



OPHTHALMICS

PATIENT EDUCATION



**The  
Days  
Following  
Macular  
Hole  
Surgery**

**POSITIONING**

# **FACE DOWN POSITIONING**

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Produced in collaboration with



# **introduction**

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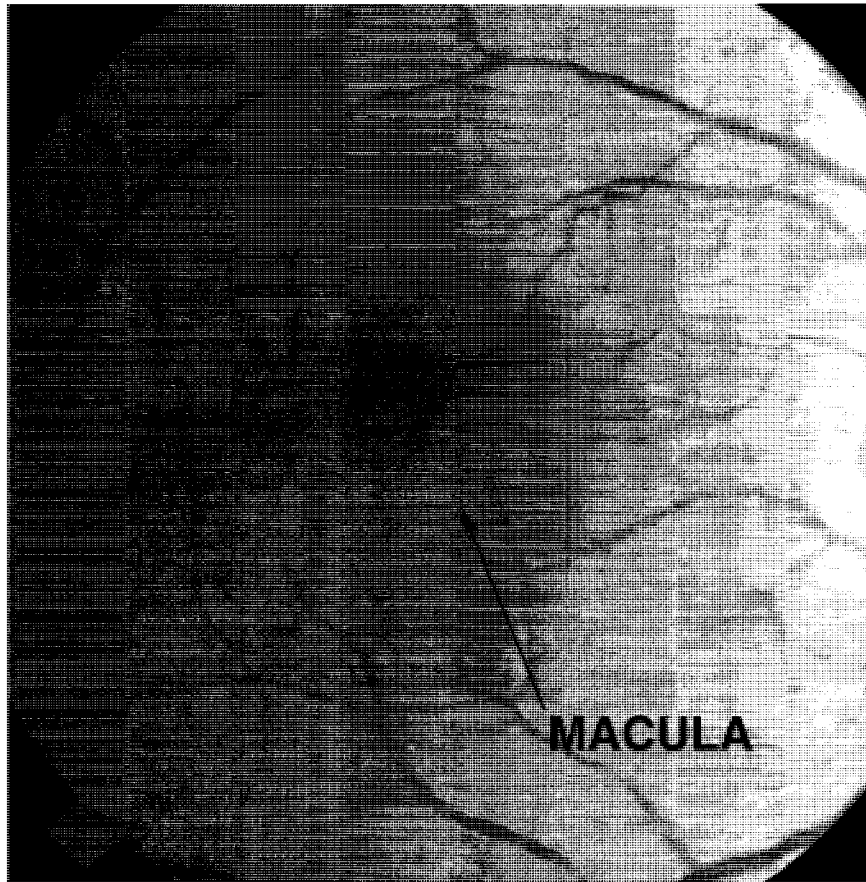
**You or someone close to you has been diagnosed as having a macular hole. Your retinal surgeon will discuss the benefits, risks and role of eye surgery for this condition with you.**

