

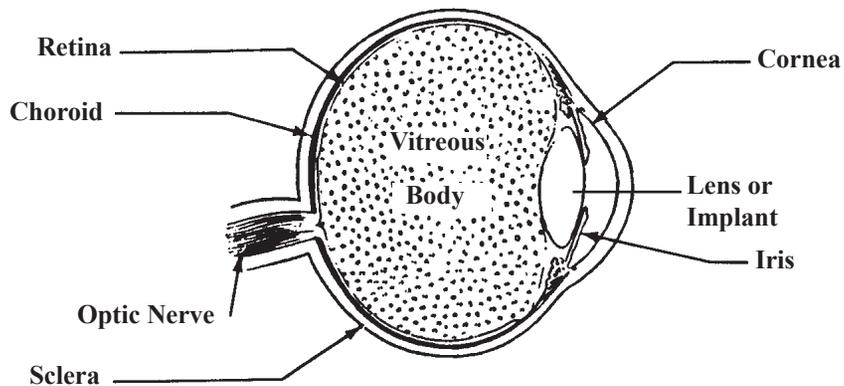
About your Retinal Detachment

Patient Information

What is the Retina?

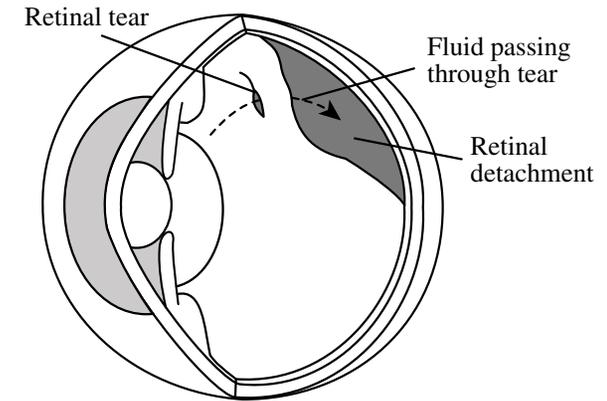
Your eye is similar to a camera. The lens, which is in the front of the eye focuses light onto the retina. The retina can be thought of as a film that is in the back of the camera (or eye).

In the healthy eye, the retina is the layer of tissue at the back of the eye that receives light through the cornea. The retina changes light into signals, which are sent to the brain and interpreted into the images you see. An area of the retina called the macula provides sharp central vision. The outer part of the retina surrounding the macula allows side and night vision to take place. Small blood vessels nourish the retina.



What is a retinal detachment?

- When the retina is pulled away from its normal position (detached) it does not work.
- Your vision will be blurred, black or dark.
- It is a very serious problem that will almost always lead to blindness if it is left untreated



What are the causes?

The middle of the eye is filled with a clear gel called vitreous. As we age, this vitreous may start to pull away from where the vitreous is attached to the retina.

Usually this separation of the vitreous causes no problems, but sometimes the vitreous pulls hard enough to tear the retina in one or more areas. Fluid can then pass through the tear in the retina, lifting the retina off the back of the eye.

Conditions that increase the chance of having a retinal detachment:

- Previous cataract surgery
- Glaucoma
- Nearsightedness
- Severe injury
- Previous retinal detachment in the other eye
- Family history of retinal detachment
- Weakened areas seen in your retina by an Ophthalmologist

What are some warning signs of a retinal detachment?

There are some early symptoms of a Retinal detachment. These include the following:

- Flashing lights
- New floaters
- A shadow in the periphery of your vision
- A gray colored curtain moving across your field of vision

These symptoms do not always mean that your retina is detaching, but you should seek medical attention as soon as possible.

What treatment is needed?

It depends on if there is a retinal tear or hole. Most retinal tears need laser surgery or cryotherapy (freezing), which seals the retina to the wall at the back of the eye. These treatments generally cause little or no discomfort and may be performed in your Ophthalmologist's office.

Almost all patients with retinal detachments require surgery to reattach the retina to its correct position.

Understanding laser treatment

Laser treatment uses a highly focused beam of light that is aimed at the diseased part of the retina. It seals leaking blood vessels, strengthens the retina around holes or tears; dries up fluid and can destroy abnormal blood vessels. It is a safe procedure and can be done in the clinic within 20 minutes.

First your pupils are dilated with medication to make them large for the laser beam to travel through. Then your eye may be numbed with an eye drop if the doctor decides to use a special contact lens against your eye.

The lens helps the doctor direct the laser beam. It is important for your head to remain still during the procedure. As the laser is applied, the doctor may ask you to look in specific directions.

You will see flashes of light during the treatment and hear a clicking sound when the laser is fired. The procedure can be painless, but you also may occasionally feel discomfort. If you do, tell the doctor.

