

Idiopathic Macular Hole (Initial Evaluation and Therapy)

Initial Exam History (Key elements)

- Duration of symptoms
- Ocular history: glaucoma, retinal detachment or tear, other prior eye diseases or injuries, ocular surgery, or prolonged sun or eclipse gazing
- Medications that may be related to macular cystoid edema

Initial Physical Exam (Key elements)

- Visual acuity
- Slit-lamp biomicroscopic examination of the macula and the vitreoretinal interface, and the optic disc
- Indirect peripheral retinal examination

Management Recommendations for Macular Hole

Stage	Management	Follow-up
1-A and 1-B	Observation	Follow-up at 2–4 month intervals in the absence of new symptoms Recommend prompt return if new symptoms develop Encourage monocular visual acuity testing with Amsler grid
2	Vitreoretinal surgery*	Follow-up at 1–2 days postoperatively, then 1–2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient’s clinical course If no surgery, follow up every 2–4 months
2	Vitreopharmacolysis†	Follow-up at 1 week and 4 weeks, or with new symptoms (i.e., retinal detachment symptoms)
3 or 4	Vitreoretinal surgery	Follow-up at 1–2 days postoperatively, then 1–2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient’s clinical course

* Although surgery is usually performed, observation may also be appropriate in selected cases.

† Although ocriplasmin has been approved by the U.S. Food and Drug Administration for vitreomacular adhesion, its use for treatment of idiopathic macular hole without vitreomacular traction or adhesion would currently be considered off-label use.

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 facedown positioning postoperatively
- Formulate a postoperative care plan and inform the patient of these arrangements
- Inform patients with glaucoma of possible postoperative increase in IOP
- Examine postoperatively within 1 or 2 days and again 1 to 2 weeks after surgery

Patient Education

- Inform patients to notify their ophthalmologist promptly if they have symptoms such as an increase in floaters, a loss of visual field, metamorphopsia, or a decrease in visual acuity
- Inform patients that air travel, travel to high altitudes, or general anesthesia with nitrous oxide should be avoided until the gas tamponade is nearly completely gone
- Inform patients who have had a macular hole in one eye that they have a 10% to 15% chance of macular hole formation in the fellow eye, especially if the vitreous remains attached
- Refer patients with functionally limiting postoperative visual impairment for vision rehabilitation (see www.aao.org/smartsight) and social services