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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

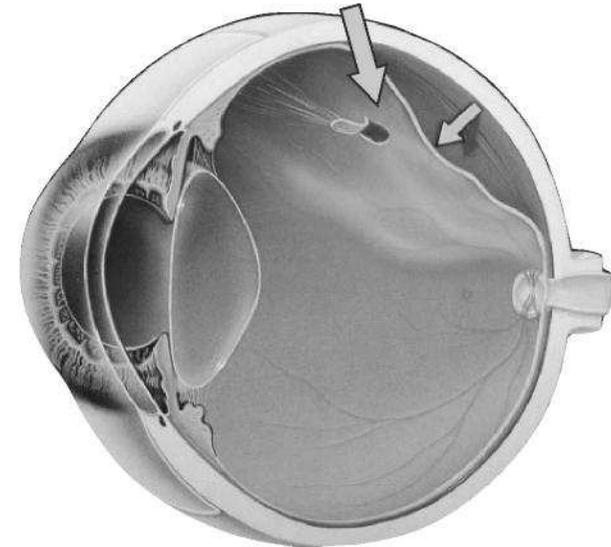
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Retinal Detachment

Ophthalmology Department



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Will I have to get my glasses changed?

Most people will need to change their spectacle prescription at some point after surgery. This would normally be at about 3 months following the operation, after the gas bubble has gone. As each case is different, please check with your surgeon before visiting an optician.

Contact Details

We want to hear from you if you are worried about anything:

- Ashford Hospital: **01784 884402**
- St Peter's Hospital: **01932 722686**

Senior Nurses

Sister, Georgina Gilson, Ashford Hospital
Deputy Sister, Maggie Lewis, Ashford Hospital
Deputy Sister Dorothy Adjorlolo, Ashford Hospital
Ophthalmic Nurse Practitioner, Jain Sidhu, St. Peter's Hospital

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email patient.advice@asph.nhs.uk. If you remain concerned, the team can also advise upon how to make a formal complaint.

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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 eye. Generally you may do anything with which you are comfortable. Most people choose not to drive until the gas bubble goes since the gas bubble can be distracting.

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.

How much time off work will I need?

Most people will need at least two weeks off work after surgery. Sometimes this may be longer. While there is gas in the eye the vision is quite poor and the ability to judge distance is affected. The amount of time off work will depend on the kind of work you do and the kind of surgery that is done. This will need to be discussed with your surgeon.

When will I need to be seen again after the surgery?

Post-operative review is usually performed the next day (or within a few days) after surgery; then 10-14 days later and, provided all is well, about 3 months later.

What is the retina?

The back of the eye has a light-sensitive lining called the retina, similar to the film in a camera. Light is focused through the eye onto the retina, allowing us to see. The centre part of the retina is called the macula - it is here that light must be focused for us to see fine detail, to be able to read and to see in colour.

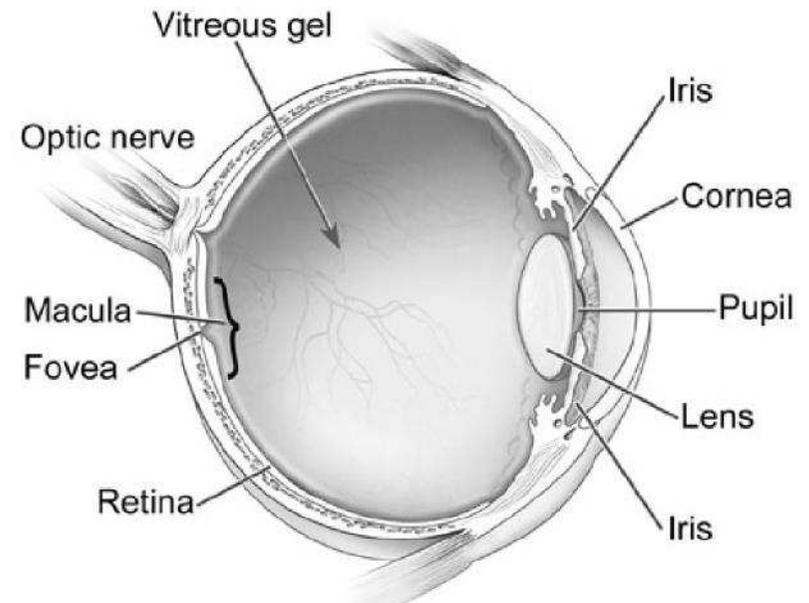


Figure 1: Cross section of eye, showing back (retina & centre of retina- macula) and front (cornea, lens) of eye

What is a retinal detachment?

The retina is the light sensitive film at the back of the eye and 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 a tear has formed in the retina allowing fluid to pass underneath the retina.

Most retinal detachments occur as a natural ageing process in the eye but certain 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 suffered a severe direct blow to the eye. Some types of retinal detachments can run in families but these are rare.

