

# Retinal Detachment Surgery

An information guide

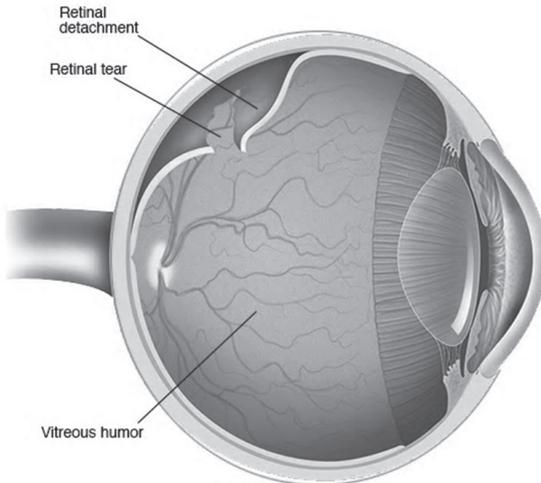


# Retinal Detachment Surgery

Your eye specialist has advised you to have Epiretinal Membrane surgery. This leaflet gives you information that will help you decide what to do. You may wish to discuss the information with a relative or carer. Before you have the operation, we will ask you to sign a consent form, so it is important that you understand the information in this leaflet.

## What is a Retinal Detachment?

You have been diagnosed with a Retinal Detachment in your eye. Without treatment, this condition usually leads to blindness in the eye affected. The retina is a thin layer of nerve cells that lines the inside of your eye. It is sensitive to light and you need it to be able to see. Your retina is detached because it has one or more holes in it. These holes allow fluid to pass beneath the retina, causing separation from the underlying, supporting and nourishing tissues.



## **Treatment of an Epiretinal Membrane**

The treatment involves surgery. An experienced eye surgeon will carry out the operation and may supervise a trainee doctor who may perform part or all of the surgery.

## **The Anaesthetic**

You may have a local or general anaesthetic.

Most retinal operations are performed under local anaesthesia with or without sedation. Please let your surgeon know if you are claustrophobic, or feel you will not be able to tolerate the procedure under local anaesthesia. General anaesthesia is associated with many more risks than local anaesthesia.

## **The Surgery**

There are many types of surgery.

We can seal the retinal holes by applying supports on the wall of the eye. These supports are made of sponge or solid silicone material. They usually stay there permanently. Quite often, the jelly-like substance called the vitreous needs to be removed. This is called Vitrectomy.

During the Vitrectomy, we make 3 needle-sized holes in the eye and remove the vitreous, replacing it with a gas or liquid silicone oil bubble, the holes or tears in the eye are treated with either laser or cryotherapy (freezing).

This bubble act as a support to hold the retina in position to help it to heal. If we use a gas, this dissolves in a few weeks. If we use silicone, we may need to remove this with another operation several months after your first operation.

## **After the operation**

If you have discomfort, we suggest that you take a pain reliever, e.g. paracetamol, every 4 to 6 hours. It is normal to feel itching, sticky eyelids and mild discomfort for a while after retinal detachment surgery.

There may also be irritation in the eye from stitches used to seal the opening created in the eye for the surgery. This is usually transient since the stitches we normally use are self-dissolving and will not need removal.

It is common for your eye to water.

Occasionally, the area surrounding the eye can become bruised. Any discomfort should ease after 2 to 3 days. In most cases, your eye will take about 6 weeks to heal.

## **Posturing**

If we put a gas or oil bubble in the eye, we will usually ask you to keep your head and body in a particular position. This is called 'Posturing' and aims to provide support. This is an important part of the treatment and the position you hold your head will depend on where the holes are in the retina.

We may advise you to sleep in a certain position at night. By following our instructions, you will give your retina the best chance to be successfully treated. Your co-operation matters a great deal.

If you have a gas bubble in your eye, you **must not travel by aeroplane** or ascend to significant altitude by other means on transport.

You **must** also warn your doctor you have a gas bubble in the eye should you need another operation of any kind.

## What are the benefits of Retinal Detachment Surgery?

- This surgery prevents you from going blind and helps you see more clearly. You may have already lost some sight.
- Visual recovery mostly depends on the type of retinal detachment.
- If the centre of the retina - the macula, has detached visual recovery is not likely to be very good, however if the centre of the retina has not detached visual recovery is usually quite good.

## The risks of Retinal Detachment Surgery

Retinal Detachment surgery is not always successful. Every patient is different.

