# Macular Hole

A macular hole describes a small gap which develops in the macula at the centre of your retina.

A macular hole affects your central vision. It can make it distorted and blurred so that it’s more difficult for you to do things like read and watch television. You may also have a blank patch in the centre of your vision. However, a macular hole doesn’t cause any pain and it doesn’t affect your peripheral (side) vision. This means it won’t cause a complete loss of vision in your eye.

## What is the macula?

The macula is a tiny area in the centre of your retina at the back of your eye. The highly specialised cells of the macula work best in bright light levels and allow you to see the detail and colour of things you look at directly, such as reading and watching television. This is known as your central vision. If you have a macular hole, your central vision in that eye will be affected, making it more difficult for this eye to see detail and colour.

Away from the central macula is the peripheral retina. This part of your retina provides you with peripheral vision, which is the sight you have ‘out of the corner of your eye’ when looking straight ahead. Your peripheral vision gives you an awareness of your surroundings, which helps you avoid bumping into things when moving around. As a macular hole does not affect your peripheral retina, it does not affect your peripheral vision.

## Is a macular hole the same as macular degeneration?

A macular hole is a very different eye condition from macular degeneration, even though they both affect the macula. For this reason, they are treated differently to each other. Macular degeneration causes the cells of the macula to stop working whereas a macular hole is an actual gap in the macular structure. It is possible, however, to have both conditions at the same time. A macular hole is different from a retinal hole and is also treated differently.

You can find more information about macular degeneration (AMD) on our website **rnib.org.uk/your-eyes/eye-conditions-az** or by calling our Helpline on **0303 123 9999** and requesting our information about AMD.

## What causes a macular hole?

Often there is no known reason why someone develops a macular hole. They are more common between the ages of 60 and 80, but it’s possible for a macular hole to develop at a much earlier age than this. Women tend to experience them more often than men. Macular hole has also been linked to:

* being slightly long-sighted (slight hyperopia)
* being very short-sighted (high myopia)
* having a severe eye injury
* having had a retinal detachment
* having long lasting macular swelling (cystoid macular oedema)
* your vitreous gel pulling on the macula (vitreomacular traction).

## How does vitreomacular traction cause a macular hole?

Your eye is filled with a clear gel called the vitreous. The vitreous gel inside your eye is attached more firmly to the retina in different places; one of these is the macula. As the vitreous naturally shrinks with age, becoming more watery and less like a gel, it begins to pull away from the retina, including the macula. This is known as a posterior vitreous detachment or PVD. Usually, the vitreous comes away from the back of the eye smoothly. However, for some people, the vitreous gel does not detach completely from their retina, remaining strongly attached in some places. If your vitreous gel remains strongly attached at the macula, there may be a greater pulling on it. This pulling is known as vitreomacular traction, and it can lead to a macular hole developing.

The macula is made of several layers of tissue. When all these layers are affected by a macular hole, it’s called a full thickness macular hole. If only the inner layers closest to the vitreous are affected, it’s called a lamellar macular hole. Sometimes, this is referred to as a partial thickness macular hole.

While the vitreous gel is pulling away from the retina, it can cause a person to see floaters and flashes of light in their vision. It’s important to have symptoms like these checked within the first 24 hours by visiting either an optometrist (optician), a hospital accident and emergency department (A&E) or an eye casualty department. This is because floaters and flashes can be caused by retinal detachment where more of the retina is involved. Retinal detachment requires urgent treatment to prevent sight loss.

You can find out more about PVD and Retinal detachment on our website or by calling our Helpline for a booklet.

## Can a macular hole get worse over time?

There are different stages in the development of full thickness macular hole. These stages (1 to 4) relate to the size and depth of the hole and whether the vitreous is still attached to the macular surface. Most macular holes will increase in size, particularly if they continue to develop past their early stage. Your ophthalmologist (hospital eye doctor) can tell you the stage of your macular hole.

### Stage 1

* Vitreomacular traction begins
* There is an increased risk of a macular hole developing
* The macula hole may heal on its own and not require any treatment, particularly if the vitreous fully separates from the macula before a hole can develop.

Your eye may be monitored for a few months before any treatment is recommended.

When these early changes don’t heal on their own, a macular hole usually continues to progress to the next stages of development.

