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Kingston Hospital NHS
NHS Foundation Trust

Retinal detachment

Patient information leaflet

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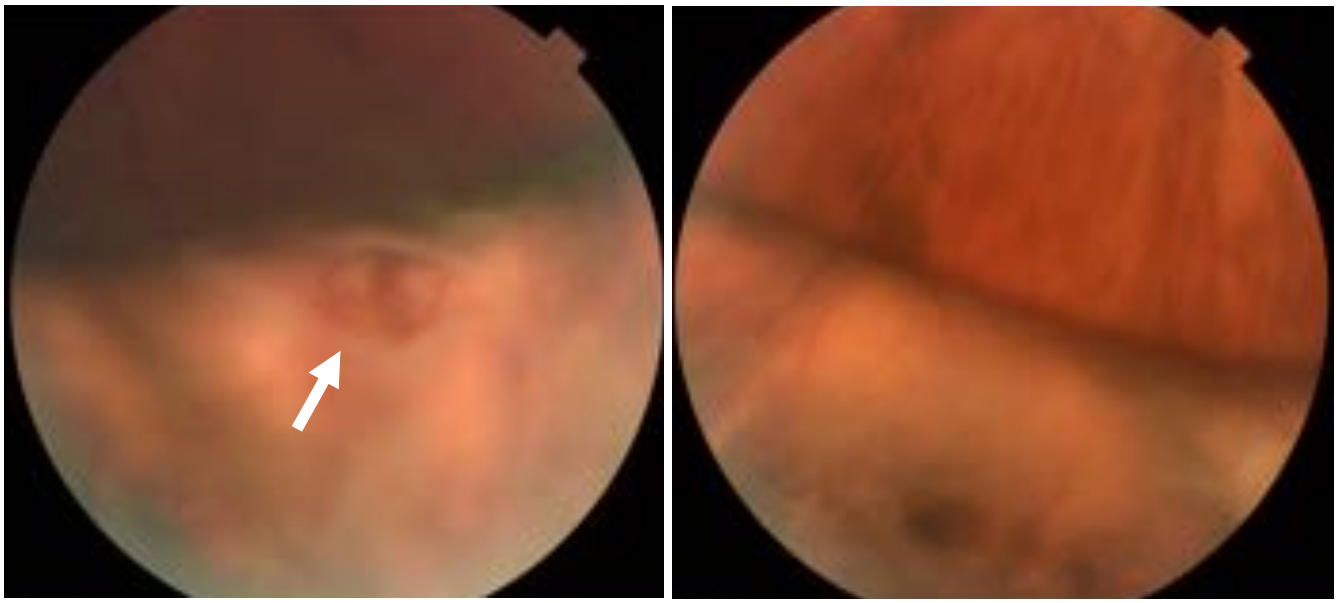
What is a retinal detachment?

A retinal detachment occurs when the retina (the light-sensitive film at the back of the eye) peels away from the inner wall of the eye. This usually occurs because a hole or tear has formed in the retina allowing fluid to enter beneath the retina.



Photos of retinal detachments. The arrow points to the area of the retinal break, which is often seen in retinal detachments. The accumulation of fluid under this area causes the retina to lift off, as pictured.

What is the treatment for a retinal detachment?

The treatment for retinal detachment is surgery to push the retina towards the wall of the eye or push the wall of the eye towards the retina. There are two main surgical methods:

1. **Vitrectomy** (pushing the retina towards the wall of the eye)

A vitrectomy is an operation whereby the vitreous gel is removed allowing us to gain access to the retinal hole or tear. This is sealed using either laser or freezing (cryotherapy).

A gas bubble is injected into the eye to push the retina back in place and to hold it in place until it sticks down properly. The gas bubble slowly absorbs over 2 to 6 weeks. Sometimes, silicone oil may be used instead of a gas bubble but this will have to be removed at a later date.

With a gas or oil bubble in the eye your surgeon may initially ask you to avoid exercises and any physical activities that may cause significant head or body shaking. Occasionally you may be asked to posture your head in a certain position to allow the retina to stick down nicely and avoid it re-detaching. Specific advice will be given to you before being discharged home from hospital posturing is required.

2. Scleral buckling (pushing the wall of the eye towards the retina)
This operation involves stitching a piece of silicone rubber or sponge ('scleral buckle') to the wall of the eye. This causes an indentation of the eyeball that pushes the outer wall of the eye towards the retinal hole or tear – closing it. The buckle should not be visible on the outside of the eye and remains in place permanently.

The operation (vitrectomy or buckling) usually takes 1-2 hours, but varies depending on complexity.

