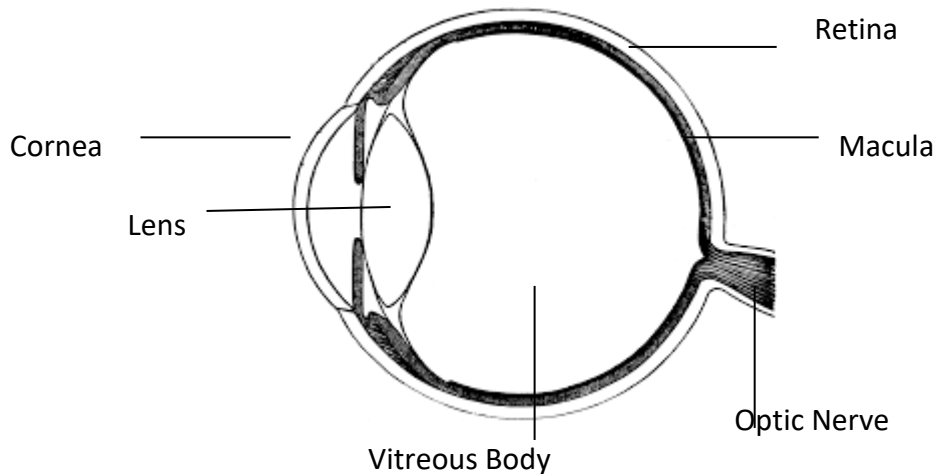


MACULAR HOLE

What is the macular?

The back of the eye has a light-sensitive lining called the retina, similar to the film in a camera. Light is focussed through the eye onto the retina, allowing us to see. The centre part of the retina is called the macula- it is here that light must be focused for us to see fine detail to be able to read and see in colour.



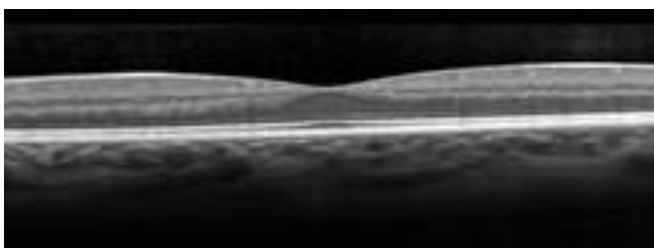
What is a macular hole?

A macular hole is a small, circular gap which opens up at the centre of the retina. This causes blurred and often distorted vision where straight lines or letters look wavy or bowed. There may also be a patch of missing vision at the centre.

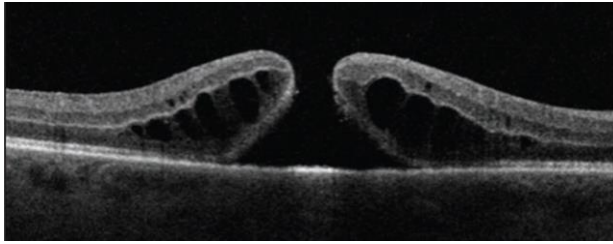


Is a macular hole the same as age-related macular degeneration?

No, they are different conditions although they affect the same area of the eye. They can sometimes both be present in the same eye.



Normal Macular OCT scan



Macular hole OCT scan

Why does it happen?

We don't know why macular holes develop. They most often occur in people aged 60-80, and is twice as common in women as men. We are increasingly aware that it is mainly longsighted people who are affected. Other causes of macular holes include severe trauma to the eye, being very shortsighted (myopic), those who have had a retinal detachment or as a result of a longstanding swelling of the central retina (cystoid macular oedema).

What would happen if I did not have my macular hole treated?

If untreated, there is a small chance that some macular holes can close spontaneously, with improvement in vision. In the majority of cases the central vision will gradually get worse to a level where the patient is unable to read even the largest print on an eye chart. The condition does not affect the peripheral or side vision, so patients will not go completely blind from this condition.

What is the treatment and how successful is it?

A macular hole can often be treated by an operation called a vitrectomy, peel and gas. If the hole has been present for less than a year, the operation will be successful in about 90% of cases. Of these, more than 70% will be able to see two or three lines more down a standard vision chart, compared to before the operation. Even if this degree of improvement does not occur, the vision is at least stabilised and many patients find that they have less distortion. In a minority of patients the hole does not close despite surgery and the central vision can continue to deteriorate. A second operation can still be successful in closing the hole. It is important to understand that return to completely normal vision is not possible.

Further information on Vitrectomy can be found on Vitrectomy Surgery handout.

Please contact Dr KL Lee if you have any questions:

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