

Retinal detachment

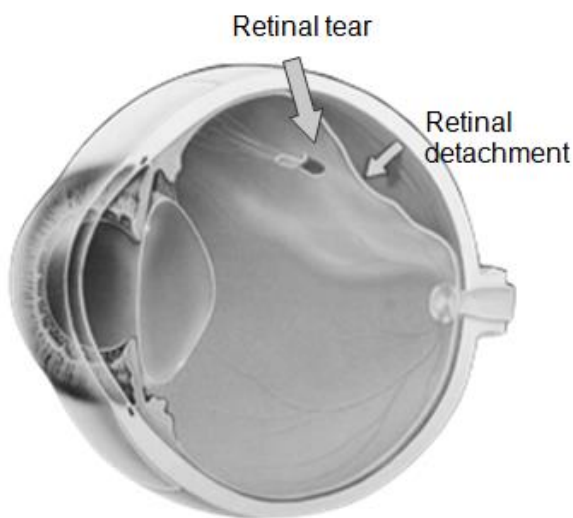
Information for patients, relatives and carers

Introduction

This leaflet has been designed to give you information about **retinal detachment** and answer some of the questions that you or those who care for you may have. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, please contact us.

What is the retina?

The retina is the innermost layer of the eye, covering approximately two thirds of its inside surface. It is a light sensitive film made up of nerve fibres. Light falling on the retina is converted into signals and transmitted to the brain. The interpretation of these signals by the brain enables you to see the world around you.



*Image courtesy of <http://www.tedmontgomery.com>

What is retinal detachment?

A retinal detachment occurs when the retina peels away from the inner wall of the eye. This can occur if:

- a tear or hole in the retina allows fluid to seep in and collect between the layers of the retina
- the eye receives significant direct trauma, such as a severe blow
- scar tissue on the surface of the retina pulls on and detaches the retina. This can occur in conditions such as diabetic eye disease, sickle cell eye disease, inflammatory or infectious

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- eye diseases, or after surgery on the retina
 - fluid leaks out of the blood vessels behind the retina and accumulates in the layers of the retina. This can be caused by a number of inflammatory eye diseases or tumours.

Retinal detachments are rare. About 1 in 10,000 people a year develop this condition. Most retinal detachments occur between the ages of 60 and 70. You have a slightly higher risk of developing a retinal detachment compared to the general public if you:

- are very short sighted (-6.00 D or more)
- have suffered significant injuries to the eye before
- have had a retinal detachment in one eye before
- have a family history of retinal detachment

What are the symptoms?

There are four main symptoms you may experience when a retinal detachment occurs:

- floaters
- flashes
- a dark shadow or curtain across your vision
- blurred vision

Floaters and flashes are very common and do not always indicate a retinal detachment. However, if you experience these symptoms it is not possible to tell if you have a retinal detachment unless you have your eyes examined professionally. It is particularly important you have your eyes examined if you notice a sudden change or increase in these symptoms.

Any loss of vision you experience may start at the edge of the visual field (Also known as side or peripheral vision). However, you may not immediately notice this. It is important to check what you can see from each eye by covering one eye at a time. If the central part of the retina (macula) is involved, you will notice a loss of your central vision.

A retinal detachment is unlikely to cause pain as the retina has no nerve fibres that detect pain.

How do you treat retinal detachment?

If you have a retinal detachment, you will need to have surgery to re-attach the retina to the back of the eye.

The most common surgery for retinal detachment is **vitreotomy**. During Vitrectomy, your surgeon will re-attach the areas of detached retina, and in the process remove the vitreous gel (a clear gel that fills the back of the eye) in your eye and replace it with a gas bubble or clear silicone oil. The gas bubble or silicone oil will hold your re-attached retina in place while it heals. If a gas bubble is used, your eye will take several weeks (two-ten weeks) to re-absorb the gas bubble and replace it with its own fluid. The time it takes will depend on the type and concentration of gas used. In most cases, if silicone oil is used, you will need to have a small surgical procedure to remove the oil at a later date. Vitrectomy surgery is usually performed under local anaesthesia with or without sedation. In certain circumstances, general anaesthesia may be used.

Sometimes, a different type of retinal detachment surgery called a **scleral buckle** may be performed. In these cases, the detached retina is re-attached using external pressure from a small plastic band or silicone sponge attached to the outside of the eyeball (sclera). This is usually left in place permanently and is not visible after surgery. This procedure requires a general anaesthetic.

What should I expect after the surgery?

If a gas bubble or silicone oil was used during surgery, you may have to posture for a period of five to seven days after surgery. Posturing means sitting or lying with your head in a particular position, usually for 45 minutes in every hour. This allows the gas bubble or silicone oil to push against the re-attached retina as it heals. You will receive clear instructions from your surgical team on how to do this.

You must not fly whilst there is gas bubble in the eye as the change in air pressure can cause the gas bubble to expand and lead to severe consequences. Should you require any other surgery while there is a gas bubble in your eye, you **must** inform your anaesthetist because some commonly used anaesthetics can interact with the gas bubble in your eye. You must not inhale a gas commonly used in accident emergency or childbirth for pain relief called nitrous oxide.

Your eye may feel sore and your eyelids may be slightly swollen immediately after surgery. This will ease over a couple of days and you should take over the counter pain killers such as paracetamol if you need to.

It is unlikely that you will need to stay in hospital overnight. When you are discharged from hospital you should ask your doctor about returning to work or driving, as the restrictions related to these activities may vary from person to person. You should continue with your prescribed eye drops for four weeks and avoid any strenuous activity for about four to six weeks. You will be given a follow-up appointment for about two weeks after your operation. If a gas bubble was injected, your surgeon is likely to see you sooner than this to check the eye pressure.

What results can I expect from the surgery?

In the majority of cases the retina can be re-attached with one operation. In some cases, further procedures may be required.

Your vision after recovering from surgery will vary based on three main factors:

- how much retina was detached before surgery
- if the central part of the retina (the macula) was detached before surgery,
- if you have co-existing eye problems such as diabetic retinopathy.

Cases where the macula was attached prior to surgery are likely to have a better visual outcome than those where the macula was detached before surgery. Vision takes some time to improve and may not fully return to normal.

It is important to note that if a gas bubble was injected during surgery, your vision will be poor until the gas bubble has been re-absorbed. This is because your eye cannot see through a gas bubble but this is only temporary.

You may need to change your glasses once the eye has healed to improve your vision. It is worth noting that a gas bubble or silicone oil in the eye increases the chance of developing a

cataract over the next few years. Should you develop a cataract affecting your vision in the future, cataract surgery can be performed.

Who can I contact for more information?

If you have questions before your appointment, please contact the **pre-assessment nurse 09.00 and 17.00, Monday to Friday.**

Western Eye Hospital - **020 3312 3230/3240**

Charing Cross Hospital - **020 3311 0137**

If your eye becomes red or painful, or have any other concerns, please contact:

Western Eye Hospital emergency department:

020 3312 3245

Western Eye Hospital clinic:

020 3312 3236

Alex Cross ward at the Western Eye Hospital:

020 3312 3227

Charing Cross Hospital eye clinic:

020 3311 1109/ 1233

Charing Cross Hospital –Riverside Daycare unit:

020 3311 1460

If you have not received a post-surgery appointment, please contact **020 3312 3275 option 2**

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at

imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information, visit our website: www.imperial.nhs.uk

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