

## **Stephen Lash Post operative instructions- Combined Surgery (Cataract and vitrectomy)**

**You will have had this surgery most commonly for  
Epiretinal Membrane, Macular Hole or floaters.**

### **Immediately post op**

You will leave theatre with a pad and clear shield over your eye. You will get a cup of tea and some instructions. The shield and pad will stay on until the next morning. Go home and relax.

You may want to take your normal 'over the counter' paracetamol or ibuprofen and these are fine at the correct dose. Some people describe incredible light shows in their vision the first night. Enjoy them and do not worry.

### **First Morning**

Remove the pad and shield. The eye should be reasonably comfortable but may ache a little or feel a bit gritty and it may be red. If you need to clean the eye (Unlikely) then use some boiled and cooled water to clean the lids but most of the time your eye will be just fine.

Start your drops leaving about 5 minutes between each so that one drop does not wash another drop out.

### **Drops (Any long term drops previously prescribed please continue as normal)**

You will be given antibiotics and anti inflammatory drops either separately or in combination. If I filled the eye with air or gas then you will be given Diamox tablets to prevent a pressure spike, these can give you tingles around the mouth

and can make you feel a bit 'heavy'. You will be given a drop to reduce pressure (Usually Timolol). I use different hospitals and the regimes vary but in essence you get the same classes of drugs. The separate drops would be Chloramphenicol (Antibiotic) and Maxidex (Steroid) and sometimes a non steroidal drop (Acular, Nevanac or Yellox). The most commonly prescribed combined drop would be Tobradex (Antibiotic and steroid together).

Make sure you have washed your hands. One drop is more than enough for the eye and avoid touching the top of the bottle with your hands or lids or lashes. There are many techniques but I find looking high up, pulling the lower lid down with your head lifted and dropping into the lower lid the best way but as long as one drop hits the eye you have delivered enough! Some people find it easier laying flat.

### **First day**

Either myself or a nurse will call you to check you are ok.

### **Vision**

#### **If you have had Epiretinal Membrane / Floaters**

You will have an air bubble bobbling around in the lower half of your vision and this will get smaller, rounder and lower over the week. Some people see the fluid level as a line across the vision. **THIS IS NORMAL.** Above the bubble will be clear but may have a few bits floating around.

If I found tears on the retina I may well leave your eye full of air or gas and this takes about one week to go for air and two weeks or more for gas. You will see nothing on day 1 with an eye full of air/gas. You cannot see, fly or drive with air/gas in the eye. Flying or going up 'The Shard' in London,

will cause the bubble to expand and the pressure in the eye will go up until it stops blood getting into the eye and sight is temporarily lost and it becomes very painful. If this lasts for several minutes sight could be lost permanently. So do not fly with gas in the eye!

### **If you have had a Macular Hole**

Your eye will be full of gas and this will last two weeks, five weeks or two months and you cannot see or fly or drive with gas in the eye. I use the shortest acting gas I can for this reason and this will have been discussed in clinic and on the day of surgery. Above the bubble will be a thin strip of light and this will enlarge as the bubble gets smaller, rounder and lower. If you want to play a game then hold your head looking down at the floor and then bring some reading material up to the eye very close (End of your nose territory). If the lines are straight and you can read then the hole has already closed! If not do not worry, it may take time. I do not posture with macular holes, just avoid laying flat on your back for the first week but then get back to normal.

### **Posture?**

I would only get you to posture if tears formed at the bottom of the retina. Gas floats and so in order to close inferior breaks I may get you to posture on one side or the other, on your back or eyes down for 5 days 45 min per hour. It does not happen very often!

Keep taking the drops at regular intervals. Keep the eye clean and avoid getting water from a tap into it over the first week. Infections are very rare and we usually never find out the cause but if you have done something you may blame yourself and I do not want that, so squeaky clean for the first week please.

## **First week**

Once the bubble clears the half way, detail vision should start to return. Discomfort (if any) will improve. It should be getting better every day. I have never fully understood the heavy lifting thing, I am very happy for you to live a normal life, just keep the eye clean and avoid any situation where you may suffer a blow to the eye. Just be sensible. If you need to read to work then read. If the air bubble has gone and you can read the number plate and are using both eyes you can drive. Again be sensible an honest and do not put others at risk by driving too soon.

## **WARNINGS FOR WEEK ONE**

**Severe pain** with redness and significant **loss of vision** should warrant an immediate **phone call**. Please call us or email us first rather than the NHS. Infection is rare but usually presents over the first week and it needs to be dealt with as soon as possible with an injection of antibiotics into the eye and this may require treatment in the NHS.

A severe toothache like pain or **dull ache** over the eye and brow may indicate **raised pressure**. Seek urgent attention as this is easy to deal with and you need not be in pain. Let us know.

## **Second week- I will review you in clinic this week.**

The eye will be settling down. Any air bubble will have resolved and any gas bubble will be getting smaller and roudier and lower in your vision. Above the bubble should be clear.

## **Epiretinal membrane**

REMEMBER: 50% of patients with Epiretinal membrane will have vision no better or even worse than before surgery. Three months is the first time to assess if it was all worthwhile! (It gets better out to a year)

## **Macular Hole**

If the bubble has gone you will see straight ahead. If the hole has closed vision should have improved but there may well be central distortion. This will settle over months.

Get back to normal now although avoid swimming, saunas and hot tubs until two weeks are up. The eye will be comfortable although dry eye is common as we age and surgery can upset dry eye for a short time (Gritty sensation and possible fluctuation in vision hour by hour). Continue the drops and if you need artificial tears then use them between your post operative drops. Do not dilute the post op drops with tears! Many people will see the edge of the lens which give an arc of light, this also settles and is nothing to worry about.

I am really hoping that during our meeting in clinics, your time in surgery with me chatting away and from my website that you will feel prepared and informed and I hope this leaflet gives further reassurance and peace but if in contact us.

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