

Patient information leaflet

Epiretinal Membrane

Your eye specialist has told you that you have an epiretinal membrane. This information leaflet has been written to inform you of this condition and the possible treatments available. 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?

The retina is a layer of nerve cells inside your eye. When light fall on the retina, it sends signals to your brain. The macula is the area of retina used for fine central vision – for things like reading and recognising faces.

An epiretinal membrane is an abnormal layer that forms on the surface of the macula. The epiretinal membrane may pull on the underlying retina resulting in misalignment. 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. In some patients the epiretinal membrane maybe associated with previous eye surgery, after inflammation inside the eye, or blockages to retinal blood vessels.

How will it affect your vision?

In some patients the epiretinal membrane may not affect their vision. However, other report distortion or twisting of straight lines, 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 through a surgical operation on your eye. But this is only needed if the epiretinal membrane is causing visual symptom that affect your quality of life. For example, if distortion is affecting your ability to work, drive, read, or perform other important activities, and you are aware of it with both eyes open.

Will it get worse without treatment?

Not necessarily. If your vision did get worse without treatment then an operation could be performed in the future.

What is the treatment?

Surgery to remove an epiretinal membrane is usually performed under local anaesthesia with sedation. If you happen to have a substantial cataract this may be treated during the epiretinal membrane operation. The operation is done by a specialist vitreo-retinal surgeon. During the operation the surgeon removes the vitreous gel from inside your eye and gently removes the epiretinal membrane 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 & shield over your eye after the operation. This is removed the next day.

What are the benefits of surgery?

Following the removal of an epiretinal membrane, the majority of patients report an improvement in distortion. However, this is a gradual improvement over 3 to 6 months. It may not ever be as good as before the membrane developed, and you may continue to notice some difference between your eyes. In some cases, vision does not improve because of damage already caused by the membrane or its underlying cause.

What are the risks of surgery?

Although for most patients the vision improves, there is a small chance that your vision will not improve, despite surgery. There is a small chance that your vision could get somewhat worse, and a very small chance it could get much worse (less than 1:1000). Causes of severe vision loss include severe infection, bleeding, or retinal detachment.

It is very common for a cataract to develop after epiretinal membrane surgery, but this can be corrected with standard cataract surgery. The operation can rarely 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.

After your operation

Your eye will feel uncomfortable, gritty, and itchy for a week or two. It may also look red or bruised. Regular pain relief 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.

When to seek help

It is normal to have some discomfort after any operation, but you should contact The Edinburgh Clinic **0131 447 2340** (opening hours 0800-2000 Monday to Friday and reduced hours at weekends) Clinic out of hours number **07885 448248**.

Call NHS24 on **111** immediately 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
- Do not drive until after your first clinic appointment
- Do not rub your eye.

Keeping your Appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning **0131 447 2340**. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.