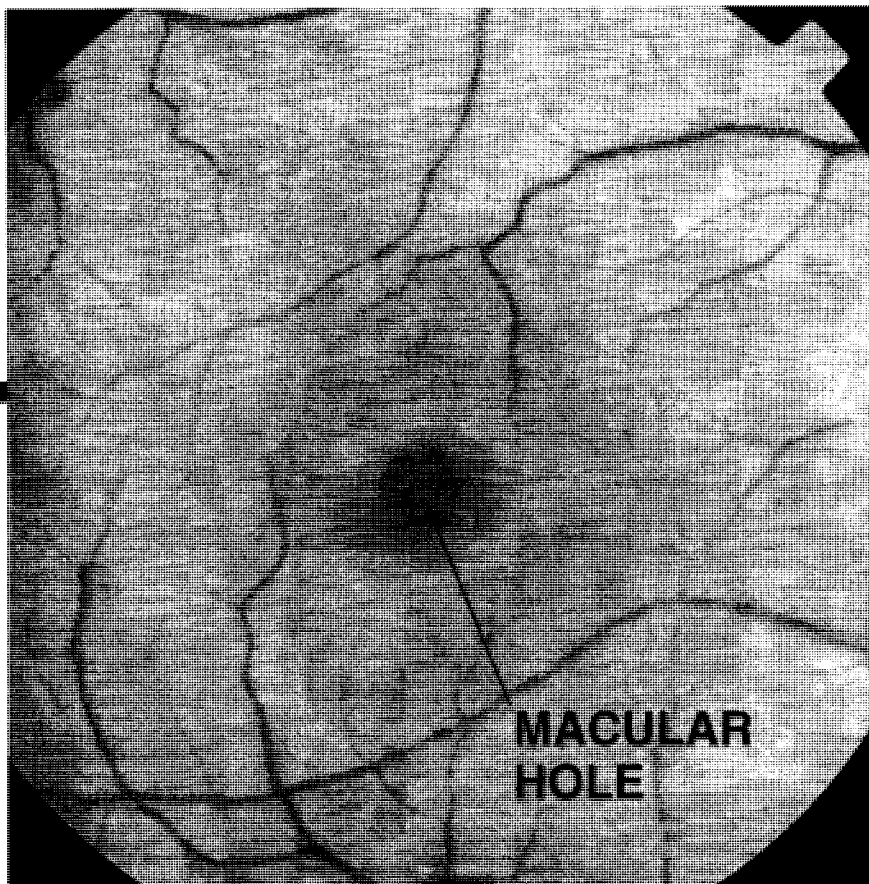
***The purpose of this booklet is to give you ideas that will help you maintain a face down position after your eye surgery. The single most important thing that you can do to improve the chance of success of your surgery is to maintain this face down position for a period of seven days following your surgery.***

# what is a macular hole?

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The retina is the seeing tissue that lines the inside of the back of your eye. It works like film in a camera. The macula is the center or the bull's-eye of the retina. We use the macula to look straight ahead and to see fine details. In your eye, a hole has developed in this important central part of the retina, and your condition is therefore called *macular hole*.





Just as bubbles in water will float to the surface, the gas inside your eye will float to the top part of your eye if you sit up and look straight ahead. Because the hole is located in the back of your eye, the gas bubble will push against the hole only when your face is down with your nose pointing to the floor, with your face level or parallel to the floor.

*The gas bubble needs to push against the hole on your macula for approximately one week. Your doctor will discuss the exact number of days that you should hold your*

*head down.*

# the surgery

During your eye surgery, your retinal surgeon will remove the vitreous, jelly-like substance inside your eye. Then, the eye is filled with a special gas which lasts in your eye for a few weeks. Your eye will make fluid to replace the gas in your eye as the gas gradually disappears.

The gas is placed in your eye to push against the hole in your macula to try to seal the hole closed.

During this period following surgery, you need to maintain a face-down position ALL THE TIME, 24 HOURS A DAY. Get your family and friends involved in this project. They can be of invaluable assistance in helping you with meals, medications and activities. Most of all, they can serve as a constant reminder and source of encouragement. This booklet will provide helpful suggestions to assist you to accomplish this difficult task and to optimize your chances of having a successful surgical outcome.

