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A Breakthrough In Surgery On The Human Center Of Vision
Fluidic Internal Limiting Membrane Separation or FILMS

This new surgical technique of removing the internal limiting membrane (ILM) for patients with a distorted macular surface (macular pucker) or macular hole was developed by surgeons and researchers Robert Morris, M.D., C. Douglas Witherspoon, M.D., and Ferenc Kuhn, M.D., PhD of Retina Specialists of Alabama, LLC and the Helen Keller Foundation for Research and Education located in Birmingham, Alabama. Less traumatic than other conventional methods, FILMS, has been found to be effective in restoring sight to patients with specific forms of retinal deterioration that increase in frequency with age.

More than 2.5 million people in the United States over age 50 are thought to have some surface scarring or wrinkling of the macular center of vision, a pinhead sized spot of retinal tissue. The macula is responsible for sharp detail vision, or reading and color vision. Macula conditions, variously called epi-macular proliferation (EMP), macular pucker, cellophane maculopathy, macular membrane or scar and macular hole, can cause loss of fine vision to the level of legal blindness.

Wrinkling of the retinal tissue in the macular area occurs when cells which accumulate over a lifetime reproduce and settle on the surface of the macula where they contract. This wrinkling of the macula (EMP) also causes a distortion of the thin inner surface layer of the retina called the internal limiting membrane (ILM). Surface forces related to EMP are also thought to play a role in forming macular holes.

Each year approximately 25,000 to 40,000 people undergo one of the most delicate surgical maneuvers performed on the human eye, macular surgery. Intraocular microscopic surgery is performed under an operating microscope (Drs. Morris and Witherspoon use the state of the art Carl Zeiss microscopes imported from Germany) with the insertion of a tiny light probe and microsurgical instruments. The procedure requires precise viewing and maximum light transmission.

The standard surgery for EMP removal or macular hole repair is accomplished by peeling away the EMP and/or ILM that is causing the distorted vision with microsurgical forceps. It is a time-sensitive, delicate and difficult operation. Lengthy surgery can result in potential over exposure to operating light resulting in "light toxicity" damage to the retinal nerve tissue. Inadvertent mechanical injury to retinal nerve tissue is another potential risk, both of which may reduce hoped for visual return. Because of these risks, many retinal surgeons and patients choose to defer surgery until after a significant irreversible loss of vision has already occurred.

The new FILMS technique, in contrast, allows surgeons to safely and quickly remove the abnormal macular tissue and the internal membrane layer by gently lifting and separating with fluid pressure, then smoothing the underlying distorted retinal layer. The FILMS Cannula tm , a special type of needle designed by Drs. Morris, Witherspoon and Kuhn, is inserted parallel to the neural retina layer beneath the ILM layer. In one step the ILM and EMP are dissected in a fast, simple, more consistent and complete method. Rather than attempting to tease and pull the EMP from the retinal surface a piece at a time with forceps, FILMS educes the risk of surgery enough to permit patients and eye doctors to consider surgical intervention before long term retinal nerve damage causes irreversible loss of sight. For the first time, FILMS allows retinal surgeons to operate with the retina instead of on scar tissue lying over or beneath the retinal surface. Complications prohibiting good vision return or necessitating repeat operations are Significantly reduced.

Individuals who elect to have this procedure performed by Retina Specialists of Alabama can anticipate hospital admission the day of surgery, general anesthesia consistent with l physical health, discharge following surgery and complete recovery from anesthesia, and examination in the office the day following surgery. Patients who have macula hole repair surgery will be required to position face down continuously after discharge home.

Specific individual detailed instructions will be provided when surgery is scheduled. Out of town surgical candidates may make arrangements to tentatively schedule surgery during the same visit as the initial consultation or may receive consultation advice and return at a later date if surgery is desired. Macula hole repair patients should make arrangements to stay in town a minimum of one week following surgery (possibly longer if flying). Other patients may return home following the next day examination.

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