### Stages 2 and 3

* There is a full thickness macular hole of small to medium size (stage 2) or large size (stage 3)
* The vitreous has not separated fully from the back of the eye
* Vision is affected more
* Surgery is a treatment option.

### Stage 4

* There is a full thickness macular hole
* The vitreous has now fully separated from the back of the eye
* The macular hole can be of any size but often it is large.
* Vision is further affected
* Surgery is a treatment option.

After examining your eye, your ophthalmologist will identify the stage of your macular hole and advise you about the treatment that is appropriate for you.

## How does a macular hole affect vision?

Macular hole affects your central vision and depending on its size and depth, these vision changes can range from being only slight to being more noticeable. As a macular hole develops, your central vision will become more blurred and straight lines may look wavier and more distorted. You may even notice a small blank patch in the centre of your vision. In general, the bigger your macular hole is, the more difficult it will be for you to read down the letter chart, and to see detail, such as reading small print or watching TV.

If you have a lamellar macular hole, you may notice your central vision is blurry or distorted but it’s possible your vision may not be affected at all.

## Will I get a macular hole in my other eye?

Most commonly, macular hole affects only one eye, but it is possible for some people to develop macular hole in their other eye at some point in the future. Unfortunately, there’s nothing you can do to prevent this from happening. Your future risk of a macular hole in your other eye may range from being very unlikely up to around a 1 in 10 (10%) chance. Your ophthalmologist is the best placed person to advise you what the future risk of this happening might be for you, having assessed your overall eye health. If you notice your vision is changing in your other eye, you should contact your eye clinic or your optometrist as soon as you can so that your eyes can be examined. If you’re told you no longer need to attend the hospital eye clinic, it’s recommended you continue to visit your optometrist regularly, as they will be able to monitor your eye health over time.

## Can I still drive when I have a macular hole?

Many people who have a macular hole can carry on driving because it usually only affects their vision in one eye. You’re required by law to tell the Driver and Vehicle Licensing Authority (DVLA) if you have an eye condition which may affect your vision in both eyes. Therefore, you can continue to drive if you have a macular hole in one eye and your vision in your other eye meets the DVLA driving standard. Your optometrist or ophthalmologist will be able to tell you if your vision meets the DVLA standard and whether you need to let the DVLA know, as this may depend on whether you also have any other eye conditions present.

## What treatment is available for macular hole?

If your ophthalmologist feels you need treatment for your macular hole, they may suggest an injection, but, more usually, they will suggest having an operation. Your ophthalmologist will advise you as to the best treatment for you. Macular hole treatment attempts to close the macular hole and to improve and stabilise your vision as much as possible.

### Jetrea (ocriplasmin) injection

Jetrea is given as an injection into the eye. The aim of this treatment is to separate the adhesions between the vitreous and the macula so that the vitreous doesn’t pull on the macula anymore. Jetrea can only be given to people with smaller macular holes, and it can cause complications for some people too. However, it is not widely used by ophthalmologists because surgery is a more successful treatment.

If you are offered Jetrea, it is given as a one-off injection into the vitreous gel through the white of your eye (the sclera).

The injection only takes a few seconds to carry out and you’ll have an anaesthetic drop in your eye first, to numb it so that you don’t feel any pain. Afterwards, you’ll be given antibiotic drops to put in your eye for a few days to prevent you getting an infection.

If, after having this injection, you notice a worsening of your vision or have symptoms such as redness, pain or blurred vision, it’s important to seek medical attention immediately.

### Surgery for macular hole

Surgery is the usual treatment for a full thickness macular hole. It aims to improve and stabilise your vision by closing the macular hole. The likelihood of this being successful depends on the size of your macular hole and how long you’ve had it. It also depends on whether you have any other eye conditions that may affect the outcome of surgery. Your ophthalmologist is best placed to advise you about whether surgery is appropriate for you, what the risks are in your particular case and what they expect the result of your treatment to be. Generally, where surgery is recommended, it’s successful in closing around nine out of 10 macular holes, particularly if it has been present for less than a year.

If the first surgery is not successful in closing your macular hole, your ophthalmologist may suggest re-operating on your eye, depending on your individual circumstances. However, most people don’t need to have a second surgery as a macular hole usually closes the first time.

