

## **Retinal Detachment**

### **What is the retina?**

The retina is the innermost layer of the eye, covering approximately two thirds of its inside surface. It is a light sensitive film made up of nerve fibres that receive images when light falls on them and transmit these pictures to the brain.

### **What is retinal detachment?**

This is when the retina peels away from the inner wall of the eye. It can occur if there is tension pulling at the retina such as:

- if a tear or hole in the retina allows fluid to seep in and collect between the layers.
- If the eye receives direct trauma, such as a severe blow.
- Being short sighted increase your risk of retinal detachment lifelong.
- Aging is probably the biggest risk factor.

### **What are the symptoms?**

There may be flashes of light and an increase in, or shower of, floaters, leading to a shadow or curtain across the vision.

Any loss of vision you experience may be at the edge of the visual field.

However, you may not immediately notice this. If the central part of the retina (macula) is involved, you will notice a loss of your central vision.

Pain is not usually associated with retinal detachment as the retina has no pain nerve fibres.

#### **Making a referral:**

## **How do you treat retinal detachment?**

It is usually treated by an operation to re-attach the retinal layers.

The most common technique for retinal re-attachment is vitrectomy, where the vitreous (a clear gel that fills the space between the lens and the retina) is removed (vitrectomy). The surgery can be performed under local anaesthesia with or without sedation, or under general anaesthesia.

Any fluid that has collected between the layers will be drained, and laser or cryotherapy (freezing) will be used to seal off the tears and bond the layers back together. Gas or silicone oil is injected to hold the retinal layers together at the site of the tear and maintain the correct pressure.

Some retinal detachments are not suitable for the vitrectomy approach. In these cases, the retinal layers are re-attached using pressure from a small band or sponge attached to the outside of the eyeball, bringing the layers of the retina together. This type of surgery requires general anaesthesia.

## **What should I expect after the surgery?**

If you have had gas or oil inserted, you may have to lie on your side or front (posture) until it is absorbed, or until the retina looks properly re-attached.

This is to keep the pressure on the area where the retina is affected. You will have to continue to posture at home for 45 minutes in every hour for about 5 - 7 days after surgery.

### **Making a referral:**

You must not fly whilst there is gas in the eye and you must inform the anaesthetist if you need general anaesthesia for any other surgery whilst you have gas in the eye.

Your eye may feel sore and your lids will be slightly swollen initially. This will ease over a couple of days and you should take pain killers such as paracetamol if you need to.

When you are discharged from hospital you should ask your doctor about returning to work or driving, as the restrictions related to these activities may vary from person to person.

You should usually continue with your prescribed eye drops for four weeks and avoid any strenuous activity for about four to six weeks.

You will be given a follow-up appointment for about two weeks after your operation.

### **What results can I expect from the surgery?**

In the majority of cases the retina can be re-attached with one operation. In some cases further procedures may be required.

Some people have good vision despite a retinal detachment because the central part of the retina (macula) is still in place. If that is the case, you can expect your vision to be temporarily worse after surgery because of the drops, injection of gas, and inflammation resulting from the surgery.

You may need to change your glasses once the eye has healed to improve your vision.

#### **Making a referral:**

Some people do not have good vision after retinal detachment, because the macula has been detached. If the macula is involved, vision takes some time to improve and may not fully return to normal.

**Making a referral:**

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