

AFTER SURGERY

You can expect some discomfort after surgery. Your ophthalmologist will prescribe the necessary medications and advise you when to resume normal activity. You will need to wear an eye patch for a short time.

Flashing lights and floaters may continue for a while after surgery. Your ophthalmologist may recommend that you keep your head in special positions for a time or you may have to lie down on your stomach for a few days.

DO NOT FLY IN AN AIRPLANE OR TRAVEL AT HIGH ALTITUDES UNTIL YOU ARE TOLD THAT THE GAS BUBBLE IS GONE! A rapid increase in altitude can cause a dangerous rise in eye pressure.

A change of eyeglasses is often helpful after several months.

What are the risks of surgery?

Any surgery has risks; however, an untreated retinal detachment usually results in permanent severe vision loss or blindness. Some of the surgical risks include: infection; bleeding; high pressure in the eye; cataract. Many retinal detachment surgeries are successful, although a second operation is sometimes needed. Unfortunately, even after multiple surgeries, some retinas fail to reattach. Some cases may be deemed inoperable at first presentation. If the retina cannot be reattached, the eye will continue to lose sight and ultimately become blind.

Will your vision improve?

Vision may take many months to improve and, in many cases, may never return fully. Unfortunately, some patients do not recover any vision.

The more severe the detachment, the less vision may return. For this reason, it is **very important** to see your ophthalmologist at the first sign of any trouble.



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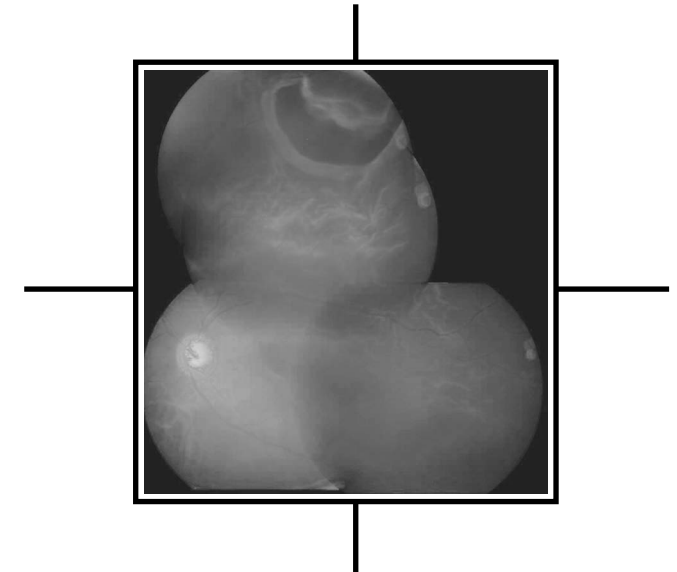
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LV Prasad Eye Institute

Retinal Detachment



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An eye is like a camera. The lens in the front of the eye focuses light onto the retina. You can think of the retina as the film that lines the back of a camera.

ANATOMY OF THE EYE

What is a retinal detachment?

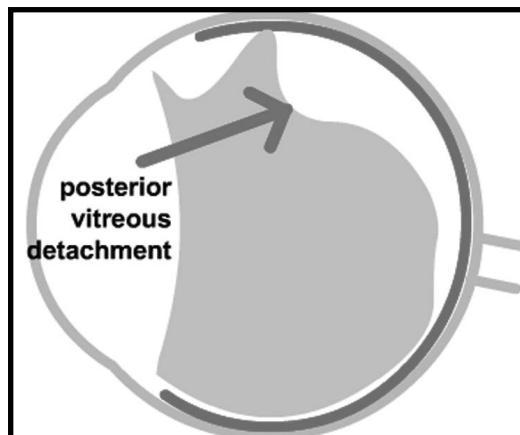
A retinal detachment occurs when the retina is pulled away from its normal position. Vision is blurred and you may feel like a curtain has fallen in front of your eye. These symptoms are sometimes preceded by flashes of light and floaters.

A retinal detachment is a very serious problem that almost always causes blindness unless it is treated early.

What causes retinal detachment?

A clear gel called vitreous fills most of the eye. As we get older, the vitreous may pull away from its attachment to the retina at the back of the eye.

Usually the vitreous separates from the retina without causing problems. But sometimes the vitreous pulls hard enough to tear the retina in one or more places. Fluid may pass through the **retinal tear**, lifting the retina off the back of the eye.



The following conditions increase the chance of having a retinal detachment:

- myopia or near-sightedness
- previous cataract surgery
- glaucoma
- severe injury
- earlier retinal detachment in your other eye
- family history of retinal detachment
- weak areas in your retina that can be seen by your ophthalmologist

What are the warning symptoms?

These early symptoms may indicate the presence of a retinal detachment:

- flashing lights
- new floaters
- a shadow in the periphery of your field of vision
- a gray curtain moving across your field of vision

These symptoms do not always indicate a retinal detachment; however, you should see an ophthalmologist as soon as possible.

Your ophthalmologist can diagnose a retinal detachment during an eye examination.

Only after a careful examination your ophthalmologist can tell whether a retinal tear or early retinal detachment is present.

What is the treatment required?

RETINAL TEARS

Most retinal tears need to be treated with laser surgery or cryotherapy (freezing), which seals the retina to the back wall of the eye. These treatments cause little or no discomfort and may be performed in the OPD. Treatment usually prevents retinal detachment.

RETINAL DETACHMENTS

Almost all patients with retinal detachments require surgery to restore the retina to its proper position.

Types of surgery

There are several ways to fix a retinal detachment. The decision about which type of surgery and anesthesia (local or general) to use depends upon the nature of your detachment.

In each of the following methods, your ophthalmologist will locate the retinal tears and use laser surgery or cryotherapy to seal the tear.

SCLERAL BUCKLE

This treatment involves placing a flexible band (scleral buckle) around the eye to counteract the force pulling the retina out of place. The ophthalmologist often drains the fluid under the detached retina, allowing the retina to settle back into its normal position against the back wall of the eye.

PNEUMATIC RETINOPEXY

In this procedure, a gas bubble is injected into the vitreous space inside the eye. The gas bubble pushes the retinal tear closed against the back wall of the eye.

Your ophthalmologist will ask you to maintain a certain head position for several days. The gas bubble will gradually disappear.

VITRECTOMY

The vitreous gel, which is pulling on the retina, is removed from the eye and usually replaced with a gas bubble or silicone oil.

Your body's own fluids will gradually replace the gas bubble. If silicone oil has been injected inside your eye, it needs to be removed after a few months. Sometimes vitrectomy is combined with a scleral buckle.