There are two main stages to the treatment:

* Surgery to remove the vitreous (vitrectomy) and insert a gas bubble into the eye.
* A recovery period when the gas bubble left inside your eye acts like a bandage, creating a stable environment for the macula to encourage your macular hole to close.

Surgery is less effective in the treatment of lamellar macular holes but may be considered in some cases. Usually, your vision will not get progressively worse. However, a lamellar hole may become a full thickness macular hole in some cases, but this is rare.

## When should I have the surgery?

If you have a macular hole, your ophthalmologist will assess whether you would benefit from having surgery or whether they want to monitor your macular hole for a short period of time. If your ophthalmologist feels surgery is needed, they usually want to operate sooner rather than later. This can be as early as within three to four months for some people. Generally, the longer you’ve had your macular hole, the larger it is likely to be, so surgery may be less successful in improving your vision. However, your ophthalmologist will be able to advise you about the likelihood of success in your case.

## Will surgery help my vision?

### How much could my sight improve?

In many cases, surgery can stop the changes in your vision from getting worse and can help improve your sight. In the months after surgery, 90% of people (nine people out of 10) have some degree of improvement in their vision, and for some people this can be to a high standard. However, this level of improvement can depend on the size and age of the macular hole and the level of vision you had in that eye before surgery.

Generally, the treatment of smaller and newer macular holes is more likely to give a better improvement in vision. If your macular hole is closed early enough, ideally within a few months of being diagnosed, your vision might improve by two or three lines of letters on the letter chart.

If you have had your macular hole for a long time, your ophthalmologist may still suggest surgery, as the treatment of longstanding macular holes has led to some visual improvement for some people.

As the outcome of treatment can vary from person to person, your ophthalmologist will be able to discuss the benefits of surgery in your case, considering your overall eye health and the stage of your macular hole.

### Will my sight go back to how it was before?

Although macular hole surgery aims to improve your vision, it’s very unlikely to make your sight completely normal again or as it was before the hole developed. However, even if your vision doesn’t improve much, it’s likely to stabilise it and give you less distortion.

### How long will it take for my sight to improve?

It can take several months after surgery for the eye to fully recover and for someone to know just how much vision they have re-gained. Most of the eye’s recovery and improvement in vision occurs within the first three months after surgery. Unfortunately, vision can worsen after surgery for a few people, and in these cases, your ophthalmologist may suggest a second operation.

## What happens if I don’t have the surgery?

If you don’t have treatment for your macular hole, your central vision is likely to continue to get worse in that eye. Only a small number of macular holes close on their own, usually when they are much smaller in size. Depending on how much your vision is affected by your macular hole, you may experience some difficulties with certain tasks at work, at home or with hobbies and sports. This may be because your ability to see detail in that eye is reduced or because you’re struggling with judging distances, (depth perception). This could include tasks like judging steps or correctly gauging the accuracy of pouring liquid into a cup, for example. If your macular hole has significantly reduced your central vision in one eye, you may feel like you’re only seeing with your other eye (known as monocular vision).

For more information about adapting to monocular vision, visit our website or call our Helpline.

## What is involved in the surgery?

The operation can take about an hour and would usually be performed under local anaesthetic where an injection numbs the eye so that you don’t feel any pain. The anaesthetic injection is given near the eye but not into the eyeball itself. If you have a local anaesthetic, you’ll be awake, so you’ll be aware of a cloth drape over your face and of a light above you but it’s unlikely you’ll be able to see any detail of what’s happening. You should ask your ophthalmologist to explain the procedure to you and if you have any concerns about having a local anaesthetic, you should tell them before you have your surgery. It may be possible to have a sedative if you’re anxious about having the procedure under local anaesthetic, but this may not be offered to you routinely unless you ask about it. If appropriate, a general anaesthetic may be offered if you feel unable to have the surgery while you’re awake.

Using fine instruments, your ophthalmologist removes the vitreous gel from the middle of your eye. They take particular care peeling the vitreous and a very thin membrane away from the macular area of your retina. This stops the vitreous from pulling on your macula to allow the hole to close. A medical gas is put inside the eye to replace the vitreous that has been removed and to help the macular hole to heal. The gas bubble rests against the macular hole to provide the stability it needs to close and heal.

