



## Vitrectomy & Retinal Detachment Surgery

### *Understanding Your Retinal Surgery — Patient Guide*

Your doctor has recommended surgery to treat a condition affecting your retina. This handout explains what the surgery involves and what recovery is generally like. Instructions are specific to each patient and each eye — Dr. Kapur will review the details of your own procedure with you.

### What Is a Vitrectomy?

Vitrectomy is a delicate technique used to treat many different retinal diseases. In this operation, three small incisions are made in the wall of the eye (the sclera), allowing us to remove the vitreous gel that fills the inside of the eye.

This gel is responsible for a large number of retinal disorders. In some cases the gel needs to be removed because the eye is filled with blood. In other cases, removing the gel gives us access to the surface of the retina so we can peel away scar tissue or repair a retinal detachment. Once the gel is removed, we can reach the delicate retinal tissue and do whatever work is necessary to return your retina to a more normal state.

### Retinal Detachment Repair

A retinal detachment occurs when the retina separates from the wall of the eye and loses its blood supply. It is an urgent condition — the longer the retina stays detached, the more vision can be permanently lost. Depending on the type and location of your detachment, Dr. Kapur may use one or a combination of the following:

- **Vitrectomy** — as described above, to relieve traction on the retina and reattach it from inside the eye.
- **Scleral buckle** — a soft silicone band placed around the outside of the eye to gently support the retina from the outside. The band stays in place permanently and is not visible.
- **Laser or cryotherapy (freezing treatment)** — used to seal retinal tears so fluid cannot pass underneath the retina again.
- **Gas or oil bubble** — see below.

### Gas, Air, and Oil Bubbles

In many retinal surgeries we place a bubble in the eye. It acts like a “cast” that holds the retina in place while it heals. Which type you receive depends on your procedure.

#### Gas bubble

- Used for retinal detachment and macular hole repair. It absorbs slowly over **several weeks**, depending on the type of gas.
- **Your vision will be very poor while the bubble is present** — patients often describe it as looking through a dirty fish tank. This is expected. As the bubble shrinks, vision returns from the top down and you will see the fluid level move like a carpenter's level.
- You will need to **position face-down as much as possible** — ideally 24 hours a day, getting up only to eat and use the bathroom. Following this closely has a direct effect on whether the surgery succeeds. Dr. Kapur will tell you how many days positioning is needed.
- **While the gas bubble is present you cannot fly in an airplane, travel to high elevation, or receive nitrous oxide anesthesia.** Any of these can cause a dangerous rise in eye pressure and permanent vision loss. Tell every doctor and dentist you see. We will tell you when the restrictions lift.

#### Air bubble

- A partial air bubble is often used in other vitrectomy surgery to help the eye seal and heal faster.
- Air blurs the vision at first but absorbs quickly — usually **gone within a week**.
- Avoid sleeping flat on your back during that first week.

#### Oil bubble

- Silicone oil does not absorb on its own. A **second surgery is usually required later** to remove it.

## Recovery

- Surgery is performed in an outpatient setting, and discharge is usually the **same day**.
- You will be seen in our office **one day after surgery**.
- Eye drops are prescribed to reduce inflammation and prevent infection.
- Your eye may take **several weeks or even several months** to heal and achieve its best vision.
- For some retinal problems, more than one operation may be necessary.

Detailed preparation and recovery instructions are covered in our **Pre- and Post-Operative Instructions** handout, including medical clearance, fasting, positioning, and activity restrictions. Please review both handouts before your surgery date.

### **Call the office immediately if you have:**

- **Severe or worsening pain**
- **Complete loss of vision**
- A sudden increase in floaters or flashing lights
- A shadow or curtain moving across your vision

**Call our office: 847-488-1030 • For a medical emergency, call 911.**