



## Idiopathic Macular Hole (Initial Evaluation and Therapy)

**(Ratings:** A: Most important, B: Moderately important, C: Relevant but not critical

**Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

### Initial Exam History (Key elements)

- Duration of symptoms **(A:III)**
- Ocular history: glaucoma or other prior eye diseases, injuries, surgery, or other treatments; prolonged gazing at the sun **(A:III)**
- Medications that may be related to macular cysts **(A:III)**

### Initial Physical Exam (Key elements)

- Visual acuity **(A:III)**
- Slit-lamp biomicroscopic examination of the macula and the vitreoretinal interface **(A:III)**

### Management Recommendations for Macular Hole

Stage	Management	Follow-up <sup>[A:III]</sup>
1-A	Observation <sup>[A:II]</sup>	Prompt return if new symptoms Every 4 to 6 months in the absence of symptoms
1-B	Observation <sup>[A:II]</sup>	Prompt return if new symptoms Every 4 to 6 months in the absence of symptoms
2	Surgery <sup>[A:II]</sup> *	1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms If no surgery, every 4 to 8 months
3	Surgery <sup>[A:I]</sup>	1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms
4	Surgery <sup>[A:I]</sup>	1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms

\* Although surgery is usually performed, observation is also appropriate.

## Surgical and Postoperative Care if Patient Receives Treatment

- Inform the patient about relative risks, benefits, and alternatives to surgery, and the need for use of expansile intraocular gas or special patient positioning postoperatively **(A:III)**
- Formulate a postoperative care plan and inform the patient of these arrangements **(A:III)**
- Inform patients with glaucoma of possible perioperative increase in IOP **(A:III)**
- Examine postoperatively within 1 or 2 days and again 1 to 2 weeks after surgery **(A:III)**

## Patient Education

- Inform patients to notify their ophthalmologist promptly if they have symptoms such as increase in floaters, a loss of visual field, or a decrease in visual acuity **(A:II)**
- Inform patients that air travel, high altitudes, or general anesthesia with nitrous oxide should be avoided until the gas tamponade is nearly completely gone **(A:III)**
- Inform patients who have had a macular hole in one eye that they have a 10% to 20% chance of macular hole formation in the fellow eye, especially if the hyaloid remains attached **(A:III)**
- Refer patients with functionally limiting postoperative visual impairment for vision rehabilitation (see [www.aao.org/smartsight](http://www.aao.org/smartsight)) and social services **(A:III)**

\* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 ([www.aao.org](http://www.aao.org))