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**RISKS of VITRECTOMY for EPIRETINAL MEMBRANE PEEL**

- As with any operation in the eye there is a 1:1000 to 1:10000 risk of infection or haemorrhage. If this happens it can cause complete loss of vision in the operated eye.
- 2-5% chance of retinal tear or retinal detachment during or after the operation. If the tears or retinal detachment happens during the operation then it can be fixed intra-operatively with cryotherapy or laser retinopexy and gas will be inserted to support the retina or tear. The gas normally lasts two weeks during which time the vision in that eye would be very poor.
- If you have gas inserted during the operation, 80% of cases have a short acting gas (SF<sub>6</sub>) inserted which lasts approximately 2 weeks in the eye and the other 20% of cases have (C<sub>3</sub>F<sub>8</sub>) gas inserted which lasts about 6-8 weeks in the eye. **You will not be able to fly until the gas is completely gone from the eye.** There is a 20% chance that you may be asked to posture if gas is inserted. This will be either face down for 30 minutes out of every waking hour for up to 10 days. **This however is not a rigid regime and if you have problems posturing you should discuss this with Mr Manuchehri.**
- 100% of the patients will develop a cataract after a vitrectomy and epiretinal membrane peel unless you have had a cataract operation in that eye already.
- Risk of "Sympathetic Ophthalmia". This is a small risk where operating in one eye causes the immune privilege proteins of the eye to be released into the blood system thus causing an auto-immune response producing inflammation of both eyes that can lead to visual blurring. There is normally treatments for this condition.

- Small risk of drooping eye lids after the surgery. This normally improves with time but can rarely need surgical correction.
- There are lots of other small risks, which are too numerous to mention. If you wish to look at these please type in “complications of vitrectomy” on any internet browser.