

Vitreotomy surgery

Vitreotomy is a surgical procedure performed in a hospital operating room. You will be admitted to a same day surgery floor.

During vitrectomy surgery, an operating microscope and small surgical instruments are used to remove blood and scar tissue that accompany abnormal vessels in the eye. Removing the vitreous hemorrhage allows light rays to focus on the retina again.

Vitreotomy often prevents further vitreous hemorrhage by removing the abnormal vessels that caused the bleeding. Removal of the scar tissue helps the retina return to its normal location. Laser surgery may be performed during vitrectomy surgery.

To help the retina heal in place, your ophthalmologist may place a gas or oil bubble in the vitreous space. You may be told to keep your head in certain positions while the bubble helps to heal the retina. It is important to follow your ophthalmologist's instructions so your eye will heal properly.

**For any questions or clarifications do not hesitate to contact your ophthalmologist or call Ophthalmology clinic at 01/372888
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Diabetic Retinopathy: Treatment

The treatment of diabetic retinopathy is patient dependent. Prevention is best form of treatment. Controlling your blood sugar and blood pressure can stop vision loss. Carefully follow the diet your nutritionist has recommended. Take the medicine your diabetes doctor prescribed for you. Sometimes, good sugar control can even bring some of your vision back.

Medication injections

More and more often, injections of medication are being used to help treat diabetic retinopathy. Sometimes a steroid medication is used. In other cases, you may be given an anti-VEGF medication called Avastin (BEVACIZUMAB), Lucentis (RANIBIZUMAB) or Eylea (AFLIBERCEPT). This medication works by blocking a substance known as vascular endothelial growth factor, or VEGF. This substance contributes to abnormal blood vessel growth in the eye that can affect your vision. An anti-VEGF drug can help reduce the growth of abnormal blood vessels, decrease macular edema.

After your pupil is dilated and your eye is numbed with anesthesia, the medication is injected into the vitreous, or jelly-like substance in the back chamber of the eye. The medication reduces the swelling, leakage, and growth of unwanted blood vessel growth in the retina, and may improve how well you see.

Medication treatments may be given once or as a series of injections at regular intervals, usually around every four to six weeks or as determined by your doctor.

The main risk of intra-vitreous injections is infection. This risk is around 1 in 4000. If your eye becomes painful and you have a loss of vision after your injection you need to contact your doctor immediately.

Laser surgery

The laser is a very bright, finely focused light. It passes through the clear cornea, lens and vitreous without affecting them in any way. Laser

surgery shrinks abnormal new vessels and reduces macular swelling. Treatment is often recommended for people with macular edema (swelling) or neovascularization (new blood vessels in PDR).

Laser surgery is performed in the ophthalmology clinic. For comfort during the procedure, an anesthetic eye drop is often all that is necessary, although an anesthetic injection is sometimes given next to the eye. You may sit at an instrument called a slit-lamp microscope or sit in a chair that can be reclined. At the slit lamp, a contact lens is temporarily placed on the eye in order to focus the laser light on the retina with pinpoint accuracy. Occasionally, the laser is performed with the doctor wearing a head lamp to direct the laser.

With laser surgery for macular edema, tiny laser burns are applied near the macula to reduce fluid leakage. The main goal of treatment is to prevent further loss of vision by reducing the swelling of the macula. It is uncommon for people who have blurred vision from macular edema to recover normal vision, although some may experience partial improvement.

A few people may see laser spots near the center of their vision following treatment. They usually fade with time, but may not disappear completely.

In PDR, the laser is applied to all parts of the retina except the macula (called PRP, or panretinal photocoagulation). This treatment causes abnormal new vessels to shrink and often prevents them from growing in the future. It also decreases the chance that vitreous bleeding or retinal distortion will occur. **Panretinal** laser has proven to be very effective for preventing severe vision loss from vitreous hemorrhage and traction retinal detachment.

Multiple laser treatments over time may be necessary. Laser surgery does not cure diabetic retinopathy and does not always prevent further loss of vision.