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# Epiretinal membrane – Patient Information

## What is Epiretinal membrane?

The retina is a thin layer of light sensitive cells lie at the back of the eye. Generally the retinal is between 70-200 thousandths of a millimetre. It is attached to the jelly in the eye – called the vitreous. As we get older the vitreous detaches from the back of the eye. As is does so cells are released into the vitreous cavity. These cells lie on the retinal and form collagen, which looks like a thin layer of cling film plastic. This then contracts across the retina. The retinal then becomes thickened and distorted and vision becomes blurred.

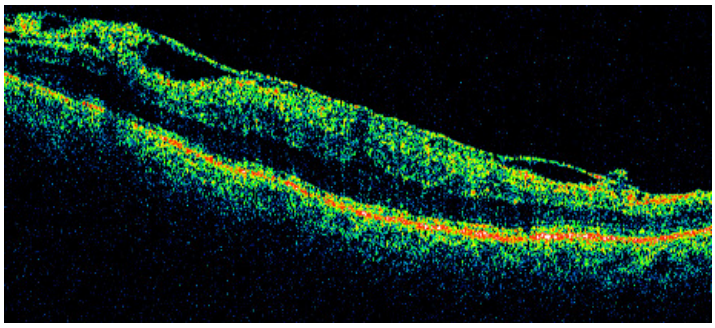
An Epiretinal membrane- abnormal
glistening of the retina, and wrinkling of the retina.

## What are the symptoms of Epiretinal membrane?

The macula provides us with focused vision for distance and reading vision. Epiretinal membrane will cause distorted and blurred vision. Straight lines will appear bent or crooked, and reading can become difficult.

## Will I need any special tests?

You will commonly need to have an OCT examination and in some slightly abnormal cases a fluorescein angiogram will be ordered.



An OCT of an epiretinal membrane, showing a thickened layer on top of the retina.

## How an epiretinal membrane treated?

An epiretinal membrane is treated with an operation called a vitrectomy. The treatment can take place in the day case theatre. First your pupils will be dilated with drops, this takes about 20 minutes. The eye is anaesthetised with a local anaesthetic. Three small incisions are made and the gel in the eye is removed. Following this a dye is used to stain the epiretinal membrane and this is then peeled from the back of the eye using some micro-forceps.

## Are there any risks of treatment?

The development of cataract is the most important risk, with most patients needing cataract surgery within 12 months. Fortunately these are usually very successful and further improve the vision. 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 reoccurrence of the epiretinal membrane.

## What happens after your treatment?

Immediately after the treatment, your eye will be padded and kept comfortable. Your eye will be examined the following day and post operative drops will be prescribed. These will consist of steroids to reduce the inflammation and antibiotics to prevent infection. You will probably not see well from your eye for at least one month and then the vision improves over the next 12 months. Over time the vision can improve dramatically in around 70% of patients. In some patients the surgery can be successful, however the vision may not improve. For most people having retinal surgery cataracts develop in the next few months and these may need surgery. Long term you may find your glasses prescription changing and often a cataract develops following surgery. This can be removed with cataract surgery.

## Is an Epiretinal membrane the same as macular degeneration?

No, epiretinal membrane 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.

## How long can Epiretinal membrane surgery wait?

Epiretinal membrane surgery is effective as long as you have symptoms and clear thickening of the membrane on OCT. Surgery should be performed within the first 6 months following symptoms.

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