

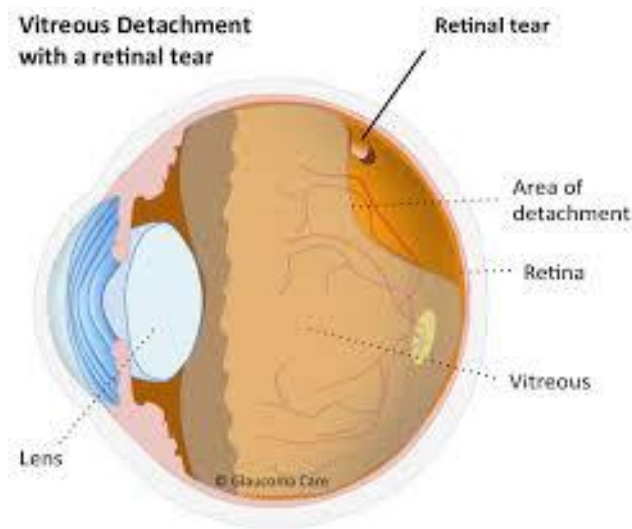
RETINAL DETACHMENT

It is important that you understand this information before you sign a consent form and agree to go ahead with surgery.

What is a retinal detachment?

The retina is a light sensitive film at the back of the eye. Retinal detachment is a condition where the retina peels away from the inner wall of the eye. In most cases the retina detaches because a hole or tear has formed allowing fluid to pass underneath the retina.

Most retinal detachments occur as a natural aging process in the eye but certain people are at higher risk than others. These included people who are short sighted, those who have had cataract surgery previously and those who have had a severe blow to the eye. Some types of retinal detachments can run in families but these are rare.



What is the treatment for retinal detachment?

Sometimes, small retinal tears can be treated by retinal laser; however a retinal detachment will require surgery. The treatment aims to seal holes in the retina and reattach the retina. The two methods used are vitrectomy or scleral buckle or a combination of the two.

Vitrectomy

A vitrectomy involves removing the vitreous gel from inside the eye. The surgeon seals the tear using either a laser or freezing probe which makes a scar around the tear. A gas or silicone bubble is inserted into the eye to support the retina while it heals. A gas bubble slowly absorbs over 2 to 8 weeks but a silicone oil bubble will need a small operation to remove it at a later date. Your vision will be very blurred initially due to the presence of the gas or oil bubble.

Your surgeon may ask you to position your head a certain way to make the gas bubble more effective (posturing). This will be covered later.

Scleral Buckle

The retina can also be sealed and supported by stitching a piece of silicone rubber or sponge to the outside of the eye. This acts as a 'splint' and pushes the outer wall of the eye against the hole in the retina. The buckle is not visible on the outside of the eye and usually remains in place permanently.

What is posturing?

When a gas or oil bubble is in the eye your surgeon may ask you to posture after the operation for 5 to 7 days. Posturing involves placing your head in a specific position to allow the bubble to float into the best position to support the retina. There are various posturing positions and your surgeon will advise you on the one appropriate to you. Posturing is often the hardest part of the recovery after surgery but is important and should be regarded as the second stage of the operation. You will be required to posture 50 minutes of every hour during the day. The remaining 10 minutes should be spent moving around or taking gentle exercise to relieve discomfort and general body ache.

What anaesthetic is required for retinal detachment surgery?

Retinal detachment surgery can be performed under local anaesthetic or general anaesthetic. Under local anaesthetic you will be awake but you will not feel any discomfort as the eye will be numbed with an injection. You will not see the operation and the other eye will be covered. If a general anaesthetic is chosen then you will be fully asleep.

The decision as to which type of anaesthesia is most suitable will be made following a discussion between you and your surgeon.

What are the benefits of retinal detachment surgery?

The most obvious benefit is preventing you from going blind in the affected eye. You may have lost vision already from the retinal detachment and even with successful surgery your vision may not return to normal.

What are the risks of retinal detachment surgery?

Retinal detachment surgery is not always successful. Every patient is different and some retinal detachments are harder to treat than others. Some patients may need more than one operation.

Risks include:

- The success rate for retinal detachment surgery is approximately 90% with a single operation. This means 1 in 10 will need more than one operation. The reasons for this are new tears forming in the retina or the eye forming scar tissue which contracts and pulls off the retina again
- If a gas or oil bubble is used during surgery then you will usually develop a cataract in the eye within the first 18 months. A cataract is the lens of the eye becoming cloudy and will require a short operation to remove it.
- Any surgical procedure carries a risk of haemorrhage and infection but in retinal detachment surgery this risk is very low (less than 1 in 1000). Although it is rare, it does have serious consequences as it can cause blindness.

- There is a 1 in 10000 chance that the non-operated eye can be affected by inflammation due to the trauma of having surgery on the affected eye.

What should I expect after the operation?

Although retinal detachment surgery is a major operation, it is rarely very painful. It is normal to experience some discomfort in the eye after surgery but this usually is relieved with simple painkillers such as paracetamol or ibuprofen.

The white of the eye will look red and the eyelid may appear swollen following surgery. You may also experience some watering from the operated eye and a gritty sensation during the first month as any stitches gradually dissolve. The grittiness can be relieved by using lubricating gel such as Genteal gel.

Vision in the operated eye will usually be very blurred for the first few weeks but will slowly improve. There is the possibility that you will have remaining distorted vision. The final visual result may take several weeks or months and you may require new glasses. Your surgeon will discuss with you the expected final outcome of your vision.

Will I need to use eye drops after the operation?

Your drop regime will usually include:

- Prednefrin Forte (reduces inflammation) used 4 x day for 4 weeks.
- Chloramphenicol (prevents infection) used 4 x day for 2 weeks.
- Homatropine (relaxes the muscles in the eye) used 2 x day for 2 weeks.

Sometimes additional drops are needed to keep the pressure inside the eye within normal limits. You will be advised on how many times a day to use the drops before you leave the hospital.

What can I do after surgery?

If you have been given any posturing instructions then these should be followed. You can bath or shower but avoid splashing water near the eyes. Most people choose not to drive over the first few weeks.

You must **not** fly until the gas bubble has gone and you **must** inform the anaesthetist if you require a general anaesthetic for any operation while there is gas in your eye. It is also important not to undertake any car journey that involves high altitudes as this can expand the gas bubble. Please check with your doctor if you are unsure.

How much time off work will I need?

Most people will need at least 2 weeks off work after surgery, sometimes longer. Gas in the eye can make vision poor and the ability to judge distance is affected. The amount of time off work will depend on the type of work you do and the kind of surgery done. This will need to be discussed with your surgeon.

Please contact Dr KL Lee if you have any questions:

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