



Procedure Information – Pars Plana Vitrectomy

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

Vitreous humour is a clear, transparent jelly-like substance inside the eye in front of the retina. Pars plana vitrectomy is a microsurgical procedure to remove the vitreous humour and replace it with vitreous substitutes like special saline solution, gas or silicone oil.

Indication

Pars plana vitreous is used to treat various kind of vitreo-retinal disorders including:

- Vitreous haemorrhage or inflammation.
- Retinal detachment.
- Proliferative diabetic retinopathy (including vitreous hemorrhage).
- Macular hole.
- Epiretinal membrane (macular pucker).
- Intraocular infections (endophthalmitis).
- Retained lens material or dislocated lens implants following cataract surgery.
- Intraocular foreign body.
- Traumatic eye injuries.

The Procedure

1. The procedure can be performed under general or local anesthesia.
2. Small cuts are made in the sclera, the white of the eye, for placement of fine surgical instruments into the eye during the procedure. Tiny dissolvable stitches may be used to close the wound. It is also possible to perform such surgery without the use of stitches.
3. Vitreous jelly, blood, scarred tissue and fibrous membranes etc. are removed through the small surgical wound by special instruments.
4. Special silicone rubber or sponge may be used if scleral bucking procedures are performed for the repair of retinal detachment. Intraocular gases or silicone oil may be used to flatten and support the detached retina towards the wall of the eye and keep it in place to allow time for healing. The intraocular gas will go by itself in a few weeks. If silicone oil is used, a second operation may be required to remove it in future when the retinal condition is stable.
5. Laser or cryotherapy may be used during surgery to seal breaks in the retina which have caused the retinal detachment. They may also be used for retinal ablation in advanced diabetic retinopathy.
6. The procedure usually takes 1-2 hours, but it may take longer in complicated conditions or when combined procedure is performed such as scleral buckling or lens removal.

Possible risks and complications

Par Plans Vitrectomy has been commonly performed and perfected for over the past decades. However, it carries some possible risks. They include:

- Retinal tear or retinal detachment.
- Infection.
- Cataract formation or progression.
- Bleeding inside the eye.
- Increased pressure in eye or glaucoma.
- Hypotony.
- Corneal edema or degeneration.
- Refractive changes.
- Retinal vascular occlusion.
- Macula changes including epiretinal membrane or macula edema.
- Visual field loss.
- Anterior segment ischemia, exposure of explants and squint related to scleral buckling procedure.
- Failure to attach the retina or retinal re-detachment, necessitates additional operations or treatment.
- Retinal detachment.
- Recurrence of disease process.
- Blindness or loss of eye.
- Sympathetic ophthalmia.
- Risks of anaesthesia.
- Proliferative vitreoretinopathy.



Procedure Information – Pars Plana Vitrectomy

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

Before the Procedure

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Blood tests, chest x-ray may be necessary to prepare for general anaesthesia.
3. Fasting may be needed, as instructed by healthcare professional.
4. Inform your doctor if you have systemic diseases such as hypertension, stroke, heart disease, diabetes or if you are taking regular medications (especially blood thinners such as Aspirin or Warfarin), traditional Chinese medicine or health supplements.

After the Procedure

A. After the procedure

1. The operated eye will be swollen, red and sensitive. Tearing and gritty sensation may be experienced.
2. Vision may remain blurred during the early postoperative period especially when gas has been injected into the eye or when the eye condition is not stable yet.
3. If gas or oil has been injected into the eye, you will be advised to maintain a special posture, for example, in a face-down position or lie on your front in bed as much as possible. The maintenance of this posture is important for recovery and success of the operation.
4. Since many vitreoretinal diseases are usually severe and potentially blinding in mature, full recovery of vision may not be possible. Final visual outcome depends on the severity of the disease, the response and recovery of the eye and the occurrence of any significant complications.
5. Re-operation may be required if the disease process cannot be settled or if there is any significant complications.
6. Use medications as directed.
7. Avoid washing your hair for the first week and to wear clothes with buttons rather than pullovers in order to avoid the clothes coming into contact with the operated eye to prevent infection.
8. Leave some light on when you go to toilet at night to avoid fall as you may not be accustomed to the eye-padding or blurred vision after surgery.

B. Home care after procedure:

1. Follow the instruction to instill eye drops or apply eye ointment, see the doctor as scheduled.
2. Maintain the special postoperative posture for the specified duration as advised by the doctor.
3. Do not travel in airplane or go to high altitude when gas was injected inside the eyeball until it has been absorbed completely (as advised by doctor). The reduced atmospheric pressure causes the gas bubble to expand, which can raise the pressure in the eye to dangerous levels. Your vision will usually improve gradually when the eye is recovering well and the gas is being absorbed.
4. Do not rub our eyes.
5. Avoid water, soap or shampoo from getting into the eye.
6. AVOID SWIMMING, contact sports or vigorous activities.
7. If you need other general anesthetic operation before the full absorption of the injected gases, please inform the attending anaesthetist that a special gas had been injected inside your eyeball and need special precaution. Wear your special bracelet and keep the gas card with you until the gas is completely absorbed.
8. If your vision worsens suddenly, or if you have fever and chills, or if you have increasing eye redness, swelling, pain, or discharge, you should see your doctor immediately or seek medical attention at nearby accident and emergency department.



Procedure Information – Pars Plana Vitrectomy

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relative
Name

Signature

Relationship (if any)

Date