

Having eye surgery to fix a detached retina

Department of Ophthalmology

Information for Patients

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Introduction

Your eye doctor has suggested you have surgery to fix a detached retina (also known as retinal detachment surgery). The information given here will help you decide what to do. You might want to talk through this with a relative or carer. Before you have the operation, we will ask you to sign a consent form, so it is important that you understand the information in this leaflet before you agree to go ahead with the surgery. If you have any questions, you may want to write them down to remind you what to ask when you speak to hospital staff.

What is a detached retina?

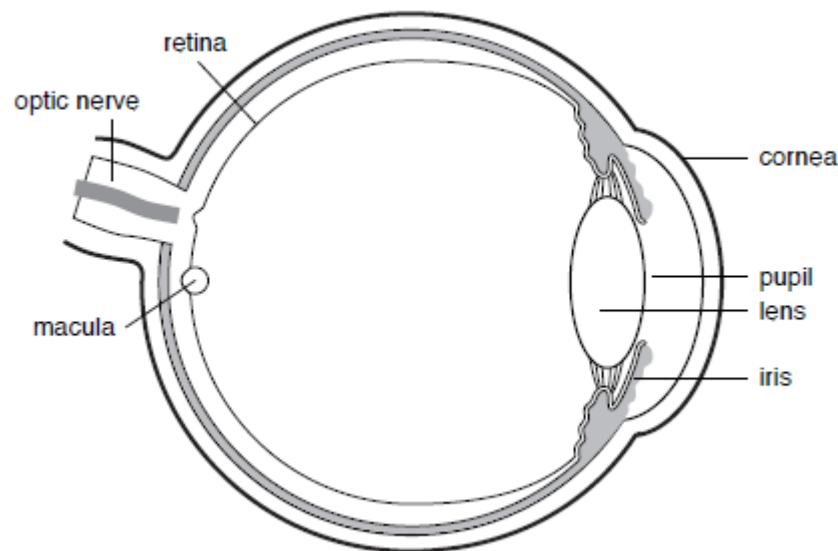
Your eye doctor has diagnosed a detached retina in your eye. Without treatment, this condition usually leads to blindness in the affected eye.

The retina is a thin layer of nerve cells that lines the inside of the eye. It is sensitive to light and you need it to be able to see properly. Your retina is detached because it likely has 1 or more holes in it and so is allowing fluid to pass underneath it. This fluid causes the retina to become separated from the supporting tissues underneath it. Small blood vessels may also be bleeding into the jelly-like substance in the centre of the eye (the vitreous), which may cause further clouding of your vision.

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Detached retinas happen naturally. It is unlikely that it would be caused by anything that you have done. Anyone can have a retinal detachment at any time, but some people are at higher risk than others. These include people who are short-sighted, those who have had cataract surgery in the past, and those who have recently had a severe direct blow to the eye. Some types of retinal detachments can run in families, but these are rare.



What is the treatment for a detached retina?

The treatment involves surgery. During the operation, your eye doctor will seal the hole or holes in the retina and reattach your retina. An experienced eye surgeon will carry out the operation and may supervise a trainee doctor who may perform part or all of the operation.

What type of anaesthetic will I have?

This surgery is normally done under local anaesthetic. If you have a local anaesthetic, you will be awake during the operation. You will not be able to see what is happening, but you may be aware of a bright light. Before the operation, we will give you eye drops to enlarge the black circle at the front of your eye (pupil). After this, we will give you an anaesthetic to numb your eye. This involves injecting local anaesthetic solution into the area around your eye.

During the operation we will ask you to lie as flat as possible and keep your head still.

The operation normally takes about 90 minutes, but sometimes may take a little longer. If you would like, a nurse can hold your hand during the operation to comfort you.

If you are having a general anaesthetic, we will ask you not to eat or drink for several hours before we take you to the operating theatre. Before the operation the anaesthetist will speak to you and examine you on the ward. We will then give you eye drops to enlarge your pupil. When you arrive in the operating theatre's anaesthetic room, the anaesthetist will give you an injection in your hand or arm. You will then stay asleep for the whole operation. You may feel tired and sleepy for about 6 to 12 hours after the operation.

What does the surgery involve?

There are many types of surgery. We can seal retinal holes by applying 'splints' on the wall of the eye. These splints are made of sponge or solid silicone material. We put them under the skin of the eye and they usually stay there permanently.

In some cases, the jelly-like substance (vitreous) is the reason the retina becomes detached. In this case, during surgery we remove the vitreous in an operation called a vitrectomy. The vitreous is then replaced with a gas or silicone oil bubble in the eye. This acts as a 'splint' to hold the retina in position to help it to heal. If we use a gas bubble, your normal body fluids will replace it naturally over time. If we use silicone oil, we may need to remove this during another small operation several months after your first operation.

We usually put small stitches in the eye. At the end of the operation, we may put a pad or shield over your eye to protect it.