## After the surgery

### During the first week

Following surgery, you may be asked to position your head in such a way that allows the gas bubble and your macular hole to be in contact for most of the time. This usually means that you need to be in a face down position. This part of the process is known as “positioning” (also known as “posturing”). Not everyone is required to position their head in the same way or to the same extent after their surgery, but your ophthalmologist will advise whether a particular head position is appropriate for you. Positioning is described in more detail later in this factsheet.

Immediately after your surgery, your overall vision in that eye will be very blurred, a bit like trying to see under water. This is caused by the gas bubble in your eye. You may find your balance is affected and that you have less depth perception, so you might misjudge steps and kerbs. You may have difficulty picking things up accurately or pouring out liquids safely.

Here are a few ideas that you may find useful to help make everyday tasks easier while the gas bubble remains in your eye:

* When putting a drink down, place the other hand on the table or surface, then place the drink next to it.
* When pouring liquid, gently rest the lip of the container on the rim of the cup or glass.
* It can be difficult to judge the last step on the staircase. Move cautiously, feel ahead with your foot and keep a hand on the banister or handrail.
* You may find it useful when crossing the road, to stop at the kerb for a while to gauge the depth of the kerb and the distance of vehicles before crossing.
* You may find you have to turn your head more to see things better towards your affected side.

### After the first week

Over the weeks that follow your surgery, the gas bubble slowly gets smaller and eventually disappears and your level of binocular (3D) vision slowly returns. This process can take from two to twelve weeks depending on the particular gas that was used. Your ophthalmologist will be able to advise you as to how long this will take. As the bubble shrinks, you’ll notice a line across your vision, which wobbles as you move, like a spirit level. This line will gradually continue to move downwards as the gas bubble gets smaller. You’ll be able to see above the line, but your vision below the line will remain blurred. Finally, the bubble will become tiny before disappearing altogether.

As the gas bubble shrinks, it’s replaced with aqueous fluid, so you will not be left with an empty space in the middle of your eye. Aqueous fluid is a natural fluid made inside the front of your eye and once it has completely replaced the bubble, your vision should improve.

### Anaesthetics and the gas bubble

While any of the gas bubble remains in your eye, it can react with another gas, nitrous oxide, which is used in some general anaesthetics and as pain relief in A&E and during childbirth. Nitrous oxide can make the gas bubble in your eye expand, raising your eye pressure, which can damage your sight.

**Please note:** If you are undergoing any treatment while there is still a gas bubble in your eye, you should tell the medical staff treating you that you have gas in your eye and that you shouldn’t be given nitrous oxide. Similarly, if you need a general anaesthetic while you still have gas in your eye, it’s important to tell the anaesthetist before your operation.

This risk no longer exists once the gas bubble has completely disappeared.

## Possible complications after macular hole surgery

In most cases, macular hole surgery has a high success rate, but a successful outcome will also depend on your individual circumstances and other eye conditions you may have. All surgery carries some risk of complications, and within macular hole surgery, if a complication develops, there are treatments available. For this reason, it is rare for someone to lose their vision due to complications following macular hole surgery. However, your ophthalmologist will advise you on what the possible complications are and the chances of them happening to you. Complications from macular hole surgery include:

### Cataract

Almost everyone with a natural lens inside their eye will develop a cataract after this operation. This is usually within a year of having the procedure or possibly sooner. A cataract is a clouding of the natural lens in your eye. Your ophthalmologist may suggest cataract surgery at the same time as your macular hole surgery, particularly if you have a cataract in that eye already. You can ask your consultant beforehand if they plan to remove your lens during your surgery. Even if you don’t have cataract surgery at the same time as your macular hole surgery, you can still have your cataract removed at a later date.

For more information on cataracts and coping after it’s removed, visit our website or call our Helpline.

### Raised eye pressure

Following any eye surgery, there is a risk that the pressure inside the eye will go up. This is usually only short-term after surgery, and you may be given eye drops to reduce your eye pressure whilst you recover. Eye pressure comes down to a normal level for most people during their recovery, but for some people, their eye pressure may become, and remain, too high in the long-term. This can damage the optic nerve at the back of the eye and permanently affect your sight. Eye pressure that’s too high and which damages the optic nerve is called glaucoma. There are treatments available to control your eye pressure and protect your vision if necessary.

For more information on glaucoma, visit our website or call our Helpline.