Detached retinas are complicated to treat. Some patients may need more than one operation. Your surgeon will talk to you about the chances of success in your particular case.

There is a risk of complications, either during or after the operation and list below is not exhaustive. Minor complications are common and in most cases can be treated effectively. Very rarely, some complication can result in **blindness**.

### *Cataract*

This is the clouding of the lens inside your eye which can cause blurred or reduced sight. This can be a consequence of a vitrectomy for diabetic vitreous haemorrhage. The chance of developing cataract in the first year is 1 in 5 and is less likely if you are younger or have no cataract prior to surgery.

### ***Retinal tear and detachment***

A tear in the retina may occur 1 in 10 times with this surgery. These can be treated at surgery however, a retinal tear allows fluid to pass from the vitreous cavity between the retina and the inside wall of the eyeball causing the retina to tear off the wall (detachment). This can occur in 1 in 50 cases. Most retinal detachments can be repaired with further surgery but occasionally cannot and leads to sight loss. Tears or detachment are more likely with more complex surgery.

### ***Post-Operative Vitreous Cavity Haemorrhage***

This occurs in 3 out of 10 patients after vitrectomy for diabetic vitreous haemorrhage and refers to blood still present in the eye after surgery (residual blood) or new haemorrhage into the vitreous cavity at some time after surgery. Sometimes blood can clear spontaneously but for some patients it does not clear quickly and can cause high pressure in the eye.

A further operation, vitreous washout, for residual or recurrent blood could be required in 1 in 10 patients after the initial vitrectomy for diabetic vitreous haemorrhage. This vitreous washout feels similar to the experience of the original vitrectomy operation.

### ***Raised Pressure in the Eye***

This could occur due to several reasons. If pressure is high it can cause pain, nausea and vomiting. Usually pressure is controlled with eye drops or medications for a few weeks. However, sometimes further surgery is needed and in some cases vision is slightly damaged if pressure is very high and prolonged.

### ***Sympathetic Ophthalmia***

This is when surgery to one eye can cause inflammation to both eyes. This could require strong medications and can result in poor sight in both eyes. This may occur between 1 in 1000 and 1 in 2000 times after vitrectomy

### ***Pupil Size and Focussing***

Occasionally, especially if laser or freezing treatment is needed, the pupil can remain larger on the treated side, even after stopping eye drops after surgery. This can affect focussing and could cause sensitivity to bright lights. This usually almost completely recovers over the months following surgery.

### ***Reduced peripheral field (side vision) and reduced night vision***

This may occur as a consequence of laser treatment during surgery. Sometimes this can stop patients driving because the DVLA Standards require patients to have a certain amount of peripheral field vision.

### ***Endophthalmitis***

This is a term used for infection inside the eyeball. It may occur in 1 in 1000 to 1 in 2000 times after surgery. This can be bad for eyesight long term and can lead to further treatment or operations

### ***Choroidal Haemorrhage***

This is bleeding between the layers of the wall of the eyeball and may occur in 1 in 1000 patients. This can badly affect vision long term and further operations may be needed.

### ***Loss of the Eye***

Very rare following this operation. Most commonly surgery is used to remove an eye or part of the eye if sight is lost and the eye is painful or unsightly. This may occur because of factors unrelated to surgery. After a cosmetic shell or "glass eye" can achieve a good cosmetic effect

### ***Further Surgery***

If you develop any complications from the initial procedure then you may need further surgery. You may require cataract surgery once the eye has recovered from your vitreous or retinal surgery.

## **Contact Details:**

### **The Royal Oldham Hospital, Oldham :**

**A&E Department - 0161 627 8923**

Friday 5pm until Monday 9am

### **Oldham Integrated Care Centre Eye Clinic - 0161 621 3721**

Monday to Friday 9am - 4.30pm

### **Rochdale Infirmary, Rochdale :**

**Eye Clinic - 01706 901757**

Monday to Friday 9am until 5pm. Friday 9am until 12.30pm

**Eye Ward - 01706 901766**

Monday to Friday 8am until 8pm

**Urgent Care Centre - 01706 517005**

Monday to Friday after 8pm. Friday 8 pm until Monday 9am.

### **Fairfield General, Bury :**

**Eye Outpatients Clinic - 0161 778 2804**

**Accident & Emergency – 0161 778 2600**

After 8pm Monday to Friday, Friday 8pm until Monday 8am

**Notes:**



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

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