NHS
Royal Cornwall Hospitals
NHS Trust

Vitreoretinal surgery

One + all | we care

affix patient label

Who is this leaflet for?

This leaflet is for patients who are about to have or already have had any type of vitreoretinal surgery or cataract surgery under the care of the vitreoretinal team. It explains what to expect before your surgery (Annexes 1and 2) and following your surgery, and includes information on who to contact if you have any concerns afterwards.

As it provides a wide range of information, not all of it will be relevant to every patient. The nurse who is discharging you will go through this leaflet with you and then you can refer to it at home.

Following your surgery – same day

Do I need to posture post-operatively?	Yes / No
If yes, please read Annex 6 at the end of this leaflet.	
Have I had air, gas or oil?	None / Air / Gas / Oil
Have I had cryoretinopexy (freezing treatment)?	Yes / No
Have I been prescribed Acetazolomide (Diamox)?	Yes / No
If yes, start at: …….	
Please read Annex 4 at the end of this leaflet.	
Have I been prescribed tablets called Prednisolone?	Yes / No
If yes, start at:……	
Have I had a scleral buckle procedure?	Yes / No

(Healthcare professional to circle as appropriate).

What is post-operative posture?

This means you need to sit or lie in a certain position for a specific period of time.

If you are asked to posture, please follow the instructions given by staff and the nurse who is discharging you. Your posture starts in the hospital. Continue to posture on your way home by adjusting your head in the car as much as possible, then continue the posture at home as advised.

You do not have to posture after the set time, but if you are able, you could extend it during the day time for a few more days. After this, you can walk and move around and take gentle exercise, but please avoid active or heavy exercises and driving until you get permission in clinic.

Why do I need to posture?

We advise patients to posture when a tamponading agent such as air, gas or oil is used inside the eye. Post-operative posturing is used to position the oil or gas bubble against the part of the retina that needs supporting. It is important so that the retina heals correctly.

How long will I posture for?

This differs from one patient to another, but is usually needed for 1 to 7 days.

Is equipment available to help posture?

You could buy or rent massage trolleys or other equipment to help with your face down posture. However, most patients use multiple pillows, a travel horseshoe or ring pillow, baby 'sit-me-up' or V-shape breast feeding pillow. An adjustable height ironing board for face down posture is helpful in the day time. Overnight, you may use multiple pillows or sleep at the foot end of the bed resting your head on a pillow located on a chair, allowing a gap for breathing.

You do not need to wake up during the night. If you do wake up for any reason, please return to posture.

Why do I have a band around my wrist?

This indicates that gas or air was inserted into your eye. This is important as certain restrictions apply:

- you are not allowed to fly or travel to high mountains until all gas has absorbed
- in case of emergency, Nitrous Oxide (N_2O) must not be given – your wrist band acts as a visual alert to medical staff.

Please check you have a wrist band before leaving hospital, as this is essential for your safety.

You can remove your wrist band yourself when all the gas is fully absorbed and disappeared from your vision.

Do I need to wear support (TED) stockings?

You will usually wear TED stockings during your operation to reduce the risk of blood clotting in your blood vessels, unless there are contra-indications (specific reasons why these are not suitable in your case).

We recommend you continue wearing them following your operation, especially if posture and reduced mobility is needed. Whether you are using them or not, we advise you to move your legs and feet while you are posturing and move around in the intervals between postures.

What if I was advised to stop my blood thinning medications before my operation?

Please start your treatment again on the day after your operation. See Annex 2.

What if I am prescribed tablets to take after my operation?

These are not prescribed routinely, but may be prescribed to:

- reduce the risk of high pressure in the eye, which could cause eye pain, nausea or sickness, and / or
- help in the healing process following surgery.

If prescribed, it is essential to take these tablets as instructed.

What if I had cryoretinopexy (freezing treatment) for a retinal tear or retinal detachment with or without scleral buckle?

This may give you a slight headache, eyelid swelling, and discomfort around the eye or the feeling of a bruised eye for a few days. This should settle with mild painkillers such as paracetamol or anti-inflammatory medicine such as ibuprofen, if there is no contra-indication.