### Infection

Following any eye surgery, there’s a risk of getting an eye infection and you’ll be given antibiotic drops after your surgery to help prevent this from happening. Infection occurs in about one in 2000 macular hole procedures, and it can be treated. After any eye surgery, if a serious infection does occur, it can lead to sight loss. However, infection after macular hole surgery is rare.

### Retinal detachment

When the ophthalmologist peels the vitreous gel from your retina, there’s a small chance that the retina may detach away from the back of your eye. This happens to 1% of people (one out of 100). If this happens, the retina needs to be reattached as soon as possible with further surgery to prevent you losing more of your sight.

For more information on retinal detachment, visit our website or call our Helpline.

### Bleeding

This is a very rare complication of macular hole surgery and can lead to sight loss if the bleeding is severe.

### Symptoms you should not ignore

After your surgery, you should let the hospital know straight away if:

* your eye becomes painful, increasingly hot or red
* you become more sensitive to light
* your vision suddenly gets worse
* you notice new or increased symptoms such as floaters or flashes of light in your vision
* you develop a headache as these symptoms can be signs of possible complications.

## Positioning face down (posturing) after surgery

The role of positioning face down after macular hole surgery has been debated and the position that is advised after surgery can vary between ophthalmologists. Some people are advised to maintain a face-down position for a period of time following surgery. This is to improve the chances of a better outcome by keeping the gas bubble in contact with the macular hole for as long as possible to encourage healing.

Recent studies have shown that following surgery for a large macular hole, positioning face down for a period may improve the final outcome. However, your ophthalmologist will advise you whether positioning is recommended in your case.

Your ophthalmologist can discuss with you what they feel is best in your case and whether you need to position your head face down at all. If it is recommended, ophthalmologists usually advise positioning face down for a certain amount of time each day for around three to seven days, but this may vary from person to person. If you’ve been advised to position face down after your surgery, maintaining this posture can be an important part of your recovery.

However, they would also consider what they feel you can manage. For example, some people with arthritis or back problems may not be able to position face down for long periods at a time or for as many days.

Staying face down for a long time can be difficult so it’s important to discuss with your ophthalmologist any other medical problems that may affect your ability to maintain this position. If your ophthalmologist feels you need to position face down, it may be possible to get short term help from social services while you are recovering from your macular hole surgery.

### What does positioning face down involve?

If your ophthalmologist recommends it, you may be advised to spend 45-50 minutes out of every hour in a face down position for a certain number of days. This will give you 10-15 minutes every hour for things like eating, using the bathroom and, importantly, putting in any eye drops you’ve been advised to use after your surgery. If you have any concerns about how you’ll manage to do this, it’s important you speak with your ophthalmologist or clinic nurse before the day of your surgery, as they may be able to give you some tips on how to manage your face down positioning.

It’s not necessary to lie completely flat on your front to achieve a face down posture. Many people position face down whilst sitting in a chair and leaning forward onto some sort of support, such as another chair or table. Some people use a face cradle, which is a U-shaped pillow on a frame. A U-shaped travel pillow that is usually used for neck support, can also work well as face down support in positioning after surgery.

Your eye clinic staff should be able to advise you about aids that can help you with face down positioning. Trying out differentideas to help with this positioning can help you choose the most comfortable way for you. For example:

* Sitting at a table and leaning forwards onto a face cradle or U-shaped pillow on the table.
* Some people prefer to remain in bed, placing their faces in between pillows or within a U-shaped pillow, to allow them to breathe whilst maintaining a face down position.

It might be useful to have various places to position yourself face down as different positions and changing where you are sitting may help with potential stiffness or boredom. You may want to try all of these out before going into hospital to see which one you prefer.

### How should I prepare for positioning face down?

If your ophthalmologist wants you to position face down after surgery, you’ll be expected to start doing it straight away when you come home.

So, before you go into hospital, it can be useful to plan ahead to prepare your home first:

* Do any housework that is necessary.
* Make sure the things you’re going to use for face down positioning are in the right place.
* Move furniture and pillows into the place where you are going to be positioning face down.
* Make sure that the floor is clear of clutter, to help you get around without falling or having to move anything.
* Organise a shopping trip so that you don’t have to worry about things like food and toiletries.
* You may want to prepare some food in advance that may just need heating up as this will save time on preparing and cooking meals.
* You may want to rely on ready meals just for this period, that only need heating up in the microwave.
* Arrange to pay any bills that are due and to organise any benefits to be collected if you would normally need to do this.

