post-operative follow-up appointment at the clinic, we will be able to provide you with a repeat prescription (usually without the need for you to be seen at the practice). The operated eye may be sore for the first few days and feel gritty for a couple of weeks. You will receive a telephone call

from the ophthalmic nurse within 48 hours of your surgery to check that all is well. If you have any concerns before this, please do not hesitate to contact us via the telephone number at the back of this booklet.

How quickly will your vision improve?

Vision usually improves quickly after vitrectomy surgery, particularly when a sutureless technique has been used. Although all the floaters can be removed, it is normal for a few specks to remain for the first few days.

When can you resume normal activities?

You may return to your normal daily activities as soon as you feel ready to do so. As a guide however, for the first two weeks you should refrain from swimming, strenuous activities, high-impact sports, heavy lifting and wearing eye make-up.

Your ability to drive will depend upon a number of factors, including the vision in your other eye and the level of your vision when using both eyes together, although after sutureless vitrectomy you may be able to drive after a few days. If you are in any doubt regarding your visual status, you should refrain from driving until you have been seen for review in the clinic.

It is acceptable to travel (including by air) following routine surgery for floaters. All vitrectomy surgery, however, carries a small risk of inducing a retinal tear, for which the eye may be filled temporarily with a gas bubble. For this reason, you should not plan to travel by air for one month after your operation. Please also remember that you will need to continue putting drops in the eye for four weeks.



What can you do to help make the operation a success?

Following your vitrectomy surgery for floaters, it is very important that you instil the eye drops as instructed as this will help prevent complications such as infection or inflammation in the eye.

You should avoid knocking or rubbing your eye, but you may touch the surrounding area.

Although it is safe to have a shower or bath, take care when washing your hair to avoid getting soapy water in your eye.

The eye can seem more sensitive to bright light for the first few days and you may find dark glasses helpful, especially in strong sunlight.



THE RISKS AND COMPLICATIONS

The aim and potential outcome of vitrectomy surgery for floaters will be discussed with you in clinic and again prior to your operation.

Our team operates from modern private hospitals where the equipment and products used in the operating theatre are of the highest standard. Every effort is made to minimise risk and ensure your operation is safe. Serious problems during or after surgery are rare, however every surgical procedure has risks and potential complications.

Complications early in your recovery

- **Initial poor vision.** All vitrectomy surgery carries a small risk of inducing tears in the peripheral retina. To prevent subsequent retinal detachment, laser may be used and a bubble of gas injected into the eye. It is not possible to see clearly through a gas bubble and vision will be compromised until spontaneous

re-absorption occurs. Specific information will be given after surgery should this be necessary.

- **Bruising of the eye or eyelids.** The local anaesthetic may cause some bruising around the eye, particularly on the lower lid. The sclera may be red where the tiny incisions are made into the eye. This usually resolves completely within the first month.
- **Double vision.** The local anaesthetic injection used to numb your eye takes some time to wear off and this may leave one or more of the muscles around the eye weak for the first few hours. This causes double vision, which resolves spontaneously.
- **A temporary increase in the intra-ocular pressure in the eye.** This necessitates an additional course of eye drops or tablets. If a gas bubble is used, these treatments are given routinely as a precaution. No additional treatment is needed for an air bubble.

- **Allergy to eye drops.** Ocular allergy typically causes lid swelling, itching or redness. If this happens, please let us know and we can prescribe an alternative.

Some patients are allergic to the preservative used in eye drops. If you have previously had a reaction, please inform us prior to surgery so we can prescribe a preservative-free option.

- **Endophthalmitis.** Infection in the eye is a very rare, but potentially devastating complication affecting fewer than one in a thousand cases. Increasing discomfort, increasing redness of the eye or worsening discharge should be reported immediately.
- **Cystoid macular oedema.** Swelling of the central macular area of the retina causes blurred vision. This usually resolves within a few weeks of using additional eye drops.



Complications late in your recovery

- **Retinal detachment.** Vitrectomy surgery involves the insertion of instruments into the vitreous cavity of the eye, which carries a small risk of tearing the peripheral retina. Although normally identified and treated at the time of surgery, retinal detachment (or the retinal holes which cause it) can occur months later. Any increase in floaters and flashing lights, or the appearance of a shadow spreading inwards from the edge of your vision, should be reported urgently.
- **Post-vitrectomy cataract.** Acceleration of the development of cataract is an inevitability following vitreous surgery. It can develop as quickly as a few weeks after surgery, or may take several years to become significant. In most cases, patients may be offered phacoemulsification (cataract surgery) combined with the vitrectomy procedure to avoid the need for further surgery at a later date.
- **Glaucoma.** Any ocular surgery can increase the risk of glaucoma in later years. Glaucoma is damage to the main optic nerve of the eye, caused by an unsuitably high pressure. It can nearly always be controlled with eye drops, but occasionally a laser procedure or even surgery may be required.
- **Dry eyes.** This is a common symptom with increasing age, for which many sufferers use simple lubricating drops. Interfering with the conjunctiva on the surface of the eye can upset the production of mucus, which is an important constituent of the tear film. In most cases this is temporary, responding to simple measures such as ocular lubricants and warm compress-bathing. We will advise you on a treatment regime if required.



ADVICE AFTER YOUR SURGERY

If you experience any deterioration in your vision, increasing discharge from the eye, continual aching or worsening pain, please contact us immediately.

0238 2000 200

During out-of-office hours, please contact the hospital where the surgical procedure was conducted.

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