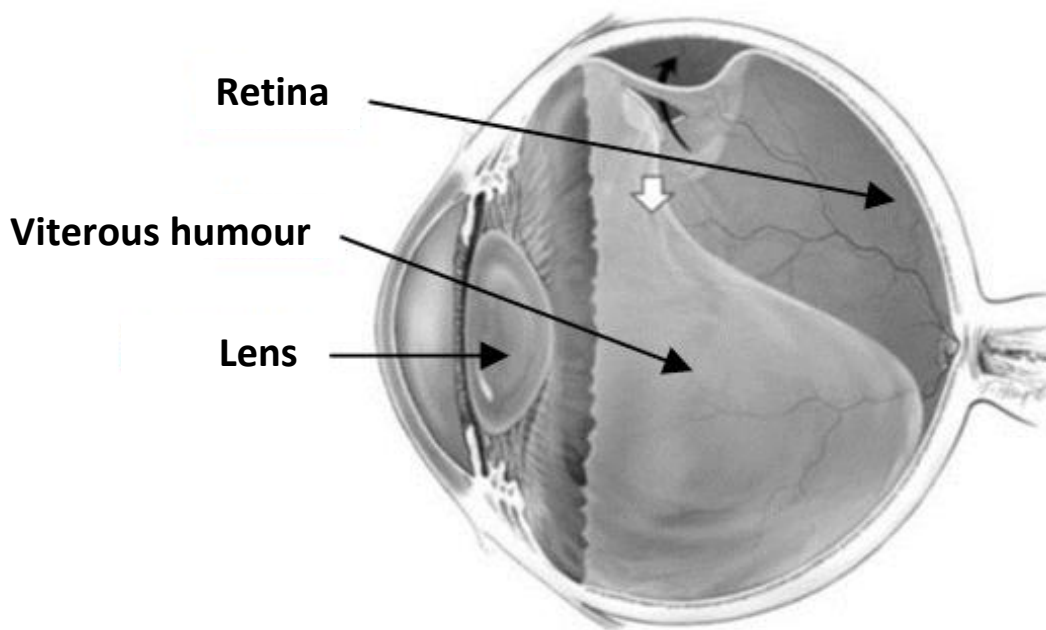




RETINAL SURGERY

You have a disease or an ocular lesion that requires retinal surgery. The retina is the fine innermost layer of tissue of the eye. It translates photo (light) stimuli into nerve signals that it sends to the brain via the optic nerve. The brain then converts the signal into images.



1. DISEASES OR INJURIES THAT CAN REQUIRE RETINAL SURGERY

Epiretinal membrane Right eye ___ Left eye ___

Epiretinal membrane is a thin membrane or scar tissue layer that forms on the surface of the retina; it contracts, which can wrinkle the retina below.

Macular hole Right eye ___ Left eye ___

A macular hole is a tear in the centre of the retina, an area known as the macula.

Retinal detachment Right eye ___ Left eye ___

Retinal detachment occurs when the retina detaches partially or completely from the back of the eye.

Vitreous hemorrhage Right eye ___ Left eye ___

Vitreous hemorrhage involves the leakage of blood into the vitreous humor. The vitreous humor is the transparent, gelatinous substance largely composed of water that fills the ocular cavity.

Vitreomacular traction Right eye ___ Left eye ___

Vitreomacular adhesion is an abnormally strong adhesion of the vitreous humor (transparent, gelatinous substance that fills the ocular cavity) and the macula, the centre of the retina.

Other: _____ Right eye ___ Left eye ___

2. RETINAL SURGERIES

Vitrectomy _____

A vitrectomy is a surgical procedure in which fine instruments are inserted into the eye to cut and remove the vitreous humor in order to repair the retina. A vitrectomy may be required for retinal detachment, vitreous hemorrhage, epiretinal membrane, macular hole, or vitreomacular traction.

Scleral buckling _____

Scleral buckling involves the surgeon placing a thin silicone band beneath the ocular muscles around the eye to support the detached retina.

Pneumatic retinopexy _____

Pneumatic retinopexy is a procedure used to fix retinal detachment through the injection of a gas bubble into the vitreous cavity to repair the retinal detachment. This technique can also be used to close a macular hole or treat a vitreomacular traction.

Depending on the problem, other complementary procedures may be used: laser, cryotherapy, membrane peeling, cauterization, gas, or oil. If that is the case, the surgeon will give you all the necessary details.

3. GENERAL INFORMATION ON SURGERY

The primary objective of surgery is to stabilize your eye to prevent your problem from worsening. You will receive intravenous medications as well as a local injection of anesthetic around the eye. Scleral buckling most likely requires general anesthesia.

The improvement of your vision will depend on the severity of your ocular lesions. Depending on your condition, your risks include: blurry vision, deformation or distortion, floaters, or incomplete field of vision. Glasses will probably not be able to correct your condition.

It might take a while before you regain visual acuity following your surgery. Do not worry! Your vision will gradually improve throughout the year. The most significant gains will occur during the first six months.

The surgeon might fill your eye with gas to facilitate repair. The effect may last two to three months. Your vision will be very blurry, as if you were under water. The gas will be progressively absorbed. You will notice a line or a circle at the bottom of your field of vision that will gradually disappear over several weeks.

If the surgeon injects gas into your eye, you must absolutely comply with the postoperative instructions: position your head as indicated (for as long as instructed by your physician, usually 1 week) and limit your activities. The successful outcome of the operation depends on it. You must wait about 3 months - until the gas is absorbed - before taking a plane or travelling in high altitudes.

4. RISKS

Any retinal surgery involves temporary or permanent risks, including:

- infection
- inflammation
- bleeding
- high or low pressure in the eye (ocular pressure)
- retinal detachment
- cataracts (unless the operation was to remove them)
- change in the appearance of the eyelid, pupil, and sclera (white of the eye)
- red eyes
- glare
- loss of vision
- dry eyes

The surgery might be unsuccessful, a second operation might be required, or the problem could worsen. There is a very low risk of complication that could result in permanent loss of vision or even blindness.

If you cannot accept the potential risks of surgery, we recommend that you wait. It is important to ask the surgeon all your questions so you can make an enlightened decision.

5. INFORMATION REGARDING EPIRETINAL MEMBRANE SURGERY

Vision improves in about 70% of cases once the eye has healed. Healing could take a few months. In approximately 30% of cases, vision will remain unchanged or even be reduced.

6. INFORMATION REGARDING MACULAR HOLE SURGERY

Approximately 85% of macular holes close, which improves vision once the eye has healed. Healing can take a few months. A minority of patients will see no improvement. The vision will remain the same or even be reduced.

7. INFORMATION REGARDING RETINAL DETACHMENT SURGERY

There are three types of surgery: vitrectomy, scleral buckling, and pneumatic retinopexy. The surgeon will select the method best suited for your case.

Even if the operation is successful, detachment might occur again in 15% of cases. Another surgery will then be required.

8. INFORMATION REGARDING VITREOUS HEMORRHAGE SURGERY

There is a notable risk that your eye will bleed again after the surgery or in the future. Normally, bleeding resolves on its own and results in fewer complications than if you had not had surgery.

9. INFORMATION REGARDING VITREOMACULAR TRACTION SURGERY

Approximately 95% of tractions are released, which improves vision once the eye has healed. Healing can take a few months. A minority of patients will see no improvement. Vision will remain the same or even be reduced.

CHECKLIST

My examination date: _____

If you need to cancel your examination, please notify staff by dialling 819-346-5210.

Location; Hôtel-Dieu de Sherbrooke, 2nd floor (Ophthalmology)
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Author

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Revision and layout

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