



Retinal detachment surgery

Your eye doctor has advised you to have retinal detachment surgery. 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, we suggest you write them down so you will remember to ask one of the clinical staff at the hospital.

What is retinal detachment?

The retina is a thin layer of nerve cells that lines the inside of the eye. It is sensitive to light and you need it to be able to see properly. Your retina is detached because it has one or more holes (retinal tears) forming in the outer part of the retina that allows the vitreous (the jelly-like fluid substance within the eye) to pass underneath it and lift it off, a bit like a bubble in wallpaper (see figure 1). This fluid causes the retina to become separated from the supporting and nourishing tissues underneath it. Small blood vessels might also be damaged and cause bleeding into the vitreous which might cause further clouding of your vision. Without treatment, a retinal

detachment usually leads to blindness in the affected eye.

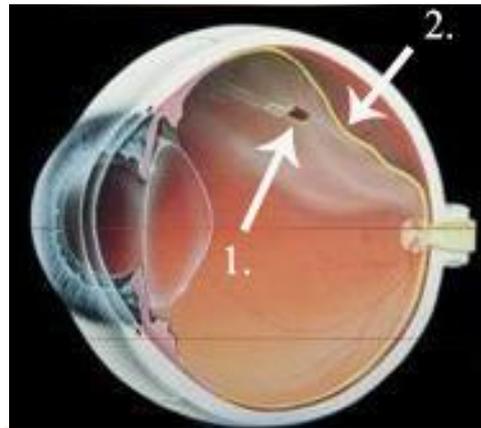


Figure 1-retinal tear (1) leading to retinal detachment (2).

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 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 re-detachment 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.



