

Retinal Detachment & Retinal tear

What to expect from retinal clinic consultation?

During the consultation I have to examine both the front and back of your eyes

*I usually use **pupil dilation drops** so that I can examine the lens and the retina, including the optic nerve. Your vision will be blurred during at least 2 hours (up to 6 hours) after drops, so you will not be able to drive after consultation for that period of time*

Retinal tear and laser treatment

***Retinal tear** is a break on the retina which can cause a retinal detachment if is not treated. Usually it caused on the retina during the age-related gel (vitreous) separation process (posterior vitreous detachment) from the retina. The fluid passes behind the tear and causes retinal detachment. The main symptom of posterior vitreous detachment is a suddenly appeared floater/s with or without flashing lights. Retinal check is advised when sudden floaters and/ or flashing lights appear as a symptoms. Some tears are self-healed and will never cause a problem but most of the tears will need a treatment with laser to prevent a retinal detachment*

***Retinal laser** is a light energy applied on the retina around the tear. It can be done on a slit lamp in clinic or under local anaesthetic in theatre. The only long-term side effect could be related to the laser procedure is an epiretinal membrane, which may cause a central thickening of the retina. However, the benefit of the laser treatment to prevent retinal detachment is much more significant comparing to the risk of epiretinal membrane*

Retinal detachment

Retina is the inner layer of the eye wall. Retinal detachment threatens the vision and it mainly occurs as a result of the tear produced on the retina during posterior vitreous detachment process. People with direct and serious injury into the eye or with high myopia have an increased risk of retinal detachment. Other rare causes could be identified

Retinal detachment surgery

Vitrectomy is the most common procedure to treat a retinal detachment. It consists in using 3 small ports for the micro-instruments to remove the gel (vitrectomy), to place the retina back into its anatomical place and treat the retinal tears with laser. At the end of the procedure a bubble of gas or silicone oil is left to support the retina on place until the tears are healed and retina is attached into the back of the eye again

The procedure is usually done under local anaesthesia, it lasts up to 1.5 hours and is a day surgery

Bubble of gas or Silicone Oil is used at the end of the procedure to hold the retina on place. The bubble of gas is a contraindication to fly on airplan up to 10 weeks after surgery depending on the gas (short lasting gas lasts 2 weeks and long lasting gas stays for 10 weeks). The bubble of oil will need further 30 minutes procedure to be removed within 2-3 months

Positioning of the head such as face down for 2 days and then right or left side, depending on the tear localisation, may be required. Day time positioning requires maintaining it during 45-50 minutes every hour having a rest for 10-15 minutes

The most common side effect of the surgery is a cataract. Therefore the cataract surgery is frequently performed at the same time of the procedure and refractive target is discussed prior to surgery. A temporary intraocular pressure control with the drops is needed in some occasions

The eye pad placed on the operated eye needs to be removed the following day after surgery and the eye drops given after surgery will have to be used for four weeks. The vision is expected to be blurred due to bubble of gas for the first two weeks

Once the bubble is disappeared the vision should improved. Macula off (detached central part of the retina) usually gives worse visual recovery comparing to Macula On retinal detachments

Optician review will be required to adjust the best glasses or contact lenses correction after the eye is recovered from the operation

Surgical risks and benefits

General risks such as infection or severe bleed are very low, but still need to be taken in consideration and patient have to report as soon as possible a severe pain, significant deterioration of the vision or very inflamed eye. The risk of re-detachment could be related to the scar tissue on the retinal surface (proliferative vitreoretinopathy: PVR), long standing retinal detachment, high myopia, multiple tears, etc. However, 9 out of 10 patients will have a successful retinal detachment surgery with only one procedure

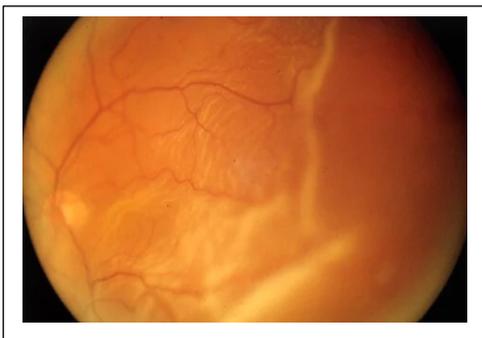
Follow ups will be arranged week 1, week 3-4 and week 8

Airplane travels are contraindicated during the period of 14 days after the surgery

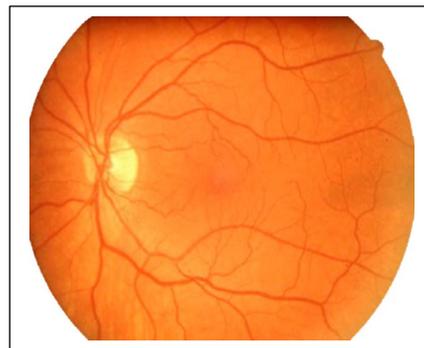
Antibiotic topical drops need to be used to prevent infection

Driving is advised only after the first 2 weeks

Sport activities, gym, gardening and other physical activities are recommended after the antibiotic drops are finished, after 4 weeks post-surgery



**Photography
Before surgery**



**Photography
After surgery**