If you had a scleral buckle procedure combined with the cryoretinopexy, you may also have some double vision the next day when you remove the dressing.

Next morning

How do I change the dressing?

Following your operation, you will have an eye dressing for the rest of the day. The next morning at home:

1. Remove your dressing and gently clean your eyelids and around the eye with sterile water and surgical gauze (provided at the hospital).
2. Throw away the old dressing.
3. Apply your eye drops.
4. Clean the clear plastic shield with warm water and soap, dry and place the clear shield over your eye. Tape it securely with Sellotape (if no allergy).

You need to use the shield to protect your eye from trauma or pressure against the eye, especially when you are asleep, posturing, or on the move. Wear it for one week after your operation.

How do I use my post-operative treatment?

Please start your eye drops or tablets as prescribed. These are usually provided to you by the nurses before leaving the hospital. If pharmacy is closed at the time of your discharge, you will be given what is essential for the first day and night along with a prescription to collect your remaining medicines from the hospital pharmacy the next day.

Please bring all your eye drops and post-operative medications with you to the clinic at all times and use all of them as instructed.

If you run out of any of your medication before you are due to finish the course, please request more from your GP.

When will I have a follow up appointment?

This varies according to the type of procedure you have had. If you have had:

- **a vitrectomy operation or buckling of the sclera** – we will usually see you the day after surgery or within a few days.
- **laser or cryoretinopexy (freezing treatment) to a retinal tear or as prophylaxis treatment** – we will usually see you in about two weeks.
- **laser treatment to treat diabetic retinopathy** – we will usually see you in about four weeks either in the diabetic retinopathy clinic or in the vitreoretinal clinic.
- **an uncomplicated cataract surgery** – we will arrange to see you in three to four weeks (or sooner if required) if you have had a previous vitrectomy operation or other eye history requiring further monitoring or management. Otherwise, we may discharge you and advise you to see your optometrist in about six weeks following your surgery.

What vision can I expect following surgery?

Your vision will vary according to the type of procedure you have had.

Gas in the eye – wobbly line in vision

Initially, expect hand movement in all four quadrants of your field of vision unless otherwise advised according to your original prognosis.

The gas will start to absorb gradually, and you will start to see your fingers from the top of the field of vision. The interface between the fluid and the gas will become visible as a wobbly, shimmering line in your vision. It will be dark or foggy below the wobbly line. You may see only hand movement, but clearer above it and you may be able to see your fingers and other objects, especially when looking down.

As the gas continues to absorb, this line will move gradually downwards. Your vision will improve and the darkness at the lower part of your vision will shrink until it becomes a small bubble at the bottom of your vision and then disappears completely. When you no longer see any bubble, this means there is no gas in your eye. At this stage you can remove the wrist band.

How long will the gas remain in my eye?

I had air in my eye	10 days
I had SF6 in my eye	3 weeks
I had C2F6 in my eye	4 to 6 weeks
I had C3F8 in my eye	8 to 10 weeks

Oil in the eye

You will usually be able to see a hand movement in front of your eye, or be able to see fingers and count them in front of your eye directly or sometimes at a distance. This will differ based on your original prognosis.

Your vision will remain the same or may improve slightly in the days and weeks after surgery, and will then stabilise. Continue to monitor your own vision on a daily basis as explained. Your final visual outcome is unknown until the oil is removed, the retina and eye is stabilised and you have seen your optometrist without need for any further operations.

No air, gas or oil in the eye

Initially you should have some vision of counting fingers, seeing people near you or more, based on the prognosis you were given prior to your operation. Vision should improve further with time and again this is based on your visual prognosis and the potential outcome you were given.

I did not have a lens (intra-ocular lens / implant / IOL) inserted in my eye

Occasionally, it may be preferable to insert the replacement IOL at a second stage operation. For example, after a complex cataract removal operation, removal of a faulty or displaced IOL or displaced crystalline lens (displaced cataract). On such occasions, you will not be able to see more than hand movement until a further operation is performed and the new lens is inserted.

