

Retinal Detachment Surgery

Introduction

Your specialist has advised you need to have retinal detachment surgery. This leaflet gives you information that will help you decide what to do. Before you have the operation we will ask you to sign a consent form so it is important that you understand the information in this leaflet before you agree to go ahead with surgery. If you have any questions you might want to write them down so you will remember to ask one of the hospital staff.

What is a retinal detachment?

Your eye doctor had diagnosed a retinal detachment in your eye. Without treatment this condition usually leads to blindness in the affected eye. The retina is a thin layer of nerve cell that lines the inside of the eye. It is sensitive to light (like the film in a camera) and you need it to be able to see properly. Your retina is detached because it has one or more holes in it and so is allowing fluid to pass underneath it. This fluid causes the retina to become separated from the supporting and nourishing tissues underneath it. Small blood vessels might also be bleeding into the vitreous (the jelly substance in the centre of the eye) which might cause further clouding of your vision.

Most retinal detachments occur as part of the natural ageing process in the eye. It is unlikely that it would be caused by anything that you have done. Anyone can develop a retinal detachment at any time but certain people are at higher risk than others. These include people who are short sighted, those who have had cataract surgery in the past and those who have recently suffered a severe direct blow to the eye. Some types of retinal detachments can run in families but these are rare.

Treatment of Retinal Detachment

The treatment involves surgery. During the operation your eye doctor will seal the retinal holes and reattach your retina. You will have one of the following procedures:

Cryotherapy and sclera buckle

We can seal retinal holes by applying splints (buckle) on the wall of the eye. The buckle is made of sponge or solid silicone material. It is positioned under the skin of the eye and usually stays there permanently.

or Vitrectomy, cryotherapy and injection of gas or silicone oil

In some cases the jelly-like substance called the vitreous is not working and this is responsible for the retina becoming detached. As part of your surgery we remove this jelly during an operation called vitrectomy. During this operation we make tiny cuts in the eye and remove the vitreous. Next the surgeon finds the breaks in the retina and treats them with laser or cryotherapy. This causes a scar reaction which over ten days will seal the break. We then put a gas or silicone bubble in the eye. This acts as a splint to hold the retina in position until the scar reaction occurs (ten days). If we use a gas bubble your normal body fluids will replace it naturally over time. If we use silicone oil we might need to remove this during another small operation several months after your first operation.

We usually put small stitches in the eye. At the end of the operation we will put a pad and shield over your eye to protect it. The pad and shield are removed the following morning.

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have any of the following symptoms:

- a lot of pain
- loss of vision
- increasing redness of the eye

Posturing

You may be asked to do posturing after your procedure. The medical staff will give you instructions before you are discharged from the hospital and you will also receive a separate information leaflet about this.

The Benefits of Retinal Detachment Surgery

The most obvious benefits are preventing you from going blind. You have already lost some sight because of the detached retina. If the surgery is successful it will usually bring back some but not all of your sight.

The Risks of Retinal Detachment Surgery

Retinal detachment surgery is not always successful. Every patient is different and some detached retinas are more complicated to treat than others. Some patients might need more than one operation. Your surgeon will discuss with you the risks and benefits of the operation you are about to have.

These are the risks and benefits that appear on the consent form for the operation:

- there is an 85-90% success with one operation of you retina going flat and staying flat.
- there is a 5-10% risk that you will need further surgery due to new breaks forming in the retina or the development of scar tissue

- due to the surgery and the insertion of gas in your eye you could develop a cataract in the operated eye. This is easily treated when the cataract matures
- every surgical procedure carries the risk of infection and haemorrhage (bleeding). Eye surgery is no different, the risks are low but should they occur you could have permanent visual loss

Possible Complications after the Operation

Complications are not common and in most cases we can treat them effectively. Very rarely some complications can result in blindness.

- bruising of the eye or eyelids
- high pressure inside the eye
- inflammation inside the eye
- cataract
- double vision
- allergy to the medication used
- infection in the eye (endophthalmitis). This is very rare but can lead to serious loss of sight

Further Surgery

If you fall into the 5-10% who develop another retinal hole or develop scar tissue you will need to have more operations. When a retina is detached the eye naturally tries to heal the damage. Instead of being helpful this healing process leads to scar tissue forming inside the eye and the retina contracting. Your doctor might refer to this as proliferative vitreoretinopathy or PVR for short. PVR is associated with poorer vision and may cause the retina to become detached again after successful surgery to reattach it.

Cataracts

Like a camera the eye has a lens which focuses light onto the retina. When the lens of the eye becomes cloudy this is called a cataract. You are more likely to develop a cataract partly because of the detached retina and partly because of the surgery you received. We can treat cataracts by removing the lens and replacing it with a plastic lens.

What Vision can I expect after my treatment?

After surgery it usually takes some weeks for your vision to recover. If we used a gas bubble your vision will be very blurred immediately after surgery. This is normal and you should not be alarmed by it. Once the retina is attached your sight will continue to improve slowly over several months. You might be given sight tests to see if glasses would improve your vision.

Your final vision will depend on the nature of your original detached retina. If we diagnose and treat it quickly and successfully most of your vision will be restored. If when we diagnose a detached retina the eye already has poor vision so we might not be able to restore some of your sight. You might not be able to read using the affected eye. From a distance you might not

recognize faces or be able to read car number plates for example. This allows you to see people and objects approaching you from the sides. The side vision is very important for day to day activities such as going out and climbing stairs.

Frequently Asked Questions

What sort of vision should I expect after I have a gas bubble put in my eye?

The vision will initially be very poor. As the gas bubble disperses you will begin to see a line which wobbles in your vision like a spirit level. You will be able to see above the line but under the line will be fuzzy or blurred. The gas will eventually disperse until it is only a small bubble in the bottom of your eye and then this will eventually disappear too. The length of time the gas bubble stays in your eye depends on the type of gas used.

How long does it take for the redness in my eye to go?

Generally the redness takes a few weeks to settle. The eye is red as a result of the surgery and this is entirely normal during the post-operative period.

How long does it take for the stitches to dissolve?

There is no set time for this as it will depend on the healing process after the surgery. In most patients it takes around four to five weeks for the stitches to dissolve. We can advise you about this at your post-operative clinic appointment.

Can I shower and wash my hair?

Yes you can, just be careful not to let any soapy water run into your eye.

Should I wear dark glasses?

Yes, you can wear dark glasses if your eye feels more comfortable for as long as you like.

Is it normal to get floaters after retinal surgery?

Yes, particularly with gas in the eye. If you are worried you can contact us on 0207 432 8315 for advice.

Will it strain my eye if I try to read, watch TV or use the computer?

No, you may do all of these things without causing any damage to your eye.

When can I drive again and do I need to inform the DVLA of my surgery?

When you can drive again will depend on the vision in your un-operated eye. We will assess this when you attend the postoperative follow up. You will be advised whether you will need to contact the DVLA at this appointment.

What should I do if I get pain in my eye?

It is normal to feel some discomfort after your surgery. This should be relieved by taking regular pain-killers such as paracetamol. If you experience severe pain in your eye please contact us immediately for advice.

How long do I have to wait before I can resume sports or go to the gym again?

It is safe to do light gentle exercise such as walking after your surgery. Avoid all contact sports and weight training for at least one month.

Are there any foods I should avoid?

You can eat and drink as normal.