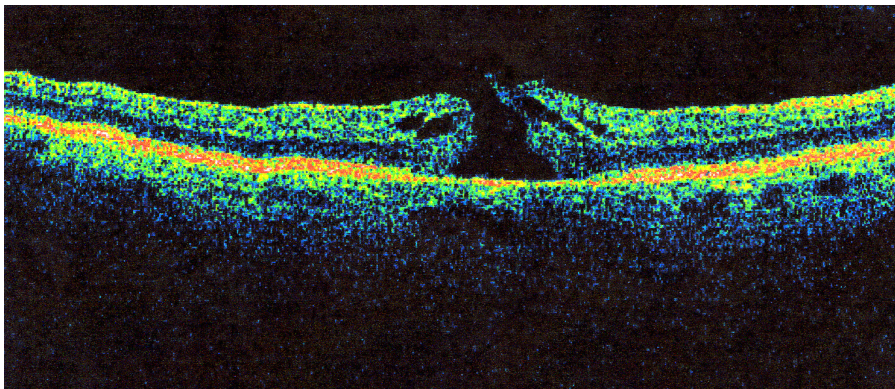


## Macular holes - Patient Information

### What is macula hole?

The eye is like a camera, there are lenses at the front, and a light sensitive film ([the retina](#)) at the back, between these lies a layer of transparent jelly-like tissue - the vitreous. The retina is attached to the vitreous. As we get older the vitreous detaches from the back of the eye and can pull on the retina. If the gel pulls on the centre of the retina ([the macula](#)) and a hole can form, these are called macular holes.



A OCT retinal scan of a macular hole  
showing centrally elevated and broken retina.

### What are the symptoms of a macular hole?

The macula provides us with focused vision for distance and reading vision. A macular hole will cause distortion and blurring of vision, straight objects can appear crooked or have a 'waist'. Colour vision is also reduced.

**How is a macular hole treated?**

A macula hole is treated with a vitrectomy operation, this is often combined with a cataract operation. Three tiny instruments are passed through the white of the eye into the vitreous. The gel is removed, any visible membrane peeled from the retina and then the eye is filled with a gas. The gas stays in the eye for around 50 days. Over the first month or so the vision is reduced by the gas and then the vision improves.

**What happens during your treatment?**

The treatment can take place in the day case theatre. First your pupils will be dilated with drops, this takes about 20 minutes. Then an anaesthetic will be infused around your eye. Once the eye is fully numbed, it is cleaned with an antiseptic, and a sterile drape is placed over it. The operation usually takes 30-40 minutes.

**Is the operation successful?**

This operation is generally successful, however in 10-15% of patients, the hole does not close and re-operation is needed. Once the hole closes most patients see an improvement of vision, however it may take 3-6 months for the full effect to take place, and unfortunately about 1:5 patients see little improvement in vision even when the hole closes.

**Are there any risks of treatment?**

Some patients develop a retinal detachment, which can reduce vision dramatically. If detected early these can also be operated on and vision restored. Other risks include infection of the eye, and recurrence of the macular hole.

**What happens after your treatment?**

Immediately after the treatment, your eye will be padded and kept comfortable, you may be asked to take some Diamox tablets to control post operative pressure rises. Your eye will be examined the following day and post operative drops will be prescribed. You will not be able to see well from your eye for at least one month, you should not fly or have a general anaesthetic as both could cause blindness.

**Is a macular hole the same as macular degeneration?**

No, macular holes and macular degeneration are two separate and distinct conditions. Macular degeneration is a condition affecting the tissues lying under the retina, while a macular hole involves damage from within the eye.

**What are the chances of a macular hole in the other eye?**

The risk of developing a macular hole in your other eye is relatively small, however the risk of developing a macular hole in the other eye around 5% per year.

**Can I prevent a hole forming in the other eye?**

There is no known way of preventing a macular hole in the second eye, however you will notice the symptoms rapidly and can be operated on immediately.

**How long can macular hole surgery wait?**

The best results happen when the macular hole has been present for under 3 months. If it has been present for more than a year, then the chance of recovery is small.

**What are the new developments Macular hole treatment?**

We now combine with cataract surgery to ensure faster visual rehabilitation for our patients. Initial findings show good success rates with few complications of combined surgery.

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