Epirotinal membrane

Your eye specialist has told you that you have an epirotinal membrane. This leaflet will help you decide what to do. You might want to discuss the information with a relative or carer. If you have an operation, we will ask you to sign a consent form, so it is important that you understand the information in this leaflet before you agree to go ahead with surgery. If you have any questions, you might want to write them down to help you remember to ask one of the hospital staff.

What is an epirotinal membrane?
If you think of your eye as a camera, the retina is like the photographic film. It is a very thin layer of tissue, which is sensitive to the image focused on it, and sends information to the brain.

At the very centre of the retina is the macula. This is a very special area of the retina, which we use for reading and recognising complex shapes. Sometimes, scar tissue forms which grows across the macula. As the membrane contracts, it causes distortion of the retinal tissue. If this happens, the macula cannot work normally. This affects the vision, particularly for reading and other visually demanding tasks. However, it does not cause total blindness.

What causes an epirotinal membrane?
In most cases, there is no underlying cause of the epirotinal membrane. It is thought to happen because the vitreous (the jelly inside the eye) pulls away from the retina. This most commonly happens to people over the age of 50. The membrane may also form following eye surgery or inflammation inside the eye.

How will an epirotinal membrane affect my vision?
While the scar tissue is developing, it does not appear to affect your vision. However, when it stops growing, it contracts (shrinks) and causes distortion of your central vision – for example, straight lines appear wavy or crooked in appearance, and reading is difficult. Depending on the severity of this distortion, you might notice a substantial loss of central vision.
How is an epiretinal membrane treated?
The only way to treat an epiretinal membrane is by having an operation. Eye drops or glasses will not help.

Should I have surgery for my epiretinal membrane?
Your doctor will help you to decide if surgery is appropriate for you. The main reason to proceed with the operation is to attempt to correct the distortion of your central vision. If you are not aware of any visual problems, you might not need to have surgery. However, if the distortion affects your ability to work, drive, read, or perform other important activities, you should consider having an operation.

Some patients decide not to have an operation and accept the distorted central vision in the affected eye. This is reasonable, especially if the vision in the other eye is not affected. There is no “right” or “wrong” decision, as every person has different needs and priorities.

Will the problems get worse if I leave it?
Not necessarily. In general, you should only go ahead with surgery if you find the distortion of your vision troublesome at the moment, and not as a preventative measure.

Your surgery
Most epiretinal membrane surgery is done under a local anaesthetic but some are done under general anaesthetic. The details of anaesthesia will be given to you separately, and is available on our website at http://www.moorfields.nhs.uk/content/having-operation.

The operation will be performed by an experienced surgeon. A more junior surgeon might perform some, or all, of your operation under the supervision of an experienced surgeon.

You will need an operation called a “vitrectomy”, which involves your surgeon making tiny cuts in your eye and removing the vitreous from inside. Your surgeon will then grasp and gently peel away the epiretinal membrane from the retina.

Sometimes we put small stitches in the eye. These dissolve naturally over about four to six weeks. At the end of the operation, we usually put a pad and shield over your eye to protect it. These will be removed the morning after your surgery.

After your operation
- Your eye will feel uncomfortable, gritty, and itchy and might appear red or bruised – this is normal for seven to 14 days
• Take paracetamol for pain relief every four to six hours
• The eye takes two to six weeks to heal, but the vision may continue to improve for several months
• You will be reviewed in clinic about two weeks after the operation
• We will give you eye drops to reduce any inflammation, to rest the eye and to prevent infection and we will explain how and when you should use them

Please don’t rub your eye

When to seek advice
While a certain amount of discomfort is normal after the surgery, if you experience a lot of pain, loss of vision and/or increasing redness of the eye, you should telephone Moorfields Eye Hospital Direct for advice on 020 7566 2345 or attend your local A&E department or the Moorfields 24/7 A&E department which is open for emergency eye problems only for a further examination.

What improvement in my vision can I expect after the operation?
After an epiretinal membrane is removed, vision gradually improves over a period of three to six months in 70%-80% of patients. However, in some cases vision may not improve following surgery, due to damage already caused by the membrane. In about 10% of patients, the membrane may return, which will cause the visual problems to recur.

Surgery usually improves the vision in the affected eye, but it will never be completely normal.

What are the side effects of surgery?
A vitrectomy operation can cause small tears to form in the delicate structure of the retina, which may cause the retina to move away from its normal position at the back of the eye (retinal detachment). Sometimes, the surgeon can see this problem starting during the vitrectomy operation, and will put a bubble of gas into your eye to prevent any damage occurring. However, if you did experience a retinal detachment, you would need to have another (different) operation to prevent sight loss in the affected eye.

There is a 1:1000 chance of total loss of vision (blind eye) and a 2-5% chance of reduced vision after this type of surgery.

If gas is inserted into your eye during the vitrectomy operation, you may have to posture (keep your head in a certain position) after the operation while the gas bubble dissolves. During this time (about two weeks), your sight will be blurred. A member of staff will provide you with a separate posturing leaflet to assist you with this or you can view it here.

The likelihood of getting a cataract (where the lens in your eye becomes cloudy) increases after a vitrectomy, so you might
need surgery for this condition sometime in the future.

**Useful contacts**
- Advanced nurse practitioner, vitreo-retinal service: phone 020 7253 3411, bleep 417 (Monday/Tuesday/Thursday)
- Senior staff nurse, vitreo-retinal service: phone 020 7253 3411, bleep 422 (Monday–Friday)

Moorfields’ PALS team provides confidential advice and support to help you sort out any concerns you may have about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

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**Your right to treatment within 18 weeks**
Under the NHS constitution, all patients have the right to start their consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further – see above for contact details. For more information about your rights under the NHS constitution, please visit [www.nhs.uk/choiceinthenhs](http://www.nhs.uk/choiceinthenhs).

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**Moorfields Eye Hospital NHS Foundation Trust**
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

**Moorfields Direct telephone helpline**
Phone: 020 7566 2345
Monday to Friday, 9am to 9pm, for information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

**Patient advice and liaison service (PALS)**
Phone: 020 7566 2324 or 020 7566 2325
Email: pals@moorfields.nhs.uk