

Having a choroidal graft in your eye for wet macular degeneration

Department of Ophthalmology

Information for Patients

Produced: September 2020

Review: September 2023

Leaflet number: 333 Version: 2

Introduction

Your eye doctor has suggested a choroidal graft operation to help with your advanced wet age-related macular degeneration (AMD).

It is important that you understand the information in this leaflet before you agree to go ahead with the operation. You might want to talk about this information with a relative or a carer. If you have any questions, write them down and ask at your next visit to the hospital.

Why do I need this operation?

This operation helps to remove the choroidal neovascular membrane (CNV) which is causing problems in the macula area of your eye. These are abnormal blood vessels that develop under the retina and they often bleed and lead to scarring. This causes you to lose vision, especially your central vision, meaning you can have difficulty reading and seeing fine details. This is because the macula is responsible for your sharp, fine detail vision.

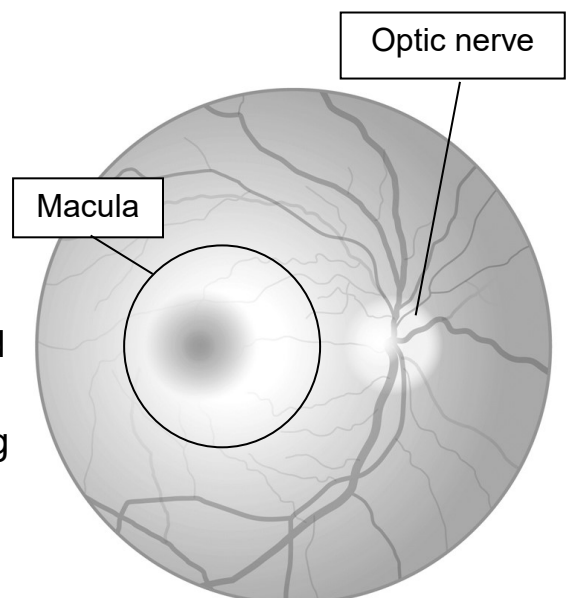


Image shows the back of the eye

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or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

The main benefit of this operation is to stop the wet AMD from causing your vision to get worse. Any damage that is already there might be difficult to repair but your vision may improve slightly.

The procedure has been offered to you because your eye did not get better, or is not likely to get better with the regular injection treatment for wet AMD.

You can ask your eye doctor for further information about AMD and the leaflet for treatment of AMD, if you want to know more.

Having an anaesthetic

This procedure is normally done under a local anaesthetic so you will be awake during the operation. You will not be able to see what is happening but you will hear the machines around you and you may be aware of a bright light.

The local anaesthetic is injected into the area around the eye which will numb the eye. This is a day case procedure which means that you can go home on the same day.

If you need a general anaesthetic you will be asleep for the procedure. We will ask you not to eat or drink several hours before we take you into the operating theatre. The anaesthetist will talk to you about this before the operation, and you can ask any questions that you have. During the operation your heart rate, breathing, blood oxygen and blood pressure will be checked. You may feel tired or sleepy for about 6 to 12 hours after the operation. It will still be a day case procedure and patients usually go home on the same day, even after a general anaesthetic.

Please see the 'You and your anaesthetic' leaflet at: www.rcoa.ac.uk/document-store/you-and-your-anaesthetic

What happens during the operation?

The surgery involves removing the cloudy lens (cataract) at the front of your eye and replacing it with a plastic lens. If you have already had cataract surgery in that eye then this step is not needed.

In the same operation we remove the gel-like fluid (vitreous) inside your eye in order to get access to the sensitive tissue at the back of your eye (retina), as this is where the macula is.

We then go under the retina to remove the scar tissue that is causing the problem. A patch of tissue from a healthier part will be removed and patched into the macular area.

The retina is put back into place and laser treatment is used to seal the retina. The inside of the eye is filled with silicone oil to create a bubble, which will help keep the retina in place. We usually put small stitches in the eye which will dissolve on their own.