I had cataract surgery

You may have either a full dressing or a clear shield only, which you need to remove the following day and then to clean your eye. You should find improvement in your vision – this will vary based on the health of the eye and its previous history. Your vision should continue to improve gradually over the next few days and weeks.

Please contact us immediately if you develop any sudden onset of pain or loss of vision after initial improvement.

When can I drive?

If you have gas or air in your eye, these agents block all your central and peripheral vision. While the gas or air is absorbing, it will cause you some visual confusion with the interface between the fluid and the gas/air seen as a shimmering, wobbling line in your field of vision. Due to this, you will not be safe to drive. We advise you not to drive until the gas is fully absorbed and is no longer disturbing your field of vision.

If you do not have gas or air in your eye, or if you have oil in your eye, your peripheral vision is preserved and you have a healthy second eye (you can see a number plate at 22 metres) then you can drive when you feel well enough.

We usually advise you about this when we see you in your follow up visit. You should inform the DVLA of any loss of vision and after any retinal detachment operation and after extensive laser to the retina (pan retinal photocoagulation).

When can I take a flight?

You can take a flight when the air or gas is fully absorbed. You can take a flight when there is oil in the eye.

However, there is a risk of recurrence of retinal detachment (after a retinal detachment operation) and a risk of retinal detachment (after any vitrectomy operation). Therefore following a vitrectomy operation, avoid flights and excessive exercise, trauma or any traumatic activities for two months after the operation.

When can I see my optometrist for new glasses / contact lenses?

This differs from one patient to another – you will be informed in the clinic following your operation. It is usually about 8 weeks following your surgery, if you are not expecting to have another operation.

When can I go back to work and will I get a sick note?

It depends on your operation, your profession and your need to drive.

In general you should allow about 4 weeks off work after a vitrectomy operation. As advised above, it is not safe to drive if there is gas in the eye.

We will issue you with a sick note on the day of surgery if you need and request one.

How do I monitor my own vision?

Due to the risk of retinal detachment and loss of sight after any vitrectomy operation, please test your vision in each eye separately on a daily basis for at least two months after the operation. Seek immediate attention with any new loss of vision or a black area in your vision after initial improvement.

1. Close one eye at a time.
2. Look straight ahead and assess how much you can see. This is usually:
    - hand movement only if there is gas in the eye
    - hand movement or counting fingers if there is oil in the eye, or
    - seeing objects at various distance, depending on your eye condition.
3. While you are looking straight ahead or at a distant object, test your peripheral vision by assessing your ability to see the movement of your hand or the number of your fingers in all four quadrants of your peripheral field of vision. This helps to monitor your central and peripheral vision.
4. Look at straight lines and angles (door frame) in each eye separately. This may help you to identify and monitor distortion in your vision.
5. Close the other eye and compare.

What should I look out for?

Seek immediate help or advice (do not wait for your next appointment) if you experience any of the following:

- Eye pain or severe headache on the same day of surgery or the next few days, especially if associated with feeling or being sick.
- New eye pain that starts a few days after surgery with or without eye swelling and / or discharges from the eye.
- Sudden blur or loss of vision, or a black area or shadow or a grey/black curtain or new floater in your vision, especially if it is a new loss after initial improvement.
- Loss of vision in the other eye.

Please report any concerns that make you think that something is not right with your eye. Contact one of the numbers listed below.

Who can I contact for immediate help or advice?

During weekdays (working hours):

Please contact Mr Murjaneh's secretary on: **01872 255045** or coordinator on: **01872 253905**.

Out of normal working hours on any day (after 5 pm) and at any time on Sundays and Bank Holidays:

If you need immediate attention as above, please call the hospital switchboard on **01872 250000** and ask them to connect you to the on call eye doctor.

On Saturdays (9am – 5pm):

Nurses are available in the Eye clinic from 9am – 5pm together with the on call eye doctor. If you need immediate attention as above, please call the hospital switchboard on **01872 250000** and ask them to connect you to the emergency nurse in the Eye clinic.

Please be reassured that an on call eye doctor is available 24 hours a day and at all days including weekends and bank holidays. However, you need to follow the above route to contact them.