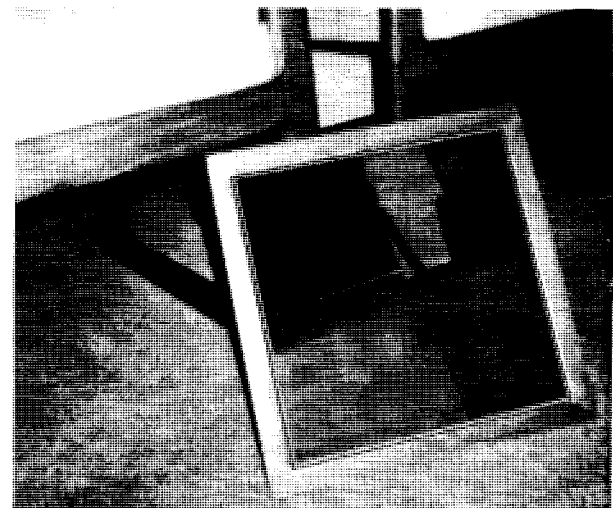
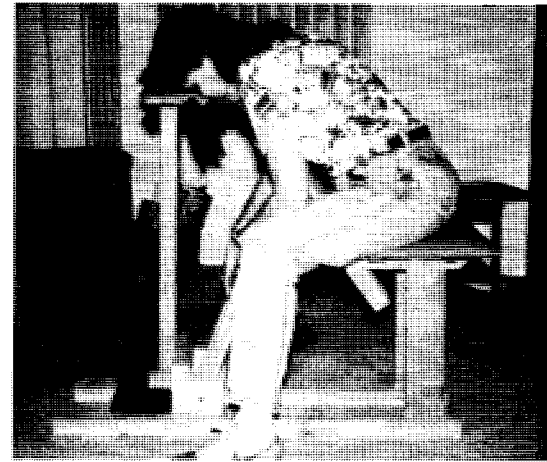
# the position

These illustrations depict the face down position. Notice that we want your face as parallel to the floor as possible. As another point of reference, try to make certain that your nose is always pointed at the floor.

It is very hard on your neck and shoulder muscles if you sit with your back straight and bend only your neck.

Instead, it is better to bend your back and neck together. It is easier to rest your head and arms against something to relieve the pressure off your shoulder, neck and back. If you have nothing to rest your forehead on, bend forward from your waist and rest your head in the palm of your hands while resting your elbows on your knees.

You do not have to remain in one place for the entire time. However, your head must stay with your head down all the time no matter where you are. Most





patients benefit from pain medications and muscle relaxants for shoulder, neck and back pain. Please ask your doctor for these medications prior to going home. If you have any pre-existing back, neck or shoulder problem or other medical problem that may be

worsened by the face down positioning, please discuss this with your doctor prior to surgery.

It is unusual to have much eye pain following this operation. If you do have pain, contact your doctor. The area around both your eyes may become temporarily swollen after surgery. This is because you are holding your head down. Ice packs applied to your eyelids may help relieve this swelling.

At least daily, you should cover your other eye and wave your fingers in front of the operated eye. You should be able to detect your hand movements and see light with your operated eye the day after surgery.



# what to do, and how to do it

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## **PREPARATION:**

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It is much easier to get your home set up before the surgery. Prior to your surgery, you should take care of your chores such as paying bills, and doing enough laundry to supply your clothing needs. You may choose to prepare meals that are easily frozen then thawed such as soups and casseroles.

Arrange your bed in such a way that will make it easier to remain face down (e.g., place the bed with one side against a wall). Also, any specialized furniture that you may require should be acquired and placed in your home prior to surgery.

Your face down positioning starts when you leave the operating room. It is helpful to practice your positioning for a few hours at home prior to surgery to get adjusted to this position and work out any problems in advance.

## **TRIP HOME:**

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During the trip home after surgery, lying down or sitting in the back seat with your head down may be more comfortable. Bring some pillows that you can hold onto.

## **MEALS:**

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You should avoid bringing your chin to your chest as you eat, since this may affect swallowing. It is easier to bend at the waist and less with your neck for comfort while eating. A low TV tray, stool or coffee table will serve as excellent platforms.

Prepare softer foods that are easier to chew and swallow with your head down. Keep refrigerated items on the lower shelves, and food on the counters, not up in cupboards.



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## **DRINKING:**

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Do not raise your head to drink. Instead, use a straw. The low table that you use to eat from may also be an ideal place to rest your glass.

## **ORAL MEDICATIONS:**

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If you take oral medications that are difficult to swallow, you may need to break them into pieces, or mix them in soft food. They can also be dissolved in apple juice or other liquids.

## **BATHING:**

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It may be easier to take a bath rather than a shower with your head down. A hand held shower massager can be very useful. Rearrange your soap, shampoo, etc. to a lower level so that you can reach them easily while bathing.