What to expect after the operation

It depends on each individual case as to whether you will be able to go home the same day after the operation, or if you will need to stay overnight in the hospital. Your eye doctor will talk to you about this.

If you have discomfort, we suggest that you take pain relief such as paracetamol every 4 to 6 hours. It is normal to have itchy, sticky eyelids and mild discomfort for a while after this surgery. You may also get some fluid leak from your eye.

Occasionally, the area surrounding the eyes can become slightly bruised. Any discomfort should ease after 1 or 2 days. In most cases, your eye will take about 2 to 6 weeks to heal. Try to rest while your eye is healing.

We will give you eye drops to reduce any inflammation, to rest the eye and to help stop infection. Your discharge nurse will explain how and when you should use them. Please don't rub your eye.

Your eye doctor will let you know if and when you are fit to be able to go back to work. In most cases, some time off work will be needed while you recover.

If you have a gas bubble in your eye, you must not travel by air as this might cause a dangerous rise in pressure inside your eye. Your eye doctor will let you know when you will be able to travel by air after your operation. Also, if you need to have a general anaesthetic for any other surgical treatment, you should let the doctor know that you have a gas bubble inside your eye. This is because the gas used for a general anaesthetic could cause a rise in your eye pressure.

Certain symptoms after surgery could mean that you need quick treatment. Contact the hospital immediately if you have:

- a lot of pain.
- loss of vision.
- increasing redness of the eye.

After surgery, you will need to come for a follow-up appointment in our outpatients clinic, to check that your eye is healing well. Your eye doctor or discharge nurse will tell you when this appointment will be.

Positioning of your head after surgery

If we put a gas or silicone bubble in the eye, we will usually ask you to keep your head in a particular position after your surgery. This is called 'posturing'. The bubble floats inside the eye cavity and we will usually ask you to hold your head in a particular position, so that the bubble lies against the holes in your retina. This is an important part of the treatment and the position in which you hold your head will depend on where the holes are in your retina. We will usually ask you to keep your head still for long periods of time. We may also ask you to sleep in a particular position at night. Your eye doctor or discharge nurse will go through this with you and let you know how long you will need to do this for after your operation. This will give your retina the best chance to be successfully treated.

What are the benefits of retinal detachment surgery?

The most obvious benefits are stopping you from going blind and helping you to see more clearly. You will have already lost some sight because of the detached retina. If the surgery is successful, it will usually bring back some, but not all of your sight.

What are the risks of retinal detachment surgery?

There is a risk of complications, either during or after the operation. Complications are not common and in most cases, we can treat them effectively. Very rarely some complications can result in blindness.

Possible complications during the operation:

- Bleeding inside the eye.
- The surgery causes more holes in the retina.

Possible complications after the operation:

- Bruising of the eye or eyelids.
- High pressure inside the eye.
- Inflammation inside the eye.
- Formation of a cataract.
- Double vision.
- Allergy to the medication used.
- Infection in the eye (endophthalmitis); this is very rare but can lead to serious loss of sight.

Further surgery:

Retinal detachment surgery is not always successful. Every patient is different and some detached retinas are more complicated to treat than others. Some patients may need more than 1 operation. Your surgeon will talk to you about the chances of success with the operation you are about to have.

When a retina is detached, the eye naturally tries to heal the damage. Instead of being helpful, this healing process leads to scar tissue inside the eye and the retina pulling together and folding. Your eye doctor may refer to this as 'proliferative vitreoretinopathy (PVR)'. PVR is linked with poorer vision and may cause the retina to become detached again.

What vision can I expect after my treatment?

After surgery, it usually takes a few weeks for your vision to recover. If we use a gas bubble or oil, your vision will be very blurred straight after surgery. This is normal and you should not be alarmed.

Once the retina is attached, your sight will continue to get better slowly over several months. It may be suggested that you go to your opticians to see if glasses would help you see better.

Your final vision will depend on the condition of the detached retina before surgery. If we diagnose and treat it quickly and successfully, you should get most of your vision back. However, if when we diagnose a detached retina, the eye already has poor vision, we may not be able to get back some of your sight. You may not be able to read using the affected eye. For example, from a distance, you may not be able to recognise faces or read a car number plate. Your side vision, also known as your peripheral vision, will usually be fine. This allows you to see people and objects approaching you from the sides and is very important for day-to-day activities such as going out and climbing stairs.

Contact details

If you have any questions or concerns that cannot wait until the day of your surgery then please call us on **0116 258 6248** and ask to speak to a nurse.

If you think you may have any problems with your eyes, you should contact the **Eye Casualty Department on 0116 258 6273** or go to Eye Casualty located in the Windsor Eye Clinic, Level 1, Windsor Building, Leicester Royal Infirmary:

Opening times: Monday to Friday, 8.30am to 4.30pm

Saturday & Sunday, 8.30am to 12.30pm

If your problem happens outside of these hours and you feel that it is urgent, you should go to the main Adult Emergency Department at Leicester Royal Infirmary.

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