

Ophthalmology department

# Epiretinal membrane (ERM)

## Information for patients, relatives and carers

### Introduction

This leaflet provides information about an **epiretinal membrane** and should answer some of the questions that you or those who care for you may have. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any further questions, please call us on 020 3312 3236.

### What is an Epiretinal Membrane?

An epiretinal membrane is a condition where a very thin layer of scar tissue forms on the surface of the retina, most importantly at the macula where the vision is sharpest.

The macula is made of special nerve cells, and it provides our sharp, central vision needed for seeing fine detail (reading and driving etc.).

When an epiretinal membrane forms over the macula, it may tighten and crumple up the macula resulting in distorted and/or blurred vision.

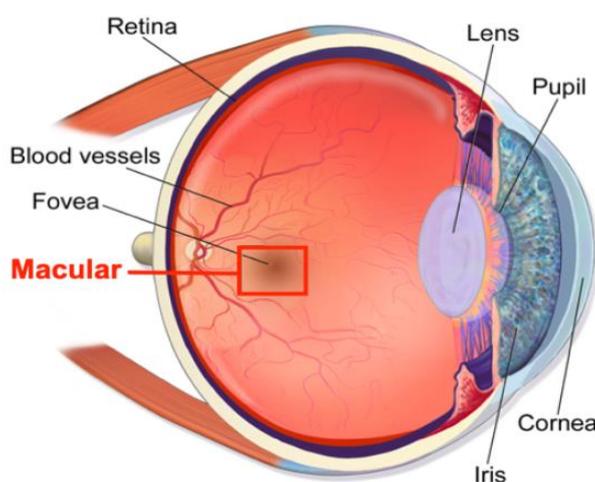


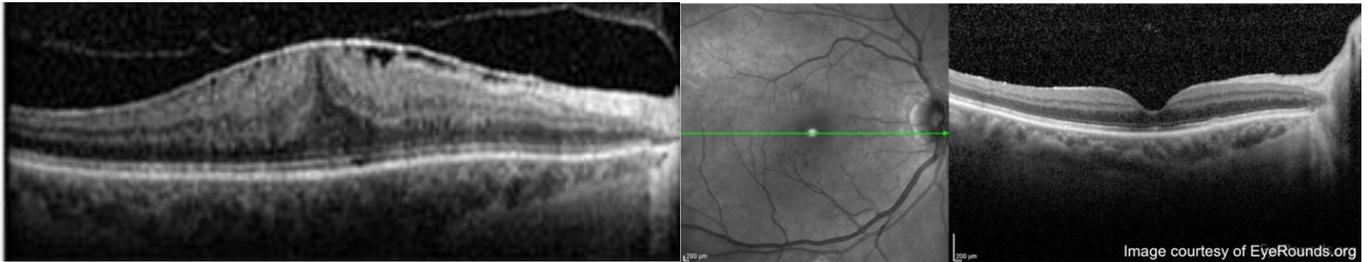
Figure 1: Image courtesy of Blausen.com staff (2014)

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## Why do I have an epiretinal membrane?

The most common reason for the formation of an epiretinal membrane is that it is part of the normal aging process within the eye. In other cases, it may be due to diabetes, inflammation (swelling), blockage of a blood vessel or previous eye surgery. Epiretinal membranes are not related to macular degeneration and do not usually affect both eyes.

These membranes can affect up to 10 per cent of people in their later years and are quite common.



*Figure 2: OCT image of the macula with an epiretinal membrane on the right and of a healthy macula on the left. Images courtesy of eyerounds.org*

## Assessing an epiretinal membrane

Epiretinal membranes can be seen by an eye specialist during an examination of the back of the eye. This appointment may be in person or virtually.

Firstly, the eye nurses will check your vision as well as the pressure in your eyes. To facilitate the rest of the examination, you will be given drops to temporarily make your pupils big. Additionally, you may also have a scan of the back of your eyes.

The eye specialist will assess your symptoms to help you decide whether to go ahead with surgery.

## Diagnosing an epiretinal membrane

In many cases, the discovery of an epiretinal membrane occurs by chance and the vision may not be affected. These membranes tend not to change over time or affect vision. The membranes can sometimes get worse and lead to distortion of vision or blurring of vision, or both. When this happens, treating the membranes may help.

## How do you treat an epiretinal membrane?

Epiretinal membranes can be managed in two ways. Either:

- surgery is not needed, and you may be observed by your own optometrist
- or it is treated with vitrectomy surgery

It is important to note that even if left untreated, this condition will not cause complete blindness.

## Vitrectomy

This is where specialised instruments are used to take out the jelly-like substance which naturally fills the centre of the eye. The vitreous jelly does not grow back once removed but removing it does not cause any harm to the eye. Over time the vitreous is replaced by natural fluid produced by the eye.

After this the membrane itself is peeled away from the back of the eye.

During the surgery, your surgeon may need to insert a bubble of air/gas. This bubble will disappear slowly over a period of days to weeks.

The operation itself does not usually take longer than an hour. It can be performed under a local anaesthetic when the patient remains comfortable but awake. It is very important that the patient remains still during the operation.

The operation can also be performed under a general anaesthetic. The choice of anaesthetic can be discussed further with the eye specialist during your consultation.

After surgery, the vision is usually more blurred, and it can take months for it to improve. The operation is usually successful in reducing the distortion in vision due to an epiretinal membrane. If the vision had not been distorted before surgery, it's harder to say how much better the sharpness of vision and reading will be.

## What are the complications involved in epiretinal membrane treatment?

- after the surgery some patients may still be aware of distortion even once the membrane is gone; this can take several months to improve or may remain permanent
- speeds up the onset (beginning) of cataract – this is treatable and sometimes cataract surgery can be performed at the same time as the epiretinal membrane surgery
- there is a 1 in 50 risk of the vision ending up worse than before the operation
- there is a 1 in 50 risk of needing further surgery for recurrent epiretinal membranes or other complications such as retinal detachment or retinal tears
- there is a small risk of developing raised eye pressure which may need to be treated with drops or surgery to maintain vision
- there is a 1 in 1000 risk of developing a serious complication in the eye due to bleeding or infection which leads to the eye becoming totally blind or the patient may lose the eye all together

## What to expect after surgery

After surgery we will give you drops to use usually for about 4 weeks. This is performed as a day procedure and so you will be able to go home after surgery and you are usually reviewed in clinic after a few weeks.

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Most patients find that they need about 2 weeks off work. This will obviously vary depending on the type of work you do, so please discuss this with your surgeon for more specific advice.

### Further information:

**The Royal National Institute of Blind People (RNIB)** have further information on macular holes as well as practical advice.

Helpline: 0303 123 9999

Website: [www.rnib.org.uk](http://www.rnib.org.uk)

Email: [helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)

**The Macular Disease Society** also has further information.

Helpline: 0845 241 2041

Website: [www.maculardisease.org](http://www.maculardisease.org)

Email: [info@maculardisease.org](mailto:info@maculardisease.org)

### Who can you contact for more information

**Emergency Department at Western Eye Hospital:** 020 3312 3245

**Outpatients at Western Eye Hospital:** 020 3312 3236

**Outpatients at Charing Cross Hospital:** 020 3311 1109/ 1233/ 0137

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## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net) Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

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