Wherever you position face down, it is a good idea to have things close by that you may need:

* Tissues or soft drinks or fruit are good to have close by.
* If you find it difficult to drink and maintain the position, then a straw may help.
* If drinking is still difficult, ice cubes are very good to moisten the mouth without you having to swallow a drink.
* Drinking is important though and should be encouraged on your breaks from positioning face down to avoid dehydration.
* You may also want to have some form of entertainment. It may not be possible to watch TV, so having a radio or tablet device close by can help with the boredom, as can listening to music or talking books that you enjoy.
* Move the telephone too, or use your mobile phone, as you will be able to answer it more easily if it’s near you.

### How do you position face down when you are sleeping?

You’ll probably be advised not to lie on your back whilst sleeping. Propping pillows on either side of you can help to stop you rolling onto your back. Some people attach objects such as tennis balls onto the backs of their nightwear to stop themselves from rolling onto their backs.

When lying on your front, it can help to put a pillow under your forehead and another one under your chest and chin to help create a breathing space and make you feel more comfortable. Alternatively, you may prefer to use an upturned V shaped orthopaedic support pillow or make an upturned V shape out of pillows, resting your forehead on the point where they meet and breathing through the space between them.

Some ophthalmologists recommend sleeping in a chair or propped up in bed at a 45-degree angle using the support of pillows, while some are happy for you to sleep on your side.

It can be tricky to keep the right position overnight whilst sleeping and your ophthalmologist can discuss any concerns you have about this with you. As long as you are positioned as you have been advised to do throughout the day and trying to be in the recommended position at night, then you’re doing the best you can to enable your macular hole to heal.

## Should I have help at home whilst I recover?

If it’s possible, it can help to have someone, such as a family member or friend, to stay with you whilst you are spending much of your time positioning face down. Having someone to make drinks and food can be extremely helpful so that you don’t have to spend any of your time doing these things when you’re not positioning face down. Having someone to help you whilst you recover may be of particular importance if you have sight loss in your other eye or if you have another disability.

For many people, it’s not possible to have someone stay with them after surgery. Your hospital may be able to arrange short-term care at home for up to six weeks after surgery. This might involve help with shopping, food preparation, cooking, cleaning, or looking after your personal hygiene. If you feel this kind of help would be of use, then it is important to discuss it with the hospital staff well in advance of your surgery date, so they have time to make the appropriate care arrangements for you. The RNIB Helpline can provide you with further advice about help and care services that are available.

## What eye drops will I need after surgery?

Immediately after the surgery you’ll be given eye drops, which usually include an antibiotic drop to prevent infection, a steroid drop to help reduce any swelling, and possibly a mydriatic drop that widens (dilates) your pupil. Maintaining your pupil size like this will minimise the movement of your iris (tissue giving the colour of your eye), to make your eye more comfortable after surgery. You might also be asked to use an eye drop to help control your eye pressure if this remains raised after your surgery. Your eye clinic will give you information on how to use your eye drops and for how many days, and it’s important to follow all this advice. If you have problems putting your drops in your eye, let your GP know, as they may be able to arrange some help for you.

### What activities can I do after surgery?

After surgery, you can usually go back to your general everyday activities once you have finished positioning face down. However, most people are advised not to return to work for at least two weeks after surgery. Your ophthalmologist is best placed to advise you exactly how long to take off in your case. This will depend on the type of work you do and on how you recover.

After surgery, you may also need to avoid the following activities for the first few weeks, or as advised by your ophthalmologist:

* Rubbing your eye. You may be asked to wear an eye patch or shield when you are sleeping to protect your eye.
* Swimming, to avoid infection from the water while your eye is healing.
* Strenuous exercise, contact sports and heavy lifting. Everyday lifting like light shopping is usually fine, but heavy lifting like moving furniture is best avoided.
* Wearing eye make-up until the ophthalmologist is happy for you to do so. If you’re not sure, contact your eye clinic
* You must not fly, or travel at high altitude, (for example, mountaineering) until your gas bubble has fully absorbed. This may take up to 12 weeks, depending on the gas in your eye. These circumstances make the gas bubble expand in the eye, leading to very high eye pressure which can cause permanent sight loss.
* It is unlikely that your vision will be good enough for you to safely drive while you have a gas bubble in your eye. If the vision in your other eye is good enough to meet the driving standard, you are legally entitled to drive. However, many ophthalmologists think that it’s unwise to drive whilst the bubble remains in your eye as it causes blur and is distracting. Ask your ophthalmologist for advice about driving after your surgery.

