Mr Kaykhosrov Manuchehri MB BCh (Hon) BAO FRCOphth Consultant Ophthalmic and Vitreo-retinal Surgeon

The Chiltern Hospital London Road Great Missenden Bucks HP16 0EN The Saxon Clinic Chadwick Drive Saxon Street Milton Keynes MK6 5LR Spire Thames Valley Hospital Wexham Street Wexham Bucks SL3 6NH

Spire Harpenden Hospital Ambrose Lane Harpenden Hertfordshire AL5 4BP

Private Secretary: Luisa Ramirez

Tel/Fax: 01296 434352, 07835 977069

luisa@worldvisionltd.co.uk

RISKS OF VITRECTOMY FOR MACULAR HOLE SURGERY

- As with any operation in the eye there is a risk of infection or haemorrhage (probability of 0.1% or less) If this happens it can cause complete loss of vision in the operated eye.
- •5% chance of retinal tear or detachment during the operation, in which case you will have gas put into the eye and asked to posture* for at least two weeks and rarely longer. If you are unlucky enough to have gas inserted during the operation, 80% of cases have a short acting gas (SF₆) inserted which lasts approximately 2 weeks in the eye and the other 20% of cases have (C₃F₈) 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
- 100% of the patients will develop a cataract
- 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 sometimes be permanent.

• There are lots of other small risks, which are too numerous or insignificant to mention. If you wish to look at these please type in "complications of vitrectomy" on any internet browser.