





## Treatment of retinal detachment

The treatment involves surgery. During the operation, your eye surgeon will seal the retinal holes and reattach your retina. Your operation will be supervised by an experienced eye surgeon, who will either perform the surgery themselves or directly oversee a junior surgeon who might undertake part or all of the operation.

## Anaesthesia for your operation

Most operations for retinal detachments are performed under a local anaesthetic, which means you will be awake throughout your operation. We will inject local anaesthetic into the area around your eye to numb your eye and prevent you from feeling any pain during the operation. You will not be able to see details of what is happening, but you might be aware of bright lights or movement in the operating theatre. During the operation, we will ask you to lie as flat as possible and keep your head still.

General anaesthesia, where you are asleep for the whole operation, is rarely used for retinal detachment surgery. If you require a general anaesthetic, you will need to follow specific instructions about eating and drinking prior to your operation. Please ask for our leaflets on local and general anaesthetic if you would like more information, or refer to our website here:

<http://www.moorfields.nhs.uk/content/having-operation>.

## Your operation

Your surgeon will perform one of the following procedures to repair your retinal detachment:

### 1. Cryotherapy and scleral buckle

In cryotherapy and scleral buckle, we can seal retinal holes by applying 'splints' (buckles) on the wall of your eye. The buckle is made of sponge or solid silicone material. It is positioned, outside the white of the eyeball, under the skin of your eye and usually stays there permanently.

### 2. Vitrectomy, cryotherapy and injection of gas, air or silicone oil.

Vitrectomy operations are keyhole surgery for the eye. The surgeon makes tiny openings, less than 1mm across, in your eye and removes the vitreous from inside. Next, the surgeon finds the breaks in the retina and treats them with laser or cryotherapy (freezing). This causes an adhesion and scarring, which will seal the break. The seal usually takes ten days to form. We then put a gas bubble, air or silicone oil in your eye. This acts as a 'splint' to hold the retina in position until the tear is sealed.

If we put a gas, oil or air bubble in your eye **you must not fly for the periods of time specified on the next page.** This is because the gas, oil or air bubble will expand in size and thus can lead to raised pressure inside your eye, leading to visual loss.









## 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 that appear on the consent form for the operation:

1. There is an 85-90% success rate with one operation of your retina being reattached and staying attached. There is a 5-10% risk that you will need further surgery due to new breaks forming in your retina, the development of scar tissue or reattachment of your retina.
2. Due to the surgery and the insertion of gas in your eye, you could develop a cataract in the operated eye. This is usually treated when the cataract develops.
3. 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.

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

## 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

## Further surgery

If you fall into the 5-10% of people who develop another retinal tear 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 can 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 and normally occurs as part of the aging process. 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.



## Frequently asked questions

### **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 or 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, but be careful not to let any soapy water run into your eye. If this occurs, use your post-operative eye drops to rinse your eye out.

### **Should I wear dark glasses? If so, for how long?**

Yes, you can wear dark glasses if your eye feels more comfortable with them 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 any of the numbers at the end of this leaflet 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 on the other eye, which was not operated on. We will assess this when you attend the post-operative clinic. 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 for advice.

### **How long do I have to wait before I can resume exercise?**

It is safe to do light, gentle exercise such as walking after your surgery, but please avoid all strenuous exercise.

### **Are there any types of food I should avoid?**

You may eat and drink as normal, but try to eat as healthily as possible to avoid constipation.