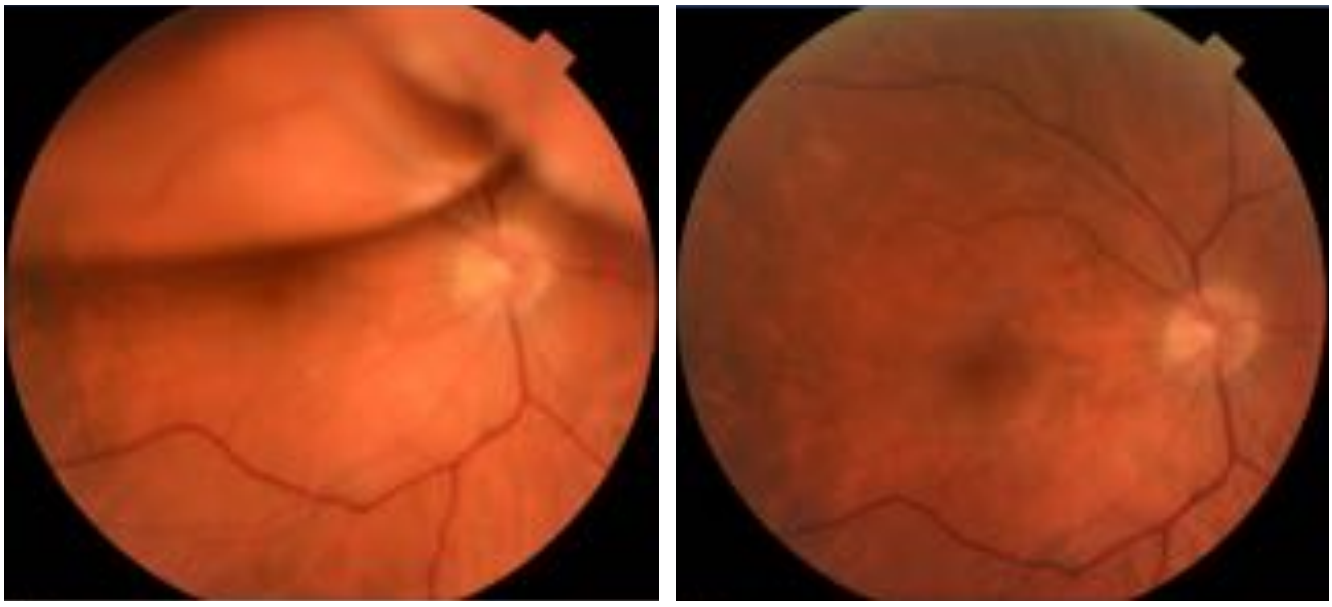
Will I feel pain or see what is happening during the surgery?

Vitrectomy is often performed under local anaesthetic with sedation. This means that you will be awake but you will not feel any discomfort, as the eye will be numbed with an injection. You will also receive some medication through the vein to help you relax.

Scleral buckling is usually performed under general anaesthetic, where you will be fully asleep.

Why do I need retinal detachment surgery?

The aim is to reattach the retina and preventing loss of vision. If you have a large retinal detachment where you have lost most of your vision, surgery will still improve vision – but you may not regain normal vision.



Appearance of a retinal detachment before surgery (left) and after surgery (right).

What are the risks of retinal detachment surgery?

- Retinal detachment surgery is not always successful. 1 in 10 people (10%) will need more than one operation.
- Transient mild inflammation or raised pressure in the eye.
- Serious infection of the eye (endophthalmitis) or bleeding. Although this risk is very low (less than 1 in 1000), it can cause blindness.
- After a vitrectomy, patients often develop a cataract (clouding of the lens of the eye) at an earlier age than they would have otherwise, usually within 1-2 years of vitrectomy. If the cataract is affecting your vision, a cataract operation may need to be performed.

What should I expect after the operation?

The eye may feel mildly bruised or uncomfortable. This should be relieved with simple analgesia, such as paracetamol or ibuprofen. The white of the eye will look red and your eyelid may be swollen. You may have a watery eye and a gritty sensation whilst the stitches used during the operation gradually dissolve.

Your vision is usually blurry for the first few weeks but will slowly improve. The eye usually takes 2-6 weeks to settle down.

You will be given eye drops to use for at least 4 weeks after surgery, which help to reduce inflammation and prevent infection. Sometimes additional drops or tablets may be given to keep the eye pressure within normal limits.

Do I need to avoid any activities after the surgery?

You can have a bath or shower, but try to avoid splashing water or soap near the eye. Most people choose not to drive over the first few weeks. You must avoid swimming and contact sports for at least 4 weeks.

Most people will need at least two weeks off work after surgery. This may vary depending on the kind of work you do and the type of surgery that is done. While there is gas in the eye, the vision is quite poor and the ability to judge distance is affected.

If a gas was used for your procedure, you must NOT fly until the gas bubble has absorbed. You must also ensure you inform the anaesthetist that you have a gas bubble in the eye if you require a general anaesthetic for any other operations.

Where can I find more information?

If you have any further questions, please ask a member of the medical or nursing staff. Also, you may need to see the leaflet on vitrectomy.

Contact details

Royal Eye Unit

Mon-Fri 8.30am to 5pm

0208 934 6404

Moorfields at St Georges' Hospital (Duke Elder Ward)

Mon-Fri 5pm to 8.30am, weekends and Bank Holidays

020 8672 1255 ext 2064/0638