

AFTER VITRECTOMY

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You have just had vitrectomy surgery. This is a complicated procedure involving removing the gel from the rear cavity of the eye. This gel will have been replaced by either fluid, gas or silicone oil. It is normal for the vision to be worse immediately after the procedure in most cases. The vision should gradually improve over the first few weeks or months following the procedure.

Other procedures may have been performed to supplement the basic vitrectomy procedure, including peeling of membranes, scleral buckling, application of laser or freezing treatment or removal of the lens of the eye. Further procedures may have been discussed prior to your operation and may need to be performed in the future.

If you have had oil inserted, this may either be left in place (with eventual annual monitoring to check pressure if the vision is not expected to be good afterwards) or require removal at approximately 3 – 6 months post-surgery.

If you have had gas inserted into the eye, this will gradually be absorbed into the blood stream and eventually disappear to be replaced by natural fluid that the eye makes. The type of gas determines how long it remains in the eye. Air lasts 3 days, SF₆ gas remains for 2 – 3 weeks, C₃F₈ gas remains for 2 months. As the gas bubble shrinks, a line will appear in the vision which will gradually curve and get lower in the line of sight until eventually it drops below the central vision. Eventually, the bubble will assume a small round shape and finally disappear. The bubble moves with eye movements and as it gets smaller, moves quicker.

Gas or oil may cause an elevation of pressure which may be sufficient to cause ocular pain, nausea and vomiting and you may be given tablets or eye drops to control this pressure. If symptoms like this persist, you should contact the office or attend the emergency department.

The agent inserted in the eye is used to keep the retina dry and flat and this helps to allow any laser or freezing treatment that was applied during the procedure to seal off any tears or breaks or allow a macular hole to seal off. You may have been asked to position your head in a certain way and you should do this religiously in order to maximise the chances that the operation will work. Usually,

posturing is required for 7 – 10 days. Explicit instructions will be given after the procedure

Initially the eye will be somewhat sore and may feel as if there is a foreign body present. This is normal and is usually because the surface tissue has been disturbed and there may be stitches present. This will gradually settle over the first week or so.

Warning signs that you should reattend are increasing pain, increasing redness or decreasing vision. If the vision remains the same, it is not necessarily because of complications. Remember that you can always call the office for advice or attend emergency if you think there are problems. We would rather see you sooner than later when it may be too late. Be prepared to come in to be re-examined.

- **You can wash your hair or face, shower or take a bath after your surgery as long as you keep soap out of your eye.** Just close the operated eye whilst performing your ablutions!
- You can take a walk or perform light household tasks after you are discharged home and **after your period of posturing has finished.**
- **You should not perform any gardening, sport or heavy lifting for at least a month after surgery.**
- **You should not swim for six weeks after surgery.**
- If you are having general anaesthetic surgery while any gas bubble is still present you should **let your anaesthetist know** so they can avoid using nitrous oxide as this may dangerously increase eye pressure and blind the eye.
- **Do not fly in an aircraft until any gas bubble used in the eye has fully disappeared.**
Aircraft cabins are not sufficiently pressurised to allow safe travel in this case. If you were to fly, the pressure in the eye would massively increase and the eye would be blinded shortly after take-off as the gas bubble tried to expand inside the eye, eventually rupturing at the weakest point (the surgical wounds). Obviously, this would not be a recoverable situation.
If you live at a high altitude, you may need to take a tablet and/or drops to control eye pressure whenever you are there. Please let us know. You would need to make any vertical ascent or over a few hundred metres slowly to allow the eye time to adjust. You should also consider staying at a lower altitude for a few days or weeks if you get pain at higher altitudes. If you do get pain on ascending an incline, you should slow your ascent or come back down to a lower altitude until your eye has better acclimatised.
- **Do not visit your optometrist to obtain glasses until told to do so** by your ophthalmologist. You will be wasting your time and money by going too early.
- **Make sure you attend your follow up appointments** – these are very important to keep track of any changes occurring in the retina.