

# Retinal Detachment

Information and advice for patients

## Ophthalmic

---

### What is retinal detachment?

The retina is the light sensitive layer at the back of the eye. A tear can form in the retina followed by fluid collecting underneath the retina, which then detaches like wallpaper coming away from a wall. Retinal detachment affects 1 in 10,000 people per year. If you have had a retinal detachment in one eye, then there is a risk of developing retinal detachment in the other eye. If there are weak areas in the other eye then treatment to strengthen the retina may be recommended.

### What are the symptoms of a retinal detachment?

- Floaters in the vision
- Sometimes flashing lights
- Development of a shadow (which extends from the peripheral vision towards the centre until vision is lost).

### What are the risk factors?

You are more likely to develop a retinal detachment if you have/had any of the following:

- Short-sightedness
- Previous cataract surgery (particularly if it was complicated)
- Previous history of eye injury
- Family history of retinal detachment

## **How can it be treated?**

Surgery is usually required and successful in reattaching the retina with one operation in 85% of patients. There are 2 ways of treating retinal detachments which depends on the features of the retinal detachment and age of the patient:

**EXTERNAL:** Scleral buckling surgery combined with cryotherapy

**INTERNAL:** Vitrectomy combined with cryotherapy/endolaser and gas or oil injection

## **Scleral Buckling surgery**

This technique reattaches the retina using a technique on the outside of the eye. The retinal tear is treated with cryotherapy (freezing) to seal it, and a piece of silicone rubber (the buckle) is stitched to the surface of the eye (the sclera) overlying the retinal tear. This produces indentation of the wall of the eye, closing the tear. The buckle does not usually have to be removed. This technique is usually performed on younger patients.

## **Vitrectomy surgery**

A vitrectomy is an operation within the eye to remove the vitreous jelly. This is combined with drainage of fluid from underneath the retina, and then the tear on the retina is sealed by cryotherapy or laser treatment. The retina is then held in place by a gas bubble or oil bubble. This gas bubble is absorbed naturally over 2 to 8 weeks after surgery depending on the type of gas used. Patients must not fly while they have a gas bubble in the eye. If an oil bubble is used in surgery then it has to be surgically removed at a later date. While a gas or oil bubble is in the eye the vision will be impaired.

## **What is it like to have a gas bubble in the eye?**

Vision is blurred if there is a gas bubble in the eye, a bit like having your eyes open under water. As the gas bubble gets smaller patients notice its edge as a wobbly line in the upper field of vision. This will then drop across the field of vision, the bubble is then seen as a round blob before it disappears.

## **Why do I have to posture with a gas bubble?**

The gas bubble is used to support the retinal break while the laser or cryotherapy forms a scar, which takes 7-14 days. To make sure that the bubble is pressing on the retinal tear, you will be asked to position your head so that the tear is uppermost. The best position to treat your detachment will be discussed with you after surgery. You do not need to be in position continuously: we recommend 45 minutes in the hour, for 7 days.

## **Will my vision get back to normal?**

It is important to appreciate that there are 2 parts to vision: central (reading) and peripheral vision. Peripheral vision tends to return to normal after successful retinal detachment surgery. Central vision returns depends on whether or not the central part of the retina, the macula, was detached prior to surgery (a "macula-off" detachment), and duration of macular detachment. If the macula was attached prior to surgery (a "macular-on" detachment) the prognosis is good and central vision should return to normal. If the macula was detached prior to surgery then it is unlikely that it will return to normal. The longer the macula is detached prior to surgery the less visual improvement can be expected.

## **When will I have my surgery if I have been diagnosed with a "macular-on" retinal detachment?**

We aim to operate within 24 hours if this is a sudden "macular-on" retinal detachment. If the retinal detachment has been present for a long period of time, the timing of the surgery will be based on the clinician decision.

## **When will I have my surgery if I have been diagnosed with a "macular-off" retinal detachment?**

We aim to operate within 7-10 days. If the retinal detachment has been present for a long period of time, the timing of the surgery will be based on the clinician's decision.

## **How will I feel after retinal detachment surgery?**

Vision will be blurred until the gas bubble has gone. Flying or driving is not possible while the gas bubble is present. The eye will be uncomfortable and scratchy for the first few days. Avoid strenuous activity for the first few weeks. Working is not recommended if positioning is required in the first week. Swimming is not recommended until 4 weeks or so after surgery.

## **How do I maintain a face-down position?**

You can maintain this position by lying on the bed with pillows for support. Pillows should be placed under the hips and ankles or special wedges can be purchased if longer periods of positioning are required. You may prefer to sit at a table and use pillows for support. Posturing tables can be rented from internet sites, search for "macular hole posture support".

## **How much time off work will I need?**

Most people will need at least 2 to 4 weeks off work after surgery. The amount of time will depend on the type of work that you do.

## **Will my eye be sore following surgery?**

It is normal to experience some discomfort and red eye after surgery but, this usually is relieved with simple painkillers.

## **How soon will I see after surgery?**

Vision in the operated eye will usually be very blurred for the first few weeks but will slowly improve. The final visual result may take several weeks or months and you may require new glasses.

## **How long before I can wash my hair?**

You are able to wash your hair but avoid getting any water or shampoo/conditioner into the eyes. To prevent this from happening; face away from the water stream, keep your head tilted back and eyes closed whilst rinsing.

## **When can I wear make-up again following surgery?**

Avoid eye make-up for 2 weeks following surgery.

## **When can I drive after surgery?**

We advise you not to drive for two weeks after the surgery. If gas has been injected in your eye, you will not be able to drive for about six to eight weeks depending on the type of gas. It is best to check with your doctor before you start to drive again.

## **If I am using other drops such as lubricating or anti-glaucoma drops, will it interfere with the post-operative drops?**

No. If your doctor has prescribed other drops prior to your surgery, you should continue to use them unless advised differently.

## What if something happens after surgery before my follow up appointments?

If you experience any worsening of your vision, redness or pain after the surgery, please report to our eye casualty service at the Birmingham Midlands Eye Centre for advice.

**Telephone:** 0121 507 4440 option 1

**Monday-Friday:** 9am – 7pm

**Saturday:** 9am – 7pm

**Sunday:** 9am – 6pm

At other times, please contact your local A&E department.

If you have not been contacted for your date for surgery after 1 week from your initial visit to the hospital with your retinal detachment, please contact the following number: 0121 507 4067 (Monday to Friday 10am - 4pm).

## Sources of information

National Health Service (2017) *Detached retina (retinal detachment)*. Available at: <https://www.nhs.uk/conditions/detached-retina-retinal-detachment/> [Website accessed 14 January 2025].

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email [swbh.library@nhs.net](mailto:swbh.library@nhs.net).



**A Teaching Trust of The University of Birmingham**

Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

© Sandwell and West Birmingham NHS Trust

M6075

Issue Date: January 2025

Review Date: January 2028