If you were discharged from the Eye clinic and have symptoms requiring immediate attention as above:

Your doctor (GP surgery), optometrist or the doctor or nurse in Minor Injury Units or the Emergency Department (ED) at Royal Cornwall Hospital have the facility to directly contact the emergency Eye clinic and arrange a same day appointment for you, if required. Please initially contact either team if you need immediate attention as above.

The Emergency Department (ED) at Royal Cornwall Hospital is always available to you if you are having difficulty with obtaining an immediate appointment.

If you were given this booklet in the Eye clinic, please bring it with you to your pre-operative assessment clinic and again on your day of surgery to avoid waste and duplications.

Please now refer to Annexes 1 to 6 as relevant.

We wish you a smooth and full recovery following your operation.

Surgical retinal (Vitro-retina) team at Royal Cornwall Hospital.

Mr S. Murjaneh
Consultant Ophthalmic Surgeon and Vitreo-retina Specialist
Royal Cornwall Hospital NHS Trust

Annex 1

What is the pre-operative assessment clinic?

This is your meeting with the specialist nurses to check your health, social details and suitability or fitness to have your surgery in addition to taking essential measurements of your eyes.

The nurse will explain the peri-operative care to you. Please:

- bring along your repeat prescription of your current medications.
- bring along your available, current and / or previous glasses prescriptions, or letters or documents related to previous eye problems, laser or surgery
- inform doctors and nurses if you had a previous eye laser to correct your vision so you could avoid wearing glasses. Failing to provide such information may result in significant error in the measurement of your eye.

If you wear contact lenses, please remove your contact lens for **two weeks** prior to your pre-operative assessment clinic. This is essential to obtain correct measurements of your eye, as the contact lens alters the shape of the eye.

What if I get an infection or illness prior to my surgery?

If you develop any:

- suspected or active infection
- open wound or ulcer on your skin
- sign of urinary tract infection
- new illness prior to the day of surgery, or if you had an accident which may affect your surgery

please inform Mr Murjaneh's secretary on 01872 255045 or coordinator on 01872 253905 directly.

How do I prepare for surgery?

Fasting before your operation

If you are listed to have your surgery under general anaesthesia or under local anaesthesia with sedation, please make sure you are nil by mouth for 6 hours before your operation. You can drink clear fluid (water, black tea and squash) up to two hours before.

You must take your normal medications with clear fluid normally early in the morning (if your operation is planned to be in the morning) or at normal time (if your operation is planned for the afternoon).

What if I am diabetic?

Special advice for individual patients will be given at the pre-operative assessment clinic by the nurse.

Apply the pre-operative eye drops at home

Single dose eye drops were given to you in the eye clinic or in the pre-operative assessment clinic so you could administer yourself on the day of surgery.

Please apply one drop of each of them in any order to the affected eye before you leave home. Please leave five minutes between one eye drop and another.

What should I bring with me?

Please bring all your medication to the hospital.

Occasionally patients may stay overnight due to their general health or other specific issues, so it may be useful to bring a small overnight bag with you.

How do I travel on the day of surgery?

Please arrange your own travel. It would be preferable to avoid public transport for better comfort, flexibility and it may reduce risk of trauma or infection.

If you do not have family or community support for transport, please contact TAP on: 01872 223388.

How long will I be in the hospital?

You will usually have your operation as a day case (you will go home the same day). Please allow 6-8 hours in the hospital.

Annex 2

Blood thinning medications advice

Blood thinning medications may increase the risk of bleeding so we ask you to stop or alter treatment before your operation, if there is no contra-indication. **Advice will vary depending on your individual circumstances, so it is essential to check with your GP prior to any changes to your treatment.**

As a general guideline we advise:

- **Warfarin** – Ensure INR level is within therapeutic target and preferably less than 2.5.
- **Clopidogrel –** stop at least 7 days before your operation. However, please discuss with your GP if bridging (replacement) treatment is indicated.
- **Ticagrelor (Brilinta) –** stop 5 days before surgery after discussion with your GP.
- **Aspirin** – If monotherapy at 75 mg, there is no need to stop pre-operatively. If in combination with Clopidogrel, we advise to stop Clopidogrel only 7 days pre-operatively and to check with the GP if bridging therapy is required.
- **Apixaban (Eliquis), Rivaroxaban (Xarelto), Edoxaban (Savasaya), Dabigatran (Pradaxa)** – stop 48 hours before your operation. If you have kidney failure, then please stop 72 hours before.

