

## The Eye Unit

# Retinal detachment: Treatment, surgery and aftercare

The doctor has diagnosed a Retinal detachment in your eye. This booklet explains the treatments available and what you can and cannot do after the operation. Without treatment, this condition usually leads to blindness in the affected eye.

University Hospitals Coventry and Warwickshire is a teaching hospital and as such has a responsibility to train surgeons of the future. We cannot guarantee that your surgery will be performed by a particular surgeon. Surgery is carried out by consultants and other suitably skilled surgeons. Surgery is also carried out by surgeons in training, under the supervision of an experienced consultant

### What is a Retinal Detachment?

The retina is a thin layer of nerve cells that lines the inside of the eye. It is sensitive to light and you need it to be able to see properly. Your retina is detached because it has one or more holes in it which is allowing fluid to pass underneath it. This fluid causes the retina to become separated from the supporting and nourishing tissues underneath it. Some blood vessels may also be bleeding into the vitreous which may cause further clouding of your vision.

### Who is likely to get a Retinal Detachment?

A retinal detachment can happen at any age, but they most commonly occur in people over the age of 60. Certain conditions can increase the likelihood of retinal detachment, such as short sightedness, trauma, previous eye surgery or a history of retinal detachment in family members. Some of the time a retinal detachment develops for no obvious reason. In short sighted people the eye is long and the structures in the eye are stretched and the retina is weak. In some cases when the vitreous collapses it may pull on the retina and if it is weak it is more likely to tear. There is nothing anyone can do to stop the vitreous from collapsing.



## Patient Information

### **Warning signs of a Retinal Detachment:**

You may have experienced the following symptoms:

- Light “flashes”
- The presence of a shadow spreading, partly obscuring vision
- Large “floaters” or spots / blurred vision/ loss of vision

### **Treatment**

The treatment can be carried out in different ways, and is usually performed as a same day procedure usually under local anaesthetic.

Your consultant will discuss with you if laser or cryotherapy or both will be necessary.

#### **Laser**

Small holes and tears can be treated with laser. The treatment is a procedure where pin points of laser light are used to create a seal around the small hole / tear. The aim of this is to reduce the risk of a retinal detachment developing.

#### **Cryotherapy**

Cryotherapy is a means of freezing the tiny area of the retina around the hole that needs to be treated.

Both techniques seal the retina to the back of the eye.

### **Retinal Detachment Surgery**

If the retina has become detached and the detachment is too large for laser or cryotherapy alone, then surgery is necessary to “reattach” the retina. Without some type of surgery vision will almost be completely lost. There are several ways the retina may be put back into place.

#### **The Risks of Retinal Detachment Surgery**

- There is an 90% chance of the retina being re-attached after one operation
- There is a 10% - 20% risk that you may need further surgery due to new breaks forming in the retina or the development of scar tissue.
- A Cataract may develop due to the insertion of gas or oil in your eye.
- Every surgical procedure carries the risk of infection and haemorrhage the risks are low but if this should occur this would result in permanent loss of eye sight

## Patient Information

### **Possible complications after surgery**

- Distortion or reduced central vision
- Bruising of the eye or eyelids
- High pressure inside the eye
- Inflammation inside the eye
- Cataract
- Double vision
- Allergy to the eye drops
- Infection in the eye (very rare)

### **Vitrectomy**

**This is explained in more detail in a separate patient information booklet called:**

- **Vitrectomy: Treatment surgery and aftercare**

This involves removing the vitreous gel and replacing it with either a clear solution or a gas bubble effect on the retina. The effect of this is to minimize the amount of pulling. The solution or **gas bubble** will remain inside the eye.

### **Gas bubble**

This involves a bubble of gas being placed in your eye to help hold the retina in position during the healing. As long as the bubble is large in the eye, the vision will be very blurred. The bubble will eventually go away by itself, but the time this takes may be between eight to twelve weeks as the bubble is acting as a splint to hold the retina. The body will eventually absorb the bubble, and so you will see it becoming smaller and smaller as time goes on. As the bubble becomes smaller, you will begin to see it as a line across your vision. This line may jiggle as you walk as the bubble moves around slightly in the eye, it is actually at the top, but the eye turns things upside down in your vision. Eventually the bubble may break up into a few small bubbles which will float around.

