

Macular translocation for age-related macular degeneration

Understanding NICE guidance –
information for people considering the
procedure, and for the public

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called macular translocation. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether macular translocation is safe enough and works well enough for it to be used routinely for the treatment of age-related macular degeneration.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of macular translocation and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

About macular translocation

Age-related macular degeneration is an eye disorder that starts later in life and causes problems with central vision (seeing things straight in front of you – usually people notice difficulties with close work and seeing detail). This sight loss becomes worse over time. The part of the eye that is affected is the macula. This is a small area of the retina, which is the inside back surface of the eyeball. The macula is responsible for clear central vision.

Sometimes macular degeneration happens because of changes in the area underneath it, in what's known as the choroid layer. Problems with the blood vessels here can mean that fluid leaks into the area under the macula and causes scarring. The macula becomes damaged as a result. This type of macular degeneration is known as wet macular degeneration.

The aim of macular translocation is to improve vision. It involves moving the macula so that it lies over a healthier part of the eyeball. One way of doing this is to move the retina round from its normal position. This is called macular translocation with 360 degree retinotomy.

Another way is to make a small cut in the retina to get to the outer layers of the eye. The doctor then puts a 'tuck' into these layers so that the

macula ends up laying over a different part of the choroid layer. This 'tuck' method is called limited macular translocation.

How well it works

What the studies said

In a study that followed what happened in people who had limited macular translocation, there was an improvement in how well the eye could see detail in 34 out of the 86 eyes that were operated on. But 27 of the 86 eyes could see detail less well after the procedure. (We're talking about eyes rather than people here because some people had both eyes treated.) The doctors involved in this study thought that around a third of the people who had an improvement after the procedure would eventually have problems again.

In another study, this time looking at 87 people who had macular translocation with 360 degree retinotomy, 24 people could see detail more clearly after the procedure. But 29 people could see less clearly afterwards.

A third study found that macular translocation was successful in 33 of the 50 patients who had it. But the procedure made three people's sight get worse.

What the experts said

The experts said that moving the macula successfully to a healthier position didn't always mean that the person's sight improved. And they said that there had been times when moving it had made the person's sight worse. But there were also times when moving the macula improved the person's sight dramatically.

Risks and possible problems

What the studies said

The most common problems that happened during limited macular translocation were damage to the eyeball and bleeding. These were still quite rare, though. After the procedure, the most common problems were:

- retinal detachment, where the retina comes away from its supports in the eyeball (this was the most common problem and affected up to one patient in five)
- damage to the retina
- the macula became folded
- bleeding in the eyeball
- unwanted blood vessels growing in the new position of the macula.

For macular translocation with 360 degree retinotomy, the most common problems were:

- damage to the front covering of the eyeball (the cornea) – all the patients in one study had this
- a build up of fluid in the area of the macula (this affected nearly a third of the patients in one study)
- a type of scarring on the retina known as proliferative vitreoretinopathy
- retinal detachment (one in five patients had this in one of the studies)
- growth of a thin film of transparent tissue on the surface of the retina – this can make the macula become wrinkled.

What the experts said

According to the experts, the most likely problems were retinal detachment, bleeding in the retina, proliferative vitreoretinopathy, seeing double or having a narrower view.

What has NICE decided?

NICE has decided that, if a doctor wants to carry out macular translocation, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

What the decision means for you

Your doctor may have offered you macular translocation. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of macular translocation which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on macular translocation for age-related macular degeneration is on the NICE website (www.nice.org.uk/IPG048guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0487. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on eye problems, a good starting point is NHS Direct (telephone 0845 4647) or NHS Direct Online (www.nhsdirect.nhs.uk).

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