



Lamellar macular holes

The retina is the thin layer of cells that lies at the back of the eyeball (as shown in Figure 1). Its role is to sense the light which gets into the eye and send that information to the brain. The central part of the retina is called the macula and this is the area we use for reading and recognising complex shapes.

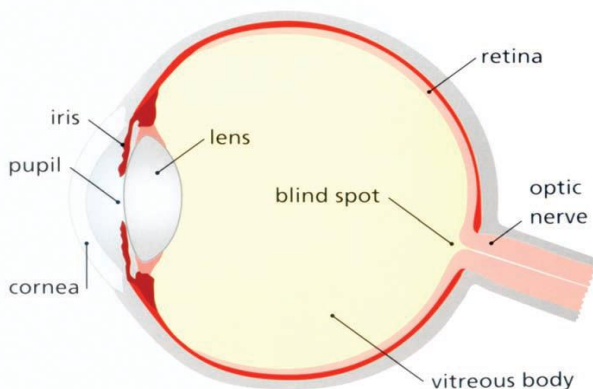


Figure 1: A healthy eye

The internal cavity of the eye is filled with a viscous like gel called the vitreous humour. Posterior vitreous detachment refers to the natural process when this gel pulls away from the retina as we age. After the vitreous gel comes away from the retina, or at the same time this process happens, a small amount of tissue may be displaced. This displaced tissue may

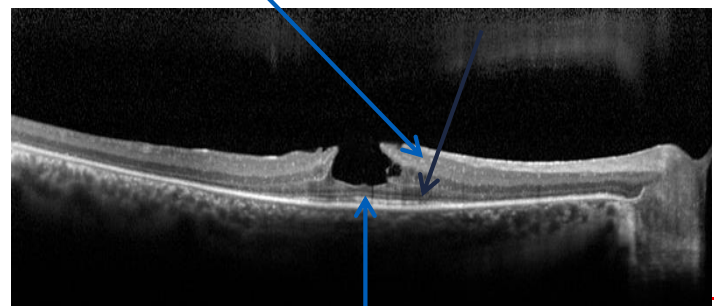
form a lamellar hole, and in many cases may only be diagnosed on a retinal scan.

Sometimes lamellar holes are associated with other conditions such as cystoid macular oedema, epi-retinal membrane or vitreo macular traction. We will assess your eye for all of these conditions when you are seen at the vitreo-retinal clinic.

The image below shows how a lamellar macular hole appears on a retinal scan. Notice the intact outer layers of the retina.

Inner retina

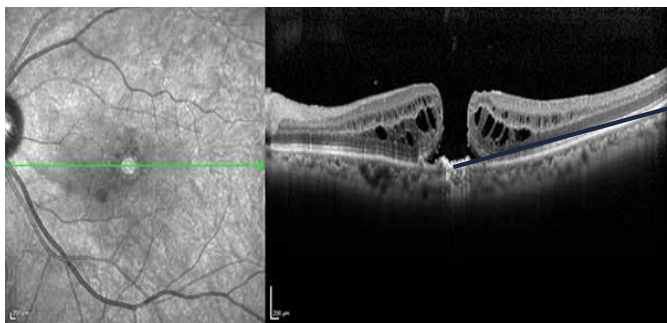
Outer retina



Unbroken outer retinal layer

The next image shows a full thickness macular hole, which shows the disruption of the outer layers of the retina.

Disruption of outer retinal layer



we can perform an operation to repair the hole by removing the vitreous gel and placing a gas bubble inside the cavity. Our macular hole information leaflet describes this surgery in more detail.

Author: Yvonne Kana
Revision number: 2
Approval date: May 2018
Review date: May 2020

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-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)
Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you through the different services available

Frequently asked questions (FAQ's)

What are the symptoms of a lamellar macular hole?

You may notice that your vision is blurry or that objects appear distorted. Straight lines such as the edges of doors and windows may appear bent. Sometimes you may not have any symptoms and your vision may not be affected. In general, your vision will not get progressively worse.

Is a lamellar macular hole the same as a macular hole?

No. A macular hole is a **full thickness** defect in the macula whilst a lamellar macular hole is only a **partial thickness** defect in the macula.

Is there any treatment for a lamellar hole?

Surgery does not help in the treatment of lamellar holes. Although the symptoms of lamellar holes can be annoying, they usually do not get worse. Very rarely, a lamellar hole will progress to a full thickness macular hole. If this does happen, in most cases



at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin 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 more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

