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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Management</th>
<th>Follow-up</th>
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| 1-A   | Observation | Prompt return if new symptoms  
                     Every 4 to 6 months in the absence of symptoms |
| 1-B   | Observation | Prompt return if new symptoms  
                     Every 4 to 6 months in the absence of symptoms |
| 2     | Surgery    | 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    | 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    | 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) and social services (A:III)

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)