

Ophthalmology

Surgical repair of retinal detachment

Background

Retinal detachment is a condition where the retina (the light sensitive 'film') separates from its proper position at the back of the eye. In most cases this is because a hole or tear (rip) has formed in the retina allowing the fluid to pass underneath the retina.

Surgical repair

The aim of surgery is to repair the tear(s) using biological 'adhesive' in the form of cryotherapy or laser. The 'biological glue' takes several weeks to be effective so some form of splint is required to help the retina during this critical period.

Varieties of splint

i) External splint

In many patients the tear in the retina can be repaired using a piece of sponge sewn directly to the wall of the back of the eye producing an indent or 'buckle'. This maintains closure of the retinal tear as healing takes place.

ii) Internal splint

In other patients, closure of the retinal tears using an external approach is not possible or appropriate. Using 'key-hole' instruments, the vitreous gel filling the space in front of the retina is replaced with gas or silicone oil which seal the retinal tears from the inside. If a gas is used it slowly disappears over the weeks following surgery. If the silicone oil splint is required then a second operation (Stage II) may be planned to remove the silicone oil once the retina is stable.

iii) Mixed

In some patients a combination of internal and external splints are required.

Post operative posturing

If an 'internal' splint of gas or silicone oil is used, you may be asked to posture in the early postoperative period so that your head is in a particular position. This allows the internal splint to float and support that particular part of the retina which was torn. You will be given instructions regarding the posturing position (if required) after your operation. Although it is perfectly safe to move, walk, visit the bathroom, have a meal etc, it is helpful if the posturing can be continued at home after your discharge for approximately 7 to 10 days.

The post operative recovery period

The first few weeks

Although the repair is a major operation for the eye it is rarely very painful. During the first week the eyelids will be swollen and puffy. The eye will be very watery. The 'white' of the eye will look red. These features are all part of the normal postoperative healing process. Tears contain natural antibiotic enzymes that prevent infection so profuse watering is a healthy and natural response to surgery. The surface stitches dissolve after they have fulfilled their purpose so a gritty feeling is usual during the first month. The eyelid swelling, watering and redness will all gradually subside, usually in that order. It may take several months for the redness to fade to pink and finally the white of the eye to resume its normal colour.

Flying

When a bubble of gas is used as an internal splint you must not fly in an aeroplane until the bubble is absorbed. This may be several weeks. It is quite safe to fly if silicone oil has been used.

Recovery of vision

The retina is a very delicate film of nerve tissue. Separation from its proper position affects its function considerably. After surgery, the recovery of function is gradual over several weeks and months. The focus of the eye may be altered so that the final visual result may not be apparent until all drops have been discontinued. Your glasses may need to be adjusted.

Note: If the 'reading' part of the retina (the macula) was detached the quality of the reading vision may be compromised by residual distortion. This is due to microscopic wrinkling in the area of the retina that was detached. This can improve with time but rarely reaches the 'pre-detachment' level.

Eyedrops

Your eyedrops should be continued until your first postoperative outpatient appointment when the frequency and dosage may be adjusted.

If you have any concerns about your eye condition, please telephone either of the following numbers:

- Monday – Friday 08:30 to 17:30 Clinic 3 01223 217778.
- All other times M5 01223 256336 or 01223 245151 (switchboard) and bleep sister in charge of ward M5.



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

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Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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| Contact number | 01223 274600 |
| Publish/Review date | March 2011/March 2014 (no changes made) |
| File name | Retinal_detachment.doc |
| Version number/Ref | 3/PIN631 |