

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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# Retinal Detachment

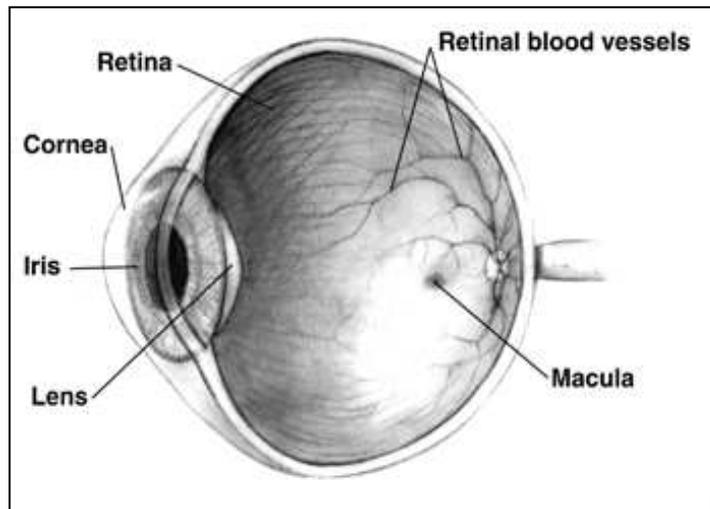
Ophthalmology Departments  
Lincoln County Hospital  
Pilgrim Hospital  
[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## Aim of the leaflet

The aim of this leaflet is to provide further information on a retinal detachment. It provides advice for the condition and the treatment.

## Retinal detachment

Your eye specialist has advised you to have retinal detachment surgery. This leaflet gives you information that will help you decide what to do. You might want to discuss the information with a relative or carer. 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 may want to write them down so you will remember to ask one of the hospital staff.



## Contact details

If you have any questions about any of the information contained in this leaflet please contact:

### **Clinic 8, Lincoln County Hospital**

01522 512512 ext 2457

Monday to Friday 9am to 5pm

### **Royle Eye Department, Pilgrim Hospital**

01205 445626

Monday to Thursday 8am to 8pm, Friday 9am to 5pm

## External sources of information

The following websites have further information:

### **Macular Society**

Tel: 0845 241 2041

[www.maculardisease.org](http://www.maculardisease.org)

### **Royal National Institute of Blind People**

Helpline: 0303 123 9999

[www.rnib.org.uk](http://www.rnib.org.uk)

able to read using the affected eye. From a distance, you may not recognise faces or be able to read number plates, for example. Your side vision will usually be preserved. This allows you to see people and objects approaching you from the sides, which is very important for day-to-day activities such as going out or climbing stairs.

We hope this information will help you decide whether to go ahead with surgery.

Please use the space below to write down any further questions you want to ask the doctor or nurse when you come to the hospital for your appointment. Do not hesitate to ask questions, our staff will be happy to answer them.

## **What is retinal detachment?**

Your eye doctor has 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 cells 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 may also be bleeding into the vitreous (the jelly substance in the centre of the eye), which may cause further clouding of your vision.

Retinal detachments happen naturally and are unlikely to 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 shortsighted, 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. An experienced eye surgeon will carry out the operation and may supervise a trainee doctor who might perform part or all of the operation.

## **The anaesthetic**

If you have a local anaesthetic, you will be awake during the operation. You will not be able to see what is happening, but you may be aware of a bright light. Before the operation, we will give you eye drops to enlarge your pupil (the pupil is the black circle,

at the front of your eye). After this, we will give you an anaesthetic to numb your eye. This involves injecting local anaesthetic solution into the area around your eye. During the operation we will ask you to lie as flat as possible and keep your head still. The operation usually takes about an hour, but sometimes a little longer. A nurse will hold your hand the whole time to comfort you.

If you are having a general anaesthetic, you will be asked not to eat or drink for 6 hours before we take you to the operating theatre. This is to ensure your stomach is empty. If there is food in your stomach there is a risk that it may go into your lungs during the anaesthetic. Before the operation the anaesthetist will speak to you and examine you on the ward. Before the operation, you will have eye drops to enlarge your pupil. When you arrive in the operating theatre's anaesthetic room, you will be given an injection in your hand or arm. You will then stay asleep for the whole operation. The anaesthetist will monitor your heart rate, breathing, blood oxygen and blood pressure while you are under the anaesthetic. You may feel tired and sleepy for about 6 to 12 hours after the operation.

