

Retinal Detachment

Patient Information Leaflet

Ophthalmic Day Surgical Unit
01253 957420



Options available

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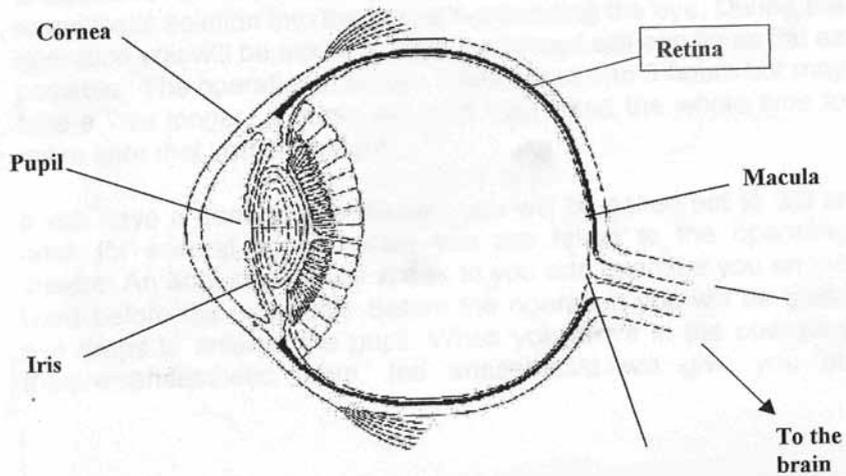
Excellence

Information for patients

Your eye specialist has advised you to have retinal detachment surgery. This booklet gives you information that will help you decide what to do in this situation. You might want to discuss it with a relative or carer. Before you have the operation, you will be asked to sign a consent form and it is therefore 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 wish to write them down so that you can ask one of the hospital staff.

What is Retinal Detachment?

Your eye doctor has diagnosed a retinal detachment 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 (like the film in a camera) and is necessary for vision. Your retina is detached because one or more holes have developed allowing fluid to pass underneath it. This fluid causes separation of the retina from the underlying supporting and nourishing tissues. You may also have bleeding from small blood vessels into the vitreous (the jelly substance in the centre of the eye), which



Retinal detachments occur spontaneously. It is unlikely that it would be caused by anything that you have done. Anyone can develop a retinal detachment at anytime, but certain people are at a higher risk than most.

These include anyone:

- That is short-sighted
- Who have previously had cataract surgery
- Who have recently suffered a severe direct blow to the eye.
- Some form of retinal detachments can run in families but these are rare.

Treatment of Retinal Detachment

The treatment involves surgery. The operation offered to you is aimed at sealing the retinal holes and re-attaching the retina. An experienced eye surgeon will

carry out the operation and may supervise a doctor in training who also performs part or all the operation.

The Anaesthetic

Depending on the type of anaesthetic being used you will need to attend a pre assessment and will be sent for in due course.

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 you will be given eye drops to enlarge the pupil. After this you will be given an anaesthetic to numb the eye. This involves injection of local anaesthetic solution into the tissue surrounding the eye.

During the operation you will be asked to keep your head still and lie as flat as possible. The operation normally takes approximately 1 to 3 hours but may take a little longer. A nurse will hold your hand the whole time to make sure that you are alright.

If you choose to have a local anaesthetic you will be cared for on the ophthalmic surgical unit, which is a specialised area for ophthalmology.

If you choose a general anaesthetic you will be admitted on to the ophthalmic surgical unit but discharge at a later date from ward 15A.

You will be asked not to eat or drink for several hours before you are taken to the operating theatre. An anaesthetist will speak to you and examine you on the ward before the operation. Before the operation you will be given eye drops to enlarge the pupil. When you arrive in the operating theatre anaesthetic room, the anaesthetist will give you an injection in your hand or arm; you will then remain asleep for the whole operation. Your heart rate, breathing, blood oxygen and blood pressure will be closely monitored by the anaesthetist whilst you are under the anaesthetic. You may feel tired and sleepy for about 6 to 12 hours after the operation.

The Surgery

There are many elements to the surgery. Retinal holes can be sealed by applying 'splints' on the wall of the eye. These 'splints' are made of sponge or solid silicone material. They are placed under the skin of the eye and generally stay there permanently. They are not generally noticeable to other people.

In some cases, the jelly-like substance called "VITREOUS" is degenerative and this is responsible for the detachment of the retina. As part of your surgery, this jelly is removed by an operation called "VITRECTOMY". During this operation, tiny cuts are made in the eye and the vitreous is removed. A gas or silicone oil bubble is then placed in the eye. This acts as a 'splint' to hold the retina in position to assist

healing.

If a gas bubble is used, this will be absorbed and replaced naturally by normal body fluids over time. If silicone oil is used, this may be removed. In this event you will need another small operation several months after your initial surgery.

Usually small stitches are put in the eye. At the end of the operation, a pad or shield may be put over your eye to protect it.