In order for the bubble to work, it must be pushing against the area where there are holes in your retina. You will be instructed about how to position your head so that the bubble is most effective for your condition.

You should not travel in an airplane while there is a gas bubble in the eye. It may expand after the airplane takes off and cause the pressure in the eye to rise significantly.

If you need to undergo general anaesthesia during the time the bubble is in the eye, you need to inform the anaesthetist since the bubble may swell and cause the eye pressure to rise during general anaesthesia

## Patient Information

### **Silicone oil**

This involves placing oil into the vitreous of the eye to close the hole or tear and help to reattach the retina.

**Your vision will not improve until the silicone oil is removed at a later date during another operation.**

It cannot be left in your eye as it can cause long term problems such as raised pressure, changes to the front of your eye and cataracts.

### **Scleral buckling**

This involves sealing the holes by applying a splint (buckle) which is positioned under the skin of the eye and stays there permanently. This will push the wall of the eye in towards the retina. You may have double vision (seeing two of everything) which can be corrected with glasses.

### **Admission to hospital**

You will be admitted on the day of surgery and you should be able to go home the same day. Surgery is usually performed under a local anaesthetic.

### **Discharge**

**Your first follow up appointment will be the next day.**

**All subsequent appointments will be arranged from then on.**

Please bring all your eye drops to your appointments

Depending on the type of surgery you have had you **may** be required to posture. If you are, you will be given the leaflet: "Posturing following eye surgery"

You will be required to posture for 50 minutes in every hour this will give you a ten minute break every hour. Posturing will need to continue for at least two weeks. We recommend that you arrange for someone to help at home for at least two weeks whilst you are posturing

### **Aftercare**

- You will have to use eye drops for at least four weeks
- Please expect to be off work for at least four weeks depending on your occupation
- Arrange for some one to be with you until you feel able to cope on your own
- Take things easy for a few weeks and then gradually build back up to a normal activity level

## Patient Information

- Do not drive until you are able to read the new style car number plate at 20 metres with both eyes open and you are confident enough to drive
- Please discuss any travel plans in advance

**Specific details relating to your particular operation will be given to you in a 'Going home after surgery booklet'**

### **How much vision can I expect after a successful operation?**

In most cases, there is between 85% - 90% chance of successfully reattaching the retina with one operation. But successful reattachment does not necessarily mean restored vision. It all depends on how much the retina has detached and for how long. The shadow caused by the detachment will disappear in all cases when the retina has been put back in place. However, if the detachment involves the part of the retina which is responsible for your central vision, this may not recover. The longer this part of the retina is detached the smaller the chance that your central vision will recover to its former level. But if this is the case you will still have some useful vision left. The surgeon will discuss this with you. For some patients best vision may not occur for many months after surgery. The first three months after the operation is the period when problems are more likely to present with the retina.

### **Please call immediately if you have any of the following symptoms**

- A lot of pain
- Loss of vision
- Increasing redness of the eye

### **UHCW Eye Casualty Tel 024 7696 6627**

Open from:

Monday to Thursday	08.30am – 4.30pm
Friday	08.30am – 4.00pm
Saturday	08.30am – 12.00pm

Outside the opening times for Eye Casualty, please attend the main Accident and Emergency Department at University Hospital Coventry

### **Further Information – Internet Links**

Royal National Institute for the Blind (RNIB) –  
[www.rnib.org.uk](http://www.rnib.org.uk)

[http://www.rnib.org.uk/eyehealth/eyeconditions/eyeconditionsoz/Pages/retinal\\_detachment.aspx](http://www.rnib.org.uk/eyehealth/eyeconditions/eyeconditionsoz/Pages/retinal_detachment.aspx)

## Patient Information

NHS Choices - <http://www.nhs.uk/conditions/Retinal-detachment/Pages/Introduction.aspx>

British and Eire Association of Vitreoretinal Surgeons (BEAVRS) - <http://www.beavrs.org/about/patient-information/retinal-detachment-surgery>

U.S National Library of Medicine - <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002022/>

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### Document History

Author	Rosie Johnson/ Mark Hero, Osama Makhzoum
Department	Eye Unit
Contact Tel	25922
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