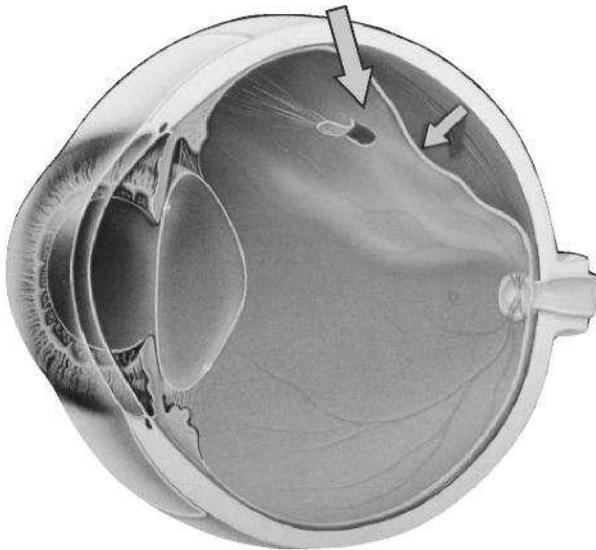


Figure 1: Cross Section of eye with retinal detachment

What will I expect to feel / look like after the operation?

You should expect your eye to feel a little gritty after the operation. When you take the pad off the following day the eye may be very bloodshot. This is normal. It is normal for your eyelids to be puffy and for your eye to water a lot. Occasionally your tears can be a little blood-stained and this may show through the eye pad used on the first night. Your lid may be droopy for a few weeks and usually recovers completely.

If you have had gas/air put into the eye, your vision be very blurred after the operation. The gas can take 2-12 weeks to disappear. As the gas gets smaller in your eye, you will notice a line going from the top to the bottom of your vision. After the gas bubble has disappeared, your vision should be better than before the operation. However, you may have lost vision already from the retinal detachment and even with successful surgery your vision may not return to normal.

If at any point your eye starts to become more painful, more red with a yellow discharge or the vision gets worse, please contact the numbers at the end of the leaflet urgently.

Will I need to instill eye drops after the operation?

You will be given an eye drop to reduce inflammation (steroid drop), another to prevent infection (antibiotic), and sometimes additional drops 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 hospital. Use the drops regularly until your first postoperative outpatient visit. You will then be given further instructions on how long the drops need to continue for.

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.

These are the risks and benefits that will be explained to you before you give consent for surgery.

1. The success rate for retinal detachment surgery is approximately 90% with a single operation. This means that 1 in 10 people (10%) will need more than one operation. The reasons for this are that new tears may develop in the retina or the eye develops scar tissue which contracts and pulls off the retina again.
2. 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.
3. If a scleral buckle is used, you could develop double vision, which may need fixing with special glasses or further operations.
4. Any surgical procedure carries a risk of haemorrhage and infection but in retinal detachment surgery this risk is very low (less than one in a thousand). Although it is rare, it does have serious consequences as it can cause blindness.

What is the treatment for retinal detachment?

The treatment involves surgery and the main aim of surgery is to seal holes in the retina and reattach the retina. The two methods used in retinal detachment surgery are vitrectomy or scleral buckle or a combination of the two. For selected cases, a third method can be used, a pneumatic retinopexy.

Vitrectomy

A vitrectomy involves removing the vitreous gel (that has caused the retinal tear) from inside the eye. Then to seal the tear the surgeon uses either laser or a freezing probe to make a scar around the tear. A gas or silicone oil bubble is then 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.

To use the gas or oil bubble to its best effect your surgeon may ask you to posture for upto 1 week and this will be covered in a following section.

Scleral buckle

The retinal holes 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 produces a dent within the eye and pushes the outer wall of the eye up to the hole in the retina. The buckle is not visible on the outside of the eye and usually remains in place permanently.

Pneumatic retinopexy

A pneumatic retinopexy is another method to treat certain types of retinal detachment. It is not as intrusive as the methods above and recovery for you can be much quicker (7-10 days). It involves injecting a gas bubble in the eye to support the retina. The retinal tear is treated either before the gas injection (by freezing it- cryotherapy) or a few days after the gas has flattened the retina (with laser or cryotherapy). The gas bubble absorbs over the next 1-2 weeks.

Your vision will be very blurred initially due to the presence of the gas bubble. To use the gas bubble to its best effect your surgeon may ask you to posture for upto 1 week and this will be covered in a following section.

What is posturing?

With a gas or oil bubble in the eye your surgeon may ask you to posture after the operation for up to 10 days. Posturing involves placing your head in a specific position to allow the gas or oil 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 out of every hour during the day. The 10 minutes out of every hour when you are not posturing should be spent moving around or taking gentle exercise to relieve discomfort and general body ache.

Failure to posture correctly or for the required length may lead to the operation being unsuccessful.

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.