

Epiretinal membranes

An epiretinal membrane is a fine sheet of tissue which has grown over the back of the eye and is bending the retina at the back of the eye. The retina is the part of the eye which is sensitive to light and if it is bent, things you look at will appear bent. In particular, if the membrane is in the area that is responsible for our sharpest vision, the fovea, it may cause significant symptoms of distortion (straight lines appearing bowed or waisted or bent).

In most cases the development of an epiretinal membrane appears to be related to normal age related changes inside the eye. It frequently follows the development of a posterior vitreous detachment. In some cases it can be related to conditions such as diabetes, retinal tears, blockage of a blood vessel, inflammation or prior eye surgery.

Epiretinal membranes are not related to macular degeneration. Epiretinal membranes can but often do not usually affect the other eye. They are quite common and affect up to about 10 in every 100 people in later years (aged 60 or older).

Not all membranes need surgery. We are able to detect an epiretinal membrane during an eye examination. We usually use a scan of the eye (OCT scan) to better understand the epiretinal membrane. We offer surgery when we think your symptoms may benefit from surgery. The main symptoms that we look for when deciding to recommend surgery are blurring and most importantly distortion of vision that are interfering with your day-to-day activities.

Surgery is the only way to treat an epiretinal membrane, there are no eye drops or medications that you can take that will help, and lenses or glasses will not correct the problem.

Surgery done to remove this membrane is called a vitrectomy with peel. If you haven't read it already please read the general information on vitrectomy surgery too. The way I do this surgery is usually to do a cataract operation if you haven't had one done already, and then go inside the back of the eye and remove the gel that is inside the eye. This allows me to very gently peel the membrane away.

Risks of Epiretinal Membrane Surgery

When deciding whether or not to have an operation, it is important to realise that any operation can go wrong and you can end up worse off than you were before you started. With this type of operation, the main thing we worry about is a retinal tear, which can happen in as many as about 5 in every 100 cases. If that happened, we would have to treat the tear and put some gas in the eye to hold the retina in place. This would mean that you might not be able to see very well out of that eye for up to 2 or 3 months. Also, if we put gas in the eye, you would not be able to fly for those 2 or 3 months until the gas goes away. Sometimes, we are very unlucky and the tear isn't apparent until after the surgery. If this happens, the retina could detach. If you have a detached retina, you would eventually lose your vision, although early surgery can often prevent you from losing vision.

There are also other risks:

- About 1 in every 1,000 risk of infection (endophthalmitis). Anytime surgery is performed on the eye infection is a possible complication. Sterile technique is used during the procedure to reduce the risk of infection. Despite this, there is a chance that an infection can occur. If such an infection does occur it can be treated, although it may leave you with worse vision or in severe cases lead to blindness.
- About 1 in every 1,000 risk of bleeding. Anytime surgery is performed on the eye bleeding is a possible complication. This can occur in or around the eye and lead to permanent vision loss or even total loss of vision.
- Progression of cataract. If you have not yet had cataract surgery, having vitrectomy surgery will accelerate progression of cataract in that eye. Although not always the case, if you are over 55 you can expect to need cataract surgery in the operated eye; the timing is variable, but this is usually within the first year after vitrectomy surgery. This is the reason we normally do cataract surgery as part of the procedure, although for those younger than 45 progression of cataract may be slower and so sometimes cataract surgery is not done at the same time.

With any surgery or eye trauma there is a risk of causing inflammation to the other (unoperated) eye. This is called sympathetic ophthalmia and can usually be treated with drops or tablets but can sometimes cause loss of vision.

The overall risk of a very poor outcome (loss of sight or even an eye) is about 1 in every 100 operations; as a comparison the risk of a similar disaster in cataract surgery is about 1 in every 1,000 operations.

Outcomes of Epiretinal Membrane Surgery

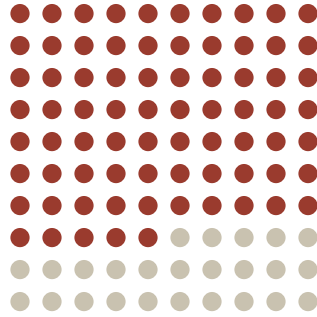
Although a majority of patients experience an improvement in vision after surgery, there are a small percentage that do not have improved vision even after technically successful and uncomplicated surgery. Often, even if a patient does not have an improvement in the level of their vision (visual acuity), they will often have an improvement of the distortion they were experiencing before surgery. Patients who have had their membranes for less time tend to get better outcomes. Patients with the worst membranes that have been there the longest time tend to get the most improvement (because they were worse before) but are still not as good as those with less severe membranes to start with.

These are the outcomes you can expect:

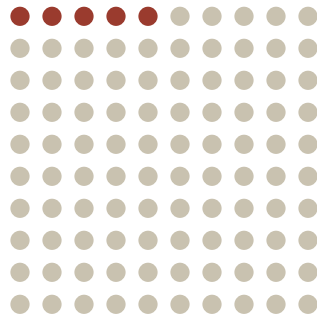
- About 75 in every 100 have improvement of symptoms
- About 20 in every 100 have no improvement of symptoms
- About 5 in every 100 have worsening of symptoms

The main risks at a glance

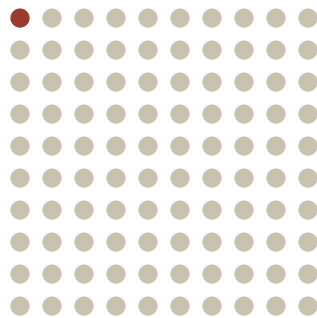
Each grid below is 100 people who have the operation; the shaded dots are those affected.



About 75 in every 100 – an improvement in symptoms after surgery.



About 5 in every 100 – a retinal tear during surgery, which we treat at the time.



About 1 in every 100 – a serious, lasting loss of sight. In cataract surgery the same risk is about ten times lower, around 1 in every 1,000.

You need to keep in mind that our goal is to improve the vision in your affected eye. Even after successful surgery, your vision will never be as good as it was before you had an epiretinal membrane.

We do most of these operations as a day case and most people who have the operation are pleased with the outcome. Whilst I have gone through lots of complications that can occur, most people who have this operation have no problems after surgery and most people who have this operation see better after surgery than they did before. If the surgery does not work, but there are no complications then the vision will be the same as it is now.

Please read the information on what to expect after surgery.

Emergency contacts: <https://www.vitygas.com/information/emergency-contacts/>

NHS patients call Limpsfield Ward or the East Surrey Hospital switchboard. Private patients use the mobile number provided.