After the treatment you can go home right away. You should have a friend or family member drive you home. You may experience slight eye discomfort, watery eyes, seeing spots, blurry vision, and sensitivity to the sunlight for a few hours afterward. These effects will improve.

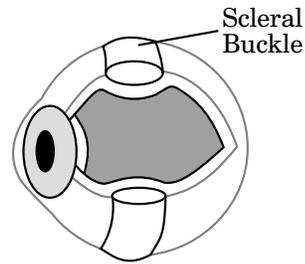
Your doctor may advise a series of laser treatments over several weeks depending on the extent and nature of disease in your eye. Laser treatment is effective in managing many retinal diseases, but over your lifetime you may need it more than once. (Therefore, it is important to control your blood sugar levels daily and have regular checkups.)

Surgery as treatment

The eye doctor will determine which surgical method(s) is/are best for your case. It depends on the size and location of the detachment.

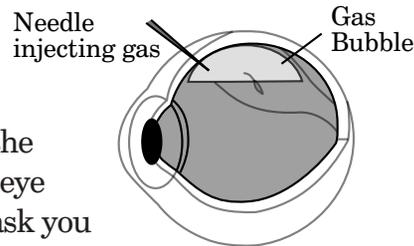
Scleral buckle

This procedure involves the placement of a flexible band (scleral buckle) around the eye to indent the eye wall and allow the retina to return to its normal position.



Pneumatic Retinopexy

This procedure involves the injection of a gas bubble into the vitreous inside the eye. This gas bubble closes the tear by pushing the retina against the back wall of the eye from the inside. The surgeon will ask you to keep your head in a certain position for several days. Gradually the gas bubble will disappear.



Vitrectomy

The vitreous is removed from the eye and is generally replaced with a gas bubble. Over time the fluids that are produced naturally by the eye will replace the gas bubble. For some patients it may be necessary to combine a vitrectomy with a scleral buckle.

What are the risks of a vitrectomy operation?

As with any surgery there are risks of post-operative complications such as:

- Infection
- Bleeding
- Retinal detachment
- Poor vision
- High pressure in the eye
- Accelerated cataract formation

What can I expect before a vitrectomy operation?

A vitrectomy operation is a frequent day surgery performed under a local anaesthetic or general. You will come to hospital ready for surgery in the morning, have surgery, and go home that same day.

Before your operation, you may have an appointment to visit the pre-assessment clinic for a physical examination, review of blood tests, and a discussion with a nurse or an anaesthetist. It is important to tell the nurse or doctor about any medications, including eye drops, you are taking and to bring them with you. Also remember to ask if it is okay for you to take medications the morning of your operation.

The nurse in the pre-assessment clinic will give you instructions on how to prepare for your operation. You will be asked not to eat or drink anything after midnight or the morning of surgery and not to wear any make-up or jewelry the morning of your operation.

What can I expect after a vitrectomy operation?

After your operation, you will spend some time in the recovery area outside the operating room theatre. To protect the operative eye, you will be wearing an eye patch or dressing and after an aluminum eye shield. The nurse will monitor your general condition, pulse, blood pressure and eye discomfort. Eye pain may be experienced. If so, tell the nurse. If you have nausea after surgery, the nurse can also give you an anti-nausea medication to prevent you from being sick.

You may feel a stickiness of the eye or have a small amount of fluid discharge underneath the eye dressing; this is normal. When the nurse determines you have fully recovered, you will be sent home with your responsible adult escort.

The day after your operation, you will be expected to come to the eye clinic.

It is normal for your vision to be blurry at this time, but it will improve over the weeks ahead. The doctor will examine your eye, measure your eye pressure, and determine when to see you again. Usually a follow-up appointment in the surgeon's office will be arranged for you after 1 week of your operation, then at 2 to 4 weeks, and again at 8 weeks. It takes about 8 weeks for the eye to heal and your vision to be at its sharpest.

The nurse will also teach you about how to take care of your eye at home. One important aspect of eye care at home is putting in eye medications.

The nurse will teach you how to do this yourself, but it would be wise to have a family member with you to learn how to apply the drops in case you need assistance at home. To help you remember the correct technique, you will be provided with written instructions, as well as they will be discussed verbally with a nurse on how to use eye drop medication and also to teach you how to protect and care for your eye at home.

If a gas bubble was placed in your eye, do not fly in an airplane or travel to high altitudes until your surgeon gives you approval.

Your vision may take up to many months to improve or never return in some cases. It is very important to seek medical attention at the first sign of any visual changes, as the worse the detachment is, the less vision will return.

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