You will also need to take extra care in the first few weeks when:

* it’s windy or dusty outdoors, in case something blows into your eye, although you don't need to stay indoors. Wearing sunglasses or your usual glasses can help to protect your eyes.
* washing your hair and face. Avoid getting soapy and dirty water in your eye.

## Will I have any follow-up appointments?

As well as a more immediate check-up within a day or so of surgery, you will usually see your ophthalmologist about two or three weeks after the operation to check that your macular hole is healing. At this appointment, you can ask about returning to all your usual activities, including your work, depending on how your eye is recovering. After this, your eye will be checked again after around three months.

## Will I need to get my glasses changed?

Most people will need to change their glasses at some point after their operation, usually when the gas bubble has completely gone about three months after surgery. Your ophthalmologist will be able to advise you when you can visit your optometrist to see if your prescription for glasses has changed.

## Can I do anything to avoid or improve a macular hole?

There is nothing you can do to avoid getting a macular hole in the future and it doesn’t develop because of anything you’ve done in the past. Diet and exercise haven’t been found to make macular hole more likely. Having an eye examination at least every one to two years, or as advised by your optometrist, is the best way to make sure your eyes are healthy and that no new eye conditions are developing. There is nothing you can do yourself to fix a macular hole that’s already present as, in most cases, treatment will be needed as recommended by your ophthalmologist.

## What can be done if my sight is seriously affected?

It is uncommon to have a macular hole in both eyes at the same time, so even if the operation is not very successful, many people still have good enough vision in their other eye to compensate. Your ophthalmologist would be able to tell you more about your risk of developing a macular hole in your other eye in the future.

If, after surgery, your vision is still affected, then much can be done to make the most of your remaining vision and adapt to any changes.

If both your eyes have been affected, or if the affected eye was your good eye and you already have low vision in your other eye, then you may need to make changes or use aids to make the most of your remaining sight. This may mean making things bigger, using brighter lighting or using colour to make things easier to see. We have a series of booklets with helpful information on living with sight loss, including How to make the most of your sight. For more information visit our website or call our Helpline.

If your sight is affected in both eyes, you should ask your ophthalmologist, optometrist or GP about low vision aids and about having a low vision assessment, where you’ll be able to discuss the use of magnifiers and aids to help you to see things more clearly.

If the sight in both your eyes is reduced, you may be eligible to register as sight impaired (partially sighted) or severely sight impaired (blind) and you can ask your ophthalmologist whether this is appropriate in your case. If so, being registered can act as a passport to expert help and sometimes to financial concessions. Even if you aren’t registered, a lot of this support is still available to you.

Local social services should be able to offer you information on staying safe in your home and getting out and about safely. They should also be able to offer you some practical mobility training to give you more confidence when you are out.

If you have sight changes, you may be worried about finding work, or staying in your job. Our Employment team can provide specialist support and advice about employment for people with sight loss. You can contact them via our Helpline.

## Coping

It’s completely natural to be upset when you’ve been diagnosed with a macular hole and it’s normal to find yourself worrying about the future and how you will manage with a change in your vision. All these feelings are natural.

It can sometimes be helpful to talk about these feelings with someone outside your circle of friends or family. By calling our Helpline, you are no longer alone. Our Helpline is your direct line to find out what support is available in your area and beyond, both from RNIB and other organisations. We can support you at every step, putting you in touch with the advisors you need from any of our supportive teams. Whether it be advice about your employment, using assistive technology or understanding more about your eye condition, we are here to help. Our Counselling and Wellbeing team is also available to provide the emotional support you may need. Your GP or social worker may also find a counsellor for you if you feel this might help.