After the Operation

If you have discomfort, we suggest that you take a pain reliever such as Paracetamol every 4 to 6 hours (but not Aspirin - this can cause bleeding). It is normal to feel itching, sticky eyelids and mild discomfort for a while after retinal detachment surgery. Some fluid discharge is common.

Occasionally some slight bruising of the surrounding area can occur. After 1 to 2 days the discomfort should diminish. In most cases, healing will take about 2 to 6 weeks; you will see your doctor in the clinic within a few days of your operation.

You will be given eye drops to reduce inflammation, to rest the eye and prevent infection. The nurse will explain how and when to use them. Please do not rub your eye.

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have any of the following symptoms:

- Excessive pain
- Loss of vision
- Increasing redness of the eye

Posturing

If a gas or silicone bubble is placed in your eye, you will generally be asked to keep your head and body in a particular position. This is called posturing and its aim is to provide support to seal retinal holes. The bubble floats inside the eye cavity and generally a position is adopted so that the bubble lies against the holes. This is an important part of the treatment. Depending where the holes are situated in your retina, you may be asked to place your head and body in the most advantageous position. You are usually asked to keep your head perfectly still for long periods of time. You may also be advised to sleep in a particular position at night. By following the instructions, you will give your retina the best chance to be successfully treated. Your co-operation matters a great deal.

Additional support at home may be needed depending on your domestic circumstances. Arrangements can be made for district nurses and social services.

Benefits and Risks of Surgery for Retinal Detachment

The most obvious benefits are prevention of blindness and restoration of vision. You have already

lost some sight as a result of the retinal detachment. Successful surgery will usually bring back some, but not all of your sight.

Surgery for retinal detachment is however not always successful. Every patient is different and retinal detachments vary in their complexity.

Some patients require more than one operation. Your surgeon will advise you individually of the chances of success with the operation you are about to undergo.

You should also be aware that there is a small risk of complications, either during or after the operation.

Possible Complications

Complications generally are not common and in most cases can be treated effectively. Very rarely some complications can result in blindness.

During the Operation:

- Bleeding inside the eye
- The surgery producing 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
- Cataract
- Double vision
- Allergy to the medication used

- Infection in the eye - this complication called endophthalmitis is very rare but can give rise to serious loss of sight

What vision can I expect after treatment?

After surgery it generally takes some weeks for the vision to recover. If a bubble was used, the vision will be very blurred immediately after surgery. This is normal and you should not be alarmed. Once the retina is attached, the sight continues to make slow improvements for some months after surgery. You may be given sight tests to see if glasses would help you see.

The final vision depends upon the nature of the retinal detachment. If we diagnose and successfully treat the retinal detachment promptly, then most of the vision will be restored. If when we detect the retinal detachment, the eye already has poor vision, then some of the sight loss will be irretrievable. You may not be able to read using the affected eye. From a distance, you may not recognise faces or be able to read number plates. The side vision is however generally preserved. This allows you to detect people and objects approaching you from the sides. This side or peripheral vision is very important for day-to-day activities such as going out and climbing stairs.

Further Surgery

If the initial surgery is not successful it will be necessary to undergo further operations. The skill

of the surgeon lies in his or her ability to identify and seal all the holes in the retina. Even in the best hands, occasionally retinal holes are missed and this will result in the retina becoming detached again. When a retina is detached the eye naturally tries to heal the damage. This can lead to scar tissues forming inside the eye and contraction of the retina. Your doctor may refer to this by the term "PROLIFERATIVE" "VITREORETINOPATHY" or "PVR" for short. PVR is associated with poorer vision and may cause the retina to become detached once again after initial successful treatment.

Cataracts

You are more prone to develop a cataract, partly because of the retinal detachment and partly because of the surgery which you have undergone. Cataracts can be effectively treated by removing the lens surgically and replacing it with a plastic implanted lens.

GENERAL ADVICE AND INFORMATION

The Trust operates a no smoking policy and your co-operation with this is appreciated.

HEALTH & SAFETY:

Our patients have poor vision. Please consider their safety by co-operating with the following activities :-

- Try not to obstruct corridors
- To reduce the risk of injury to you and other patients, please avoid assisting others

WHERE IS THE OPHTHALMIC DAY SURGERY UNIT

If you are registered disabled and have 'blue badge' the nearest car park is Woodlands which can be accessed from East Park Drive near the Gastroenterology department.

From the car park, you can walk directly into the Unit.

If you are not registered disabled / do not have a 'blue badge':

Please park in the multi storey care park.

Enter the hospital using the Main Entrance' where you will find the retail stores.

Turn right up the stairs, escalator or lift.

Go straight on down the main corridor.

The Ophthalmic Day Unit can be found approximately 200 metres down this corridor.



Useful contact details

Ophthalmic Day Surgical Unit
01253 957420

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: Procedural Document and Leaflet Coordinator 01253 953397

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