Annex 3

How do I apply eye drops?

1. Wash your hands thoroughly with soap and water and dry them.
2. Sit or lie down with head supported.
3. Gently pull down your lower eyelid.
4. Look up and instil an eye drop inside the lower eyelid.
5. Continue to pull the lower eyelid for about 30 seconds and then close your eyes for further 30 seconds. This may help absorption of the drops and reduce over spilling.
6. If you are on multiple eye drops, allow about three minutes before applying another drop.

Avoid touching your eye or eyelids with the end of the bottle dropper.

Keep the lid of the bottle clean.

Annex 4

Acetazolomide (Diamox)

These tablets are prescribed to ensure normal or near normal eye pressure. However, there are other indications for this medicine. In your case, the course of treatment is usually a short course for a few days but may be prescribed for a longer period if necessary.

This medicine is a diuretic and can cause a drop in the level of potassium in the blood and can cause various side effects.

Who is it suitable for?

It is not suitable (contra-indicated) for people with: cirrhosis, severe liver or kidney disease, adrenal gland failure, low sodium or potassium level in the blood, sickle cell disease, allergy to Diamox or Sulfa drugs, or people who are breast feeding.

Are there any side effects?

Common side effects include: feeling under the weather, numbness and tingling of fingers and toes, drowsiness, confusion, hearing dysfunction or tinnitus, increase urination, altered taste, thirst, nausea or vomiting and loss of appetite.

Severe side effects that require immediate emergency medical attention include: allergic reaction (anaphylaxis), rash, blisters, swelling of the lips/face and throat, difficulty breathing, sore throat, blood in the urine or stool, seizure, renal colic, yellow skin, fast or irregular heart beat and if you are too tired or weak to move your arms or legs or unable to stand up.

Please inform the emergency medical team you are taking Acetazolomide (Diamox).

How can I help myself?

Increasing your intake of water and foods that are rich with potassium may be useful. Foods that are high in potassium include: bananas, tomatoes, oranges, potatoes, coconut water and avocado.

Annex 5

Your post-operative treatment

(to be circled / filled by the discharging nurse)

Date	Medicine	Eye	07.00	09.00	12.00	15.00	18.00	20.00	Other	Duration
	Tobradex Eye drop									
	Tobradex Eye drop									
	Cyclopentolate Eye drop									
	Brinzolamide Eye drop									
	Simbrinza Eye drop									
	Diamox Tablet/ Capsule									
	Prednisolone Tablet									

Annex 6

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Recovery Ward Position:-

Position on right side ☐

Position on left side ☐

Position other:

Log Rolling ☐

Face down: chair/ surgical trolley ☐

Position face up (Supine) ☐

WARD/HOME POSTURING POSITION	FIRST 24 Hours	DISCHARGE INSTRUCTIONS FOR DAY	DISCHARGE INSTRUCTIONS FOR NIGHT
**** To be adopted ASAP on return to ward ****			
Strict face down			
Sitting Upright			
Sitting upright head tilted to right			
Sitting upright head tilted to left			
Lying on your right side, cheek to bed/pillow			
Lying on your left side, cheek to bed/pillow			
Strict face up-supine			
Face down right cheek to pillow			
Face down left cheek to pillow			
Face down alternating * cheek to pillow. * Alternate every 30 min 1 hr 2 hr			
-Duration of posture 45 min in one hour, and sit up and move around for 15 mins. Continue throughout the day. -You do not need to wake up during the night to move around unless needed			

Signature of Surgeon: ..... Date of Surgery: .....

Mr S Murjaneh, Consultant Ophthalmic Surgeon and Vitreo-retinal Specialist

If you would like this leaflet in braille, audio version or in another language, please contact the General Office on 01872 252690

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