This silicone oil acts as a replacement for the vitreous that was removed. Once your doctor is happy that your retina is healing well, the silicone oil will be removed. This could be a few months after your operation.

At the end of the operation we will put a pad and shield over your eye to protect it.

After the operation

- If you have discomfort take pain relief such as paracetamol every 4 to 6 hours. **Do not** take aspirin as this can cause bleeding.
- It is normal to feel itching and mild discomfort for a short while after this surgery. It is common for your eye to be a bit watery. These symptoms usually ease after a few days. In most cases the eye will heal within 6 weeks.
- We will give you eye drops to reduce pain and inflammation, and to help stop infection. We will tell you how to use the eye drops.
- Remember not to rub your eye.
- Try to rest while your eye is healing.

Certain symptoms can mean that you need urgent treatment. Contact the hospital immediately if:

- pain gets worse
- your vision gets worse
- the redness in your eye gets worse
- fluid or mucus is leaking from your eye (discharge)

Positioning of your head after the operation

When a silicone oil bubble is put in the eye, we may ask you to keep your head and body in a certain position. This is called 'posturing' and the aim is to press the oil bubble against certain parts of the retina. We usually ask you to keep your head still for long periods of time and we may ask you to sleep in a certain position at night. We will tell you how long you will need to do this for after the procedure. By following our instructions you will give your operation the best chance of success.

What are the risks of the operation?

As with any operation, there are risks of complications happening. Most of the complications which can happen, can be treated.

The more serious complications, such as the retina becoming loose (retinal detachment) can result in vision loss, blindness and a painful eye.

Possible complications:

- Bleeding (about 10 in every 100 people).
- Infection of the eye.
- Scar tissue coming back (12.5 in 100).
- Retinal detachment, needing further surgery (8 in 100).
- Inflammatory reaction after the operation (proliferative vitreoretinopathy (PVR)). This can lead to scarring and may need further surgery (5 in 100).
- Poor blood circulation in the new patch at the back of the eye (5.5 in 100).
- High eye pressure (5.5 in 100).
- A membrane over the macula (9 in 100).
- A hole in the macula (7 in 100).

What vision can I expect after the operation?

It is normal for your vision to be blurred while the oil bubble is there.

More than half of patients see better up to 1 year after the operation and 46% see just as well after 8 years.

You may not be able to read using the operated eye. From a distance, you may not recognise faces or be able to read car number plates. Glasses may or may not help with this. However, you usually keep your side vision and this allows you to see people and objects approaching from the sides. This is important in everyday activities such as going out and climbing stairs.

What alternative treatments are available?

There are other procedures that have been suggested for treating your eye condition, such as 'rotation of the retina' or 'translocation of the macula'. These procedures have a higher risk of complications and we do not currently offer them at Leicester's Hospitals.

Continuing with injections of medication into the eye for wet AMD is also an option, but if you have been offered this surgery it is likely that this option has already been tried and not worked, or is unlikely to work.

Having check-ups without any further intervention is also an option, but your vision is unlikely to get better. Having wet AMD does mean that your vision is likely to get worse over time.

Any questions?

We hope this information will help you decide about the surgery. Your doctor or nurse will be happy to answer any further questions you may have.

Contact details

If you have any concerns or queries that cannot wait until your appointment, please contact the Eye Department secretaries on 0116 258 6864.

If you think you may have a problem with your eye after your surgery, you should contact the **Eye Casualty Department on 0116 258 6273**, or go to Eye Casualty which is in the Windsor Eye Clinic, Level 1, Windsor Building, Leicester Royal Infirmary:

Opening times: Monday to Friday, 8.30am to 4.30pm

Saturday & Sunday, 8.30am to 12.30pm

If your problem happens outside of these hours and you feel it is urgent, you should attend the main Adult Emergency Department at Leicester Royal Infirmary.

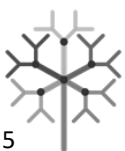
اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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