### Eye Care Liaison Officer (ECLO)

You may think of further questions about your eye condition on your way home from hospital or in the days and weeks following your diagnosis. There is someone to turn to with these questions. Your eye clinic may have a sight loss advisor working alongside the doctors and nursing staff. This advisor may be known as either the Eye Care Liaison Officer (ECLO), the Vision Support Officer or the Early Intervention Support Officer and they are on hand within your hospital to provide you with further practical and emotional support about your eye health. To find out if your hospital eye clinic has an ECLO, you can search within our Sightline Directory visit **rnib.org.uk/sightline-directory**.

Alternatively, you can call our Helpline to speak to our advisors within our Eye Health Information team as they would be happy to discuss any questions you may have.

## Sources of support

### RNIB Helpline

If you need someone who understands sight loss, call our Helpline on **0303 123 9999**, say **"Alexa, call RNIB Helpline"** to an Alexa-enabled device, or email **helpline@rnib.org.uk**. Our opening hours are weekdays from 8am – 8pm and Saturdays from 9am – 1pm

You can also get in touch by post or by visiting our website:

RNIB

Grimaldi Building

154a Pentonville Rd

London N1 9JE

**rnib.org.uk**

### The Sight Advice FAQ

The Sight Advice FAQ answers questions about living with sight loss, eye health or being newly diagnosed with a sight condition. It is produced by RNIB in partnership with a number of other sight loss organisations. **sightadvicefaq.org.uk**.

### Connect with others

You can meet or connect with others who are blind or partially sighted online, by phone or in your community to share interests, experiences and support for each other. From book clubs and social groups to sport and volunteering, our friendly, helpful and knowledgeable team can link you up with opportunities to suit you. Visit **rnib.org.uk/connect** or call our Helpline.

## We value your feedback

You can help us improve our information by letting us know what you think about it. Is this factsheet useful, easy to read and detailed enough – or could we improve it? We would also like your views on the pictures and diagrams, are they appropriate, helpful and are there places where a diagram might have helped?

Send your comments to us by emailing us at **eyehealth@rnib.org.uk** or by writing to the Eye Health Information Service, RNIB, Grimaldi Building,154a Pentonville Road, London N1 9JE.

### Other useful organisations

Sometimes it can help to talk about your feelings or share your experience with people who may have had similar experiences. The Macular Society offer local support groups, including working age groups, for people with macular eye conditions or central vision loss.

They also offer a telephone counselling service.

#### Macular Society

PO Box 1870

Andover

SP10 9AD

Tel: **0300 3030 111**

Web: **macularsociety.org**

Email: **help@macularsociety.org**

#### Driver and Vehicle Licensing Agency (DVLA)

Drivers' medical enquiries

DVLA

Swansea

SA99 1TU

Tel: **0300 790 6806**

Web: **gov.uk/driving-medical-conditions**

#### BEAVRS (British and Irish Vitreo-Retinal Surgeons)

BEAVRS promote high quality patient care by supporting and representing British and Irish Vitreo-Retinal Surgeons through education, research, audit and revalidation. You can find their information on Macular Hole at the following link: **beavrs.org/macular-hole**

#### Positioning (Posturing) equipment

RNIB is aware of two companies in the UK who rent equipment which may help some people with face down posturing after vitrectomy. These are:

#### Massage Warehouse

Website: **massagewarehouse.co.uk/collections/vitrectomy-recovery-centre**

Tel: **01443 806 590 (Monday to Friday 9.00am – 5.30pm)**

Email: **customersupport@massagewarehouse.co.uk**

#### Face Down Support Hire

Tel: **0845 017 0533** or **07957 370 635**

Email: **hello@facedownsupporthire.com**

Web: **facedownsupporthire.com**

Equipment for hire: **facedownsupporthire.com/units-we-hire**

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You can help us improve our information by letting us know what you think. Is this factsheet useful, easy to read and understand? Is it detailed enough or is there anything missing? How clear, relevant and helpful did you find the images and diagrams? How could we improve it?

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## Information sources

This factsheet has been written by the RNIB Eye Health Information service. Our factsheets have been produced with the assistance of patient and carer input and up-to-date reliable sources of evidence. The accuracy of medical information has been checked by medical specialists. If you would like a list of references for any of our factsheets, please contact us at **eyehealth@rnib.org.uk**

All our factsheets are available in a range of formats including print, audio and braille.

This factsheet has been produced jointly by RNIB and The Royal College of Ophthalmologists.

RNIB is a member of the Patient Information Forum (PIF) and have been certified under the PIF TICK quality mark scheme.

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