## **The surgery**

There are many types of surgery. Your doctor will suggest the most appropriate for you.

## **Pneumatic Retinopexy**

This is a surgical procedure in which a bubble of gas is injected into the eye to close a hole in the retina. After the surgery, you will need to position your head in such a way as to keep the bubble over the hole in the retina. The doctor will tell you what the correct head position is for you and for how long. Usually it is for 7 days or until your doctor tells you to stop. You will need laser or freezing (cryopexy) treatment either at the same time as the gas is injected into the eye or afterwards.

## **Further surgery**

If the first operation is not successful, you will need to have more operations. Your surgeon will aim to find and seal all the holes in the retina. But even in the best hands, occasionally some retinal holes are missed and this will lead to the retina becoming detached again. When the retina is first 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 may 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. After surgery 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 cataract by removing the lens and replacing it with a plastic one.

## **What vision can I expect after my treatment?**

After surgery, it usually takes several weeks for your vision to recover. If we use a 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 may be given sight tests to see if glasses would help you see better.

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, we may not be able to restore some of your sight. You may not be

## Some possible complications

There is a small risk of complications, either during or after the operation. These are not common and in most cases, we can treat them effectively. Very rarely some complications can result in blindness.

### Possible complications during the operation

- Bleeding inside the eye.
- The surgery producing more holes in the retina.

### Possible complications after the operation

- 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.

## Scleral Buckle

We can seal retinal holes by applying ‘splints’ on the wall of the eye. These splints are made of sponge or solid silicone material. We put them under the skin of the eye and they usually stay there permanently. Other people are unlikely to notice them. We usually put small stitches in the eye and at the end of the operation we may put a pad or shield over your eye to protect it.

## Vitrectomy

In some cases, the jelly-like substance called the vitreous is responsible for the retina becoming detached. As part of your surgery, we remove this jelly during an operation called vitrectomy. We make tiny cuts in the eye and remove the vitreous, then insert a gas or silicone oil bubble into the eye. This acts as a ‘splint’ to hold the retina in position to help it heal. If we use a gas bubble, your normal body fluids will replace it naturally over time. If we use silicone oil, we may need to remove this during another small operation several months after the first one. We usually put small stitches in the eye and at the end of the operation, we may put a pad or shield over your eye to protect it.

## After the operation

If you have discomfort, we suggest that you take a pain reliever such as paracetamol every four to six hours (not aspirin as this can cause bleeding). It is normal to feel itching, sticky eyelids and mild discomfort for a while after retinal detachment surgery. It is common for some fluid to leak from your eye. Occasionally, the area surrounding the eyes can become slightly bruised. Any discomfort should ease after one or two days. In most cases, your eye will take two to six weeks to heal. You will see your doctor in the clinic within a few days of your operation. Try to rest while your eye is healing.

We will give you eye drops to reduce any inflammation, to rest the eye and prevent infection. We will explain how and when you should use them. Please don't rub your eye.

You will not be able to return to work for 2 weeks after surgery; sometimes it may take longer.

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

If we put a gas or silicone bubble in the eye, we will usually ask you to keep your head and body in a particular position. This is called 'posturing' and aims to provide support to seal holes in the retina. The bubble floats inside the eye cavity and we will usually ask you to hold your head in a position so that the bubble lies against the holes. This is an important part of the treatment and the position you hold your head in will depend on where the holes are in your retina. We will usually ask you to keep your head perfectly still for long periods of time. We may also advise you to sleep in a particular position at night. By following our instructions, you will give your retina the best chance to be successfully treated.

## Caution

**Your co-operation is very important. If you have a gas bubble in your eye, you must not travel by air as rapid ascent to high altitudes might cause a dangerous rise in pressure inside your eye. For similar reasons you should not go SCUBA diving. If you need general anaesthesia for any other surgical treatment, you must tell the doctors that you have a gas bubble inside your eye. This is because the gas used by the anaesthetists to put you to sleep could also cause a rise in pressure.**

**Your doctor will tell you when the gas bubble has gone.**

## The benefits of retinal detachment surgery

The most obvious benefits are preventing you from going blind and helping you to see more clearly. 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's retina is detached differently and some retinas are more complicated to treat than others. Some patients may need more than one operation. Your surgeon will talk to you about the chances of success with the operation you are about to have.