Epiretinal membrane

Information for patients

Your eye doctor has told you that you have an epiretinal membrane. You might want to discuss this information with a relative or carer. If you have any questions, we suggest you write them down so you will remember to ask one of the hospital staff.

What is an epiretinal membrane?

Your eye is like a camera, and the retina is like the photographic film. It is a thin and sensitive layer of tissue which sends information about what you see to the brain. The macula is the part of the retina used for central vision - such as reading and recognising faces.

An epiretinal membrane is an extra layer that forms on top of the macula - a little like cling-film. Sometimes the epiretinal membrane pulls the underlying retina out of alignment. This can make the things you look at seem distorted.

There is often no obvious cause, but it usually develops in people over the age of 50. It can also occur after some types of eye surgery, or after inflammation inside the eye.

How will it affect your vision?

Epiretinal membrane may affect vision only slightly, or not at all. In other cases, it can cause greater distortion or blurring of central vision and you may find that it is difficult to read. Some patients only notice this when they cover one eye.

Do you need treatment?

The only way to remove an epiretinal membrane is to have an operation. This is only needed if the epiretinal membrane is causing a serious problem with your vision. For example, if distortion is affecting your ability to work, drive, read, or perform other important activities. Other causes of poor vision may need to be treated first, such as cataract.

Will it get worse?

Not necessarily. If your vision did get worse then an operation could be performed in the future.

What is the treatment?

Surgery to remove an epiretinal membrane is usually done under a local anaesthetic. It is done by a specialist vitreo-retinal surgeon. Often this specialist will closely supervise a junior surgeon who may do some or all of the operation. During the operation the surgeon removes the gel from inside your eye and gently peels the epiretinal membrane away from the retina. This is all done through very small openings in your eye, using keyhole surgery. Sometimes these openings are closed with a small stitch at the end of the operation. These dissolve after about 4 to 6 weeks. You will usually have a pad and shield over your eye after the operation. This is removed the next day.

What are the benefits of surgery?

After an epiretinal membrane is removed vision gradually improves over 3 to 6 months in 70% to 80% of patients. However, in some cases vision may not improve because of damage already caused by the membrane.

What are the risks of surgery?

Although for most patients the vision improves, there is a chance that your vision will not improve, despite surgery (20% of patients). There is a chance that your vision could get worse (10% of patients). In a few patients the vision improves but then worsens again because the membrane comes back (10%).

It is very common for a cataract to develop after epiretinal membrane surgery (70% within 2 years), but this can be corrected with standard cataract surgery.

The operation can sometimes cause small tears in the retina, and the retina can detach from the inside of the eye. If this did happen you would need an additional operation to repair the retina. In this case there is a small chance of complete loss of vision (1/1000 cases) or partial loss of vision (2%-5%).

After your operation

Your eye will feel uncomfortable, gritty, and itchy for a week or two. It may also look red or bruised. Regular paracetamol is usually enough to treat the discomfort. Your eye will heal over the next month or two, but your vision may continue to improve for several months. We will send you home with eye drops to control inflammation and prevent infection, and we will check your eye in clinic 2 to 4 weeks after the operation. **Please do not rub your eye as this can cause infection and damage your eye.**

If a retinal tear develops during surgery your surgeon may put a bubble of gas inside your eye to stop the retina from detaching. In this case you may have to posture with your head in a certain position, and your vision will be blurry until the gas disappears. **You must not fly until the gas has disappeared** because the bubble will expand and damage your eye. You must also **not have nitrous oxide anaesthetic** ('gas and air', or 'laughing gas') for the same reason.

We use these types of gas bubble:

- C3F8 which stays in your eye up to 12 weeks
- C2F6 which stays in your eye for 8 weeks
- SF6 which stays in your eye for 4 weeks
- Air which stays in your eye for 2 weeks

Your surgeon will tell you which type of gas is in your eye.

When to seek help

It is normal to have some discomfort after your operation, but you should contact Ward E2 immediately (**0131 536 1172**) if you have:

- Severe pain not helped by paracetamol
- Headache and nausea, or vomiting
- Loss of vision after initial improvement
- Worsening redness of your eye.

General advice after retinal surgery

- Use your eye drops as instructed
- Stay off work and take it easy for 3 weeks
- Feel free to read or watch TV in moderation
- You can shower but avoid getting water or soap in your eye
- Wear your own glasses if they help you see. Wear sunglasses for comfort
- Avoid heavy lifting or straining for 3 weeks. For example, refrain from gardening and sport and take a less active role sexually. Drinking plenty of water and eating high fibre foods can help prevent straining from constipation
- Do not drive until after your first clinic appointment
- Do not rub your eye.

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details available from:

Lothian Buses on 0131 555 6363 www.lothianbuses.co.uk

Traveline Scotland on 08712002233 or www.travelinescotland.com

Train details available from:

National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient transport

Patient transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** (calls charged at local rate) up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236** (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing inpatient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

Useful contacts

Ward E2, Princess Alexandra Eye Pavilion, Chalmers Street, Edinburgh, EH3 9HA

0131 536 1172

Useful web links

The British & Eire Association of Vitreoretinal Surgeons – https://beavrs.org