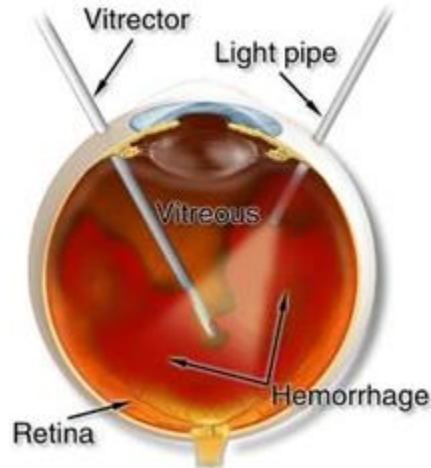
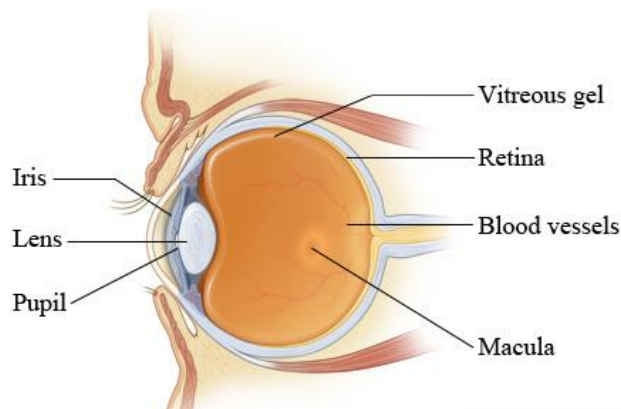


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## Vitrectomy



Vitrectomy is the surgical removal of the vitreous gel from the middle of the eye. It may be done when there is a retinal detachment, because removing the vitreous gel gives your eye doctor (ophthalmologist) better access to the back of the eye. The vitreous gel may also be removed if blood in the vitreous gel (vitreous hemorrhage) does not clear on its own.



During a vitrectomy, the surgeon inserts small instruments into the eye, cuts the vitreous gel, and suctions it out. After removing the vitreous gel, the surgeon may treat the retina with a laser (photocoagulation), cut or remove fibrous or scar tissue from the retina, flatten areas where the retina has become detached, or repair tears or holes in the retina or macula.

At the end of the surgery, silicone oil or a gas bubble is injected into the eye to lightly press the retina against the wall of the eye. Oil cannot be absorbed by the body, so if an oil bubble is used, you'll need a second procedure to remove the oil after the retinal detachment has healed.

Vitrectomy is always done by an eye doctor who has special training in treating problems of the retina.

## **What To Expect After Surgery**

Vitrectomy may require an overnight hospital stay. But it may sometimes be done as outpatient surgery. The surgery lasts 2 to 3 hours. Your eye doctor will determine if the surgery can be done with local or general anesthesia.

You may need to position yourself in a certain way at home for a while. Your doctor will tell you what position to lie in so that the gas or oil can push against the detachment.

Contact your doctor right away if you notice any signs of complications after surgery, such as:

- Decreasing vision.
- Increasing pain.
- Increasing redness.
- Swelling around the eye.
- Any discharge from the eye.
- Any new floaters, flashes of light, or changes in your field of vision.

## **Why It Is Done**

Vitrectomy may be done to:

- Repair or prevent traction retinal detachment, especially when it threatens to affect the macula.
- Repair very large tears in the retina.
- Reduce vision loss caused by bleeding in the vitreous gel (vitreous hemorrhage) when bleeding is severe or when the blood does not clear on its own after several months.
- Treat severe proliferative retinopathy that causes severe scar tissue formation or when growth of new blood vessels on the retina (neovascularization) continues despite repeated laser treatment.

An oil bubble can be used in this surgery. Because an oil bubble does not move around in the eye as much as a gas bubble moves around, your eye doctor may suggest this type of surgery instead of other retinal detachment surgeries. The oil bubble may make the surgery

and recovery easier for older adults, young children, and anyone who may have trouble keeping his or her head and eye in the proper position.

## **How Well It Works**

Vitrectomy has been shown to greatly improve visual acuity in many people who have severe vitreous hemorrhage that has not cleared on its own.

In general, surgery can restore some vision that is lost as a result of traction retinal detachment and may help prevent further detachment. But the results tend to be better when the detachment has not affected the center of the retina (macula) and the central vision it provides.

## **Risks**

Vitrectomy may cause elevated pressure inside the eye (intraocular pressure, or IOP), especially in people who have glaucoma.

There are several other serious, vision-threatening risks linked to vitrectomy. These include:

- Further bleeding into the vitreous gel.
- Retinal detachment.
- Fluid buildup in the clear covering of the eye (corneal edema).
- Infection inside the eye (endophthalmitis).
- Cataracts may form after surgery.

## **What To Think About**

One of the main uses of vitrectomy is to remove blood from the middle of the eye, a condition called vitreous hemorrhage. When vitreous hemorrhage occurs, some doctors may recommend waiting several months to a year to see whether the vitreous gel will clear on its own before they do a surgery that can have serious complications.

But if the hemorrhage is causing severe vision loss or is preventing treatment of severe retinopathy, surgery may be done sooner rather than later. Some studies have shown that long-term results are better with early vitrectomy.

There are a few ways to repair a retinal detachment. The chance that each surgery type can help restore good vision varies from case to case. The cause, location, and type of detachment usually determine which surgery will work best. Other conditions or eye problems may also play a role in the decision.

You may need more than one surgery to reattach the retina if scar tissue from the first surgery grows over the surface of your retina.