## **CLOTHING:**

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Face down positioning will begin the minute you leave the operating room. You can prepare for this by wearing a button-up shirt to the hospital on your surgery day. During your period of face down positioning, continue to wear this type of shirt and avoid sweatshirts, T-shirts and anything that will be required to pull over your head. Things that you can easily slip on and off, such as sweatpants, shorts, bath-robos, house coats and pajamas are recommended and will make your day easier.

## **BATHROOM:**

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You may need to use a laxative if you are prone to constipation, due to the relative inactivity during this period.

## **SLEEPING:**

You should sleep on your stomach or on either side with your head turned down toward the floor. Arrange your pillows so that you do not roll onto your back while asleep. A simple device such as a rectangular piece of plywood with a hole cut out in its center for breathing, and covered with foam or egg crate and a sheet, can be helpful. This should be positioned at the edge of the bed, supported between two chairs, and made level with the surface of the mattress.

You can push your bed against the wall and sleep with your back close to the wall to remind you not to turn on your back. During the day, you can accomplish the same by lying against the back of a sofa.

While turning from one side to the other, go onto your stomach first, then on the other side. Do not turn by going on to your back. If you sleep on your side, keep some pillows in front of you so that you can lean into them and maintain a 45° angle towards the floor, rather than a 90° angle. Massage or chiropractic tables are comfortable and can be rented from a local medical care company.

## **ACTIVITIES:**

Keeping your head down for seven or more days can get boring. It is helpful if you plan ahead. It is useful to move around. Short walks or light exercise is encouraged. Renting a walker may be helpful. A walker can be used to help you walk while keeping your face down.

Reading results in rapid eye movements and is discouraged. You may watch TV. If you have or can borrow a small TV that can be placed on its back near your feet, this will help. Alternatively, a mirror between your feet can be arranged at a 45 degree angle to view the TV.

You may choose to listen to the radio instead. Your library has many tape recorded books that you can borrow. For unabridged books that provide many hours of entertainment, consider renting from Recorded Books (1-800-638-1304) or "Books on Tape" (1-800-252-6996).

You may arrange to have a back and neck massage to relieve muscle spasm and pain. Please consult your Yellow Pages.

# common questions and answers

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***Q1. Why do I need to keep my face down?***

To allow the gas bubble in your eye to push against the hole in the center of your retina (macula). This helps to close the macular hole.

***Q2. Do I need to hold my head down all the time?***

Yes, we think this needs to be done 24 hours a day for 7 or more days (your doctor will tell you how many days).

***Q3. I have a back and neck problem. What should I do?***

Discuss this with your primary medical and retinal surgeon before the surgery.

***Q4. Can I sit, walk, or exercise?***

Yes, all these activities are fine as long as you remember to keep your head down.

***Q5. How far down should my head be?***

Your face and back of your head should be level (parallel) with the floor. This is easier to accomplish if you bend your back and neck together. It is easiest if you rest your forehead and arms against a soft object, allowing room for you to breathe.

***Q6. What medications should I take?***

Your retinal surgeon will prescribe medications for your eye. Ointments may be easier to place in your eye by slightly turning your head. Eye drops can be placed by slightly turning your head and placing drops in the corner of your eye. You may also need pain pills, laxatives and muscle relaxants.

***Q7. What if I turn on my back in my sleep?***

Try some of the devices that we have outlined to prevent this, such as arranging your pillows. Do your best: that is all we ask.

***Q8. What should I see with my operated eye?***

Initially, with the bubble filling the eye, you will only be able to see movement and light. As the gas bubble disappears, you may see a black line coming up from the bottom. As the bubble gets even smaller, it may turn into a black circle and it may break up into smaller bubbles before disappearing.

***Q9. How do I pass the time?***

Try to vary your routine. Consider some light exercise. You may watch TV as described earlier. Books on tape from your library or rented are worth trying. Most of all, your family and friends can be a big help.



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