

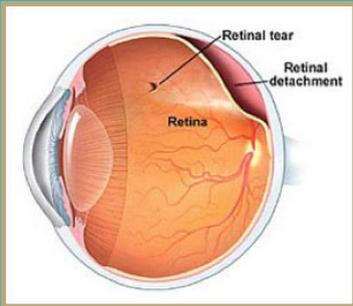
RETINAL DETACHMENT

What is retinal detachment?

The retina is a thin membrane that lines the back of the eye. When light enters the eye, it passes through the cornea and lens, and is then focused onto the retina. The retina transforms the light image and sends the information to the brain via the optic nerve. In order to function properly, the retina must be nourished by the layer behind it called the choroid.

In a retinal detachment, the retina peels away from the choroid, thus losing its function. If not treated promptly, retinal detachment may lead to permanent and sometimes complete loss of vision.

Who is at risk?



Retinal detachments occur more frequently in people with the following conditions:

- nearsightedness (myopia)
- previous cataract surgery
- previous eye injury
- previous retinal detachment in the other eye
- family history of retinal detachment
- pre-existing retinal conditions that leave weak spots in the retina.

What are the symptoms?

- Floating spots in the vision, momentary flashes of light and loss of peripheral and eventually central vision may indicate the development of a detachment. Sometimes detachments occur without floaters or light flashes.
- Patients may notice a wavy or watery quality or the appearance of a dark shadow in some part of their vision. Further development of the detachment will blur central vision and can create significant sight loss in the eye.
- Some retinal detachments occur very suddenly and the patient can experience total visual loss.



How is it treated?

Prompt treatment is essential. Successful reattachment of the retina consists of sealing the tear and preventing the retina from pulling off the back of the eye again. Different procedures are used depending on the severity of the tear.

- **Laser photocoagulation** is used when new small retinal tears occur with little or no nearby retinal detachment. These laser burns seal the edges of the tear.
- **Freezing (cryopexy)** of the back of the eye behind the retinal tear works in a similar way to laser treatment, but is used less frequently.
- **Surgery**
Different types of surgery are possible and the choice depends on the particular characteristics and cause of the detachment.

* **Posterior vitrectomy** is a commonly performed method of surgical treatment. The vitreous gel, which is pulling on the retina, is removed from the eye and usually replaced with a gas bubble or silicone oil. The body slowly reabsorbs the gas bubble. The ophthalmologist

may recommend lying or sitting in a certain position after the operation to allow the gas to seal the retinal break.

It is important not to fly in an aeroplane or travel to higher altitude until the bubble is gone, as it can cause a dangerous rise in eye pressure.

* **Scleral buckling** is another method of surgical treatment. A flexible band may be placed around the eye or other implants sutured to the sclera (white of the eye) in order to seal the retinal breaks. The ophthalmologist may drain fluid from under the detached retina, allowing the retina to settle back into its normal position.

Both posterior vitrectomy and scleral buckling are combined with laser treatment or cryotherapy. Most of these procedures are done in the operating theatre under general anaesthesia.

Please note that these are general guidelines. If in doubt, consult your ophthalmologist.