

# Vitrectomy

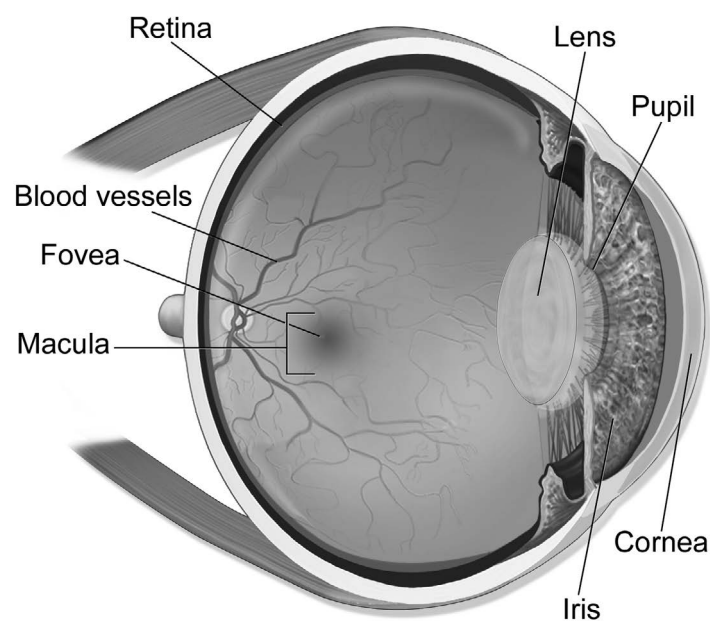
Information and advice for patients

## Ophthalmic

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### What is the vitreous?

The vitreous is a clear jelly-like substance inside the eye. It is behind the iris (coloured part of the eye) and the lens and in front of the retina (back of the eye).



Eye Anatomy

Blausen.com staff (2014). "Medical gallery of Blausen Medical 2014". WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436., CC BY 3.0.

### What is a vitrectomy?

Vitrectomy is a surgical procedure to remove the vitreous.

## **When is a vitrectomy required?**

If you have the following conditions, you may require a vitrectomy:

- Retinal detachment
- Macular Hole
- Epiretinal Membrane
- Vitreomacular Traction
- Diabetic related eye conditions
- Complicated Cataract Surgeries
- Injury to the eye (eg. Foreign body going into the eye)
- Vitreous biopsy to diagnose other eye conditions

## **Does the vitreous gel get replaced after removal?**

The vitreous does not naturally replace itself but at the end of the surgery the following is left in the eye:

- Gas bubble (typically takes from 2 to 10 weeks for it to be naturally absorbed)
- Special silicone oil which is not absorbed but will need another surgery to remove it.
- Air (typically takes from 7 to 10 days to be naturally absorbed)
- Saline solution

As the gas or air is absorbed, the eye naturally produces a clear fluid called aqueous fluid that fills up the eye.

## **What are the risks of having a vitrectomy?**

- Cataract progression
- Further retinal detachment
- Raised eye pressure
- Bleeding inside the eye
- Infection
- Blindness or loss of eye (very rare)
- Need for further treatment or surgery

## **Summary of the stages of the surgery:**

1. A Pre-operative assessment to discuss the surgery in detail and ensure you are fit for the surgery.
2. Normally a day case procedure – you come in and go home on the same day.
3. Anaesthesia choice is dependent on the patient or complexity of eye condition. Most procedures are done using local anaesthetic (you are awake with an injection to numb the eye) or general anaesthetic (you are put to sleep).
4. During the surgery, the eyelids will be held opened with a speculum (wire frame) and the other unoperated eye will be covered.
5. Three tiny incisions are made into the white part of the eye and connected to an infusion tube to maintain the eye shape.
6. A light source and microscopic cutting device will be inserted to remove the vitreous gel and repair the eye condition.
7. A microscope is used to view the eye during the procedure.

## **Post-operative instructions:**

- If gas or oil has been inserted into the eye, you will have to position your head to ensure the gas or oil is in contact with the retina in order to encourage healing. You may be advised to maintain this position for up to 45 minutes per hour for 7 to 10 days. Your surgeon will explain to you how you will need to position.
- You will also be given anti-inflammatory and antibiotic eye drops to use for up to 4 weeks to help the eye settle.
- You are normally reviewed the following morning in the day surgical unit or ward.
- If the eye is stable, the next visit will typically be after 1 to 2 weeks.
- It is important that you do not fly with gas in the eye. This can cause the gas in the eye to expand which can raise the pressure in the eye causing pain and blindness.
- Simple painkillers (eg. paracetamol or ibuprofen) can be used to relieve discomfort.
- Wear the plastic eye shield provided when sleeping for 2 weeks after the surgery.
- Avoid strenuous activity for 4 weeks.

## **How do I maintain a face-down position?**

You can maintain this position by lying on the bed with pillows for support. Pillows should be placed under the hips and ankles or special wedges can be purchased if longer periods of positioning are required. You may prefer to sit at a table and use pillows for support. Posturing tables can be rented from internet sites, search for "macular hole posture support".

## **How much time off work will I need?**

Most people will need at least 2 to 4 weeks off work after surgery. This is dependent on the type of work that you do.

## **Will my eye be sore following surgery?**

It is normal to experience some discomfort and red eye after surgery but this is usually relieved with simple painkillers.

## **How soon will I see after surgery?**

Vision in the operated eye will usually be very blurred for the first few weeks but will slowly improve. The final visual result may take several weeks or months and you may require new glasses.

## **How long before I can wash my hair?**

You are able to wash your hair but avoid getting water or shampoo/conditioner into the eyes. To prevent this from happening, face away from the water stream, keep your head tilted back and eyes closed whilst rinsing.

## **When can I wear make-up again following surgery?**

Avoid eye make-up for 2 weeks following surgery.

## **When can I drive after surgery?**

We advise you not to drive for two weeks after the surgery. If gas has been injected in your eye, you will not be able to drive for about six to eight weeks depending on the type of gas. It is best to check with your doctor before you start to drive again.

## **If I am using other drops such as lubricating or anti-glaucoma drops, will it interfere with the post-operative drops?**

No. If your doctor has prescribed other drops prior to your surgery, you should continue to use them unless advised differently.

## What if something happens after surgery before my follow up appointments?

If you experience any worsening of your vision, redness or pain after the surgery, please report to our eye casualty service at the Birmingham Midlands Eye Centre for advice.

**Telephone:** 0121 507 6780

**Monday-Friday:** 9am – 7pm

**Saturday:** 9am – 7pm

**Sunday:** 9am – 6pm

At other times, please contact your local A&E department.

## Sources of information

National Health Service (2019) Available at:

<https://www.nhs.uk/> [Website accessed 14 January 2025].

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email [swbh.library@nhs.net](mailto:swbh.library@nhs.net).



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