

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Surgical treatment of a detached retina – a guide for patients. The complete pamphlet is available from your ophthalmologist.

The retina is a light-sensitive layer of tissue that lines the inner surface of the eye. It captures light and sends signals to the brain that result in vision. When a retinal detachment occurs, the retina is separated from the underlying tissue and stops functioning. Wherever the retina detaches, vision is lost and a shadow develops. This can lead to total blindness in the affected eye. In most cases, the cause is a retinal tear or hole.

Risk factors

- increasing age
- short-sightedness
- abnormalities of the retina
- a personal or family history of retinal detachment
- previous cataract surgery
- trauma.

Diagnosis of a retinal tear or retinal detachment

Examination by your ophthalmologist involves:

- a test of your vision
- the response of your pupils to light
- drops in your eye to dilate the pupil, which allows the retina to be examined
- ultrasound, in some cases.

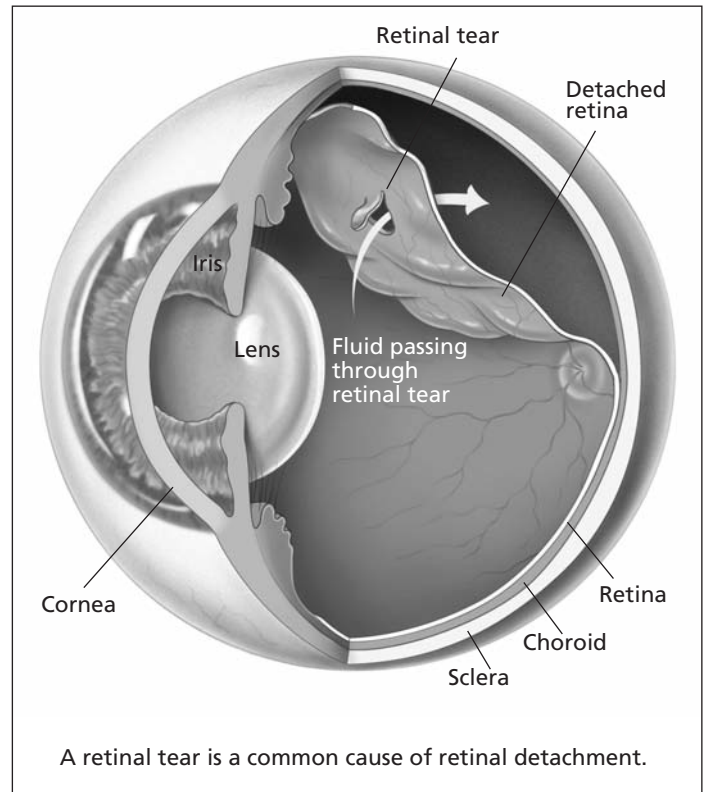
Your medical history

Your ophthalmologist needs to know your medical history to plan the best treatment for you. Tell your ophthalmologist about any health problems you have. Some may interfere with surgery, anaesthesia, recovery and ongoing medical treatment following recovery.

Surgical treatments

While a retinal tear can often be treated in the ophthalmologist's rooms, a retinal detachment is a more serious condition. Procedures to treat it are usually undertaken in an operating theatre. Urgent treatment may be necessary. Surgical procedures include:

- Scleral buckle surgery – the surgeon sews a silicone band to the outside of the eye, which presses the choroid (back of the eye) into contact with the retina.



- Vitrectomy – the surgeon removes some of the fluid and any blood from the inside of the eye. An air or gas bubble is infused into the eye to push the retina back into place against the choroid.

Scleral buckle surgery may be used in combination with vitrectomy. The ophthalmologist may recommend additional procedures.

A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. If you do not have surgery, your symptoms and condition may continue to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your ophthalmologist.

Anaesthesia

A local anaesthetic with sedation is suitable for most patients. In some cases, admission to hospital and/or a general anaesthetic may be required.

Possible risks and complications

Retinal detachment surgery is safe and effective, but does have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.