

Review Only

OP04 Retinal Detachment Surgery

What is a retinal detachment?

The eye has a number of layers. The retina is the inner layer at the back of the eye. The retina changes light coming into the eye into images that are sent to the brain. Sometimes the retina can peel off (detach) causing your vision to be blurred or a shadow to develop in your vision (see figure 1).

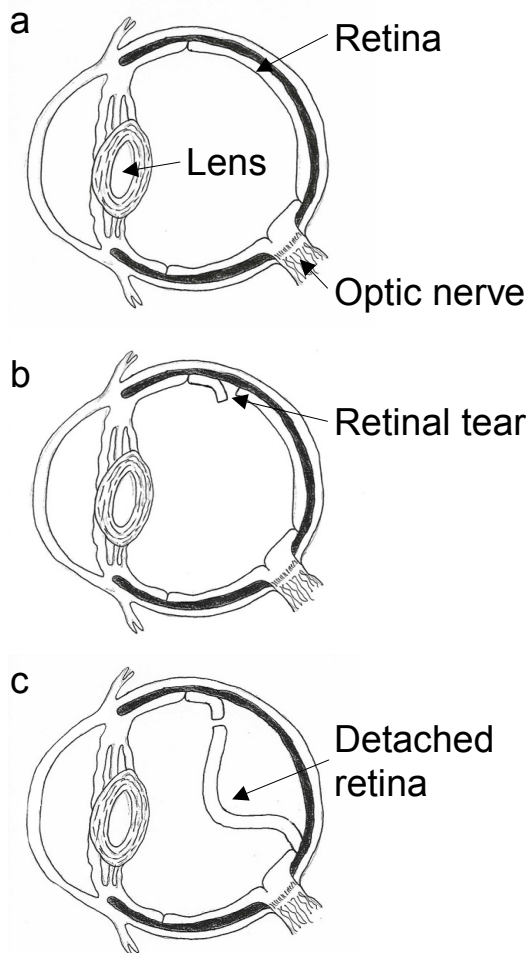


Figure 1

- a Normal retina
- b Torn retina
- c Detached retina

Your surgeon will assess you and let you know if retinal detachment surgery is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a retinal detachment happen?

Jelly (called vitreous) fills the centre of the eye. Most retinal detachments are caused by this jelly shrinking and pulling on the retina, causing a small hole or tear. You may notice 'floaters' or flashing lights. Fluid then collects under the retina, causing it to peel off.

A retinal detachment can also be caused by an injury to the eye or previous eye surgery.

What are the benefits of surgery?

If the operation is successful, it should stop your vision getting worse. However, surgery may not result in your vision returning to normal. This depends on if the macula (the most central and sensitive part of your retina) is damaged and for how long it has been detached.

Are there any alternatives to surgery?

Occasionally the tear or hole can be treated without any surgery, using a laser or by freezing treatment. However, most retinal detachments need surgery.

What will happen if I decide not to have the operation?

Usually more of the retina will detach, causing your vision to get worse. If the macula becomes detached and you leave it untreated for too long, you are likely to permanently lose the vision in your eye.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. A variety of anaesthetic techniques are possible including a general anaesthetic or a local anaesthetic that is injected around the eye to numb it. Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. The operation usually takes between an hour and a half and two hours. Your surgeon can repair any tears or holes using a laser or by freezing treatment. Retinal detachment surgery can involve the following techniques.

- Removing the jelly part of your eye and replacing it with air, gas or silicone oil to help keep the retina in place. The gas absorbs on its own after a while. The silicone oil will usually need to be removed, normally several months later. Your eye will make fluid to replace the gas or oil.
- Stitching a small piece of silicone rubber (a buckle) onto the surface of your eye to press the wall of the eye inwards and keep the retina in place. The buckle cannot be seen after the operation. Before the operation, your surgeon will discuss with you the type of surgery you need.

What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice. You may need to stop taking warfarin or clopidogrel before your operation. If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon's advice about when to take your medication. If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the operation a success?

• Keeping in the same position

Before the operation your surgeon may ask you to keep in a certain position (posture) such as lying flat on one side. This may help to stop more of the fluid collecting under the retina and making the problem worse.

If your operation is being performed under a local anaesthetic, you will need to lie still and flat during the operation. If you cannot lie still and flat, you should let your surgeon know.

Your face will be covered with a cloth to allow your surgeon to work on a clean surface. Air will be blown gently towards your nose. If you are claustrophobic, you should let your surgeon know.

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health.

For help and advice on stopping smoking, go to www.smokefree.nhs.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist or surgeon will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain.** However, pain after retinal detachment surgery should only be mild and is usually easily treated with simple painkillers such as paracetamol. You may feel pressure or mild discomfort. If you are in severe pain you should let your surgeon know, as this is unusual.
- **Bleeding** on the outside of the eye during or after surgery. Bleeding should be mild and your eye may be slightly red. If it is very red and painful you should let your surgeon know, as this is unusual.

- **Infection**, which can result in blurred vision or even permanent loss of vision (risk: 1 in 1,000). Most infections usually happen in the first week after the operation but can happen later. If your eye becomes red and painful, and your vision becomes blurred, you should let your surgeon know straightaway. You may need other procedures to control the infection.

3 Specific complications of this operation

- **Severe bleeding inside the eye** during surgery, which may cause permanent loss of vision (risk: 1 in 200).
- **Raised pressure in the eye** (risk: 1 in 14). This can be treated, so let your surgeon know if you experience blurred vision, pain, headaches or nausea.
- **The retina may become detached again.** The risk depends on how severe the detachment is and the type of surgery you need. If this happens you may need a further operation.
- **Reduced vision**, which is not related to the detachment itself. This may happen if the lens of the eye becomes cloudy (cataract) (risk: 1 in 50). The risk depends on the type of surgery you need. Your vision may also be reduced if the macula becomes swollen or scarred (macular pathology) (risk: 1 in 20).
- **Double vision**, which may happen if a silicone buckle is used. This usually settles but sometimes you may need another operation (risk: 1 in 100). Double vision may be permanent (risk: 1 in 500).

- **Inflammation in the other eye** (sympathetic ophthalmia) (risk: 1 in 10,000). This is a potentially serious complication which may be treatable. If you develop pain or blurred vision in your other eye, let your surgeon know.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the following day. However, your doctor may recommend that you stay a little longer.

If gas was used, you may need to stay in a certain position for a few days. Although this is inconvenient, it is important to help make the operation a success.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Your surgeon will tell you when you can return to normal activities. Do not swim or lift heavy objects until you have checked with your surgeon.

Do not drive until you can read a number plate from 20.5 metres (67 feet) and always check with your surgeon and insurance company first.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

It is important to keep still for the first few days after the operation, so before you start exercising you should ask a member of the healthcare team or your GP for advice.

• The future

Most people make a good recovery. However, it may take some time before your vision starts to improve, especially if your eye was filled with gas or oil.

If there was a lot of damage to the retina before the operation, your vision may not return to normal.

You should go to your optometrist (optician) for an eye test two to three months after your operation as you will usually need new glasses.

Summary

A retinal detachment is a common problem where the inner layer at the back of your eye peels off. Retinal detachment surgery should stop your vision getting worse.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 022 4 332 and at www.smokefree.nhs.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- The Royal College of Ophthalmologists at www.rcophth.ac.uk – The College is unable to advise individual patients
- Royal National Institute of Blind People (RNIB) on 0845 766 99 99 and at www.rnib.org
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

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