

Retinal Detachment

What is retinal detachment?

The retina is the light-sensitive layer of tissue that lines the inside of the eye like wallpaper. It sends visual messages through the optic nerve to the brain. When the retina rips and then detaches from its normal position, it loses its blood supply from the wall of the eye and causes a shadow corresponding to the detached area. If not promptly treated with surgery, the retinal detachment progresses and can cause permanent vision loss.

Who is at risk for retinal detachment?

A retinal detachment can occur at any age, but it is more common in people over age 40. It affects men more than women, and Whites more than African Americans.

A retinal detachment is also more likely to occur in people who:

- Are extremely nearsighted
- Have had a retinal detachment in the other eye
- Have a family history of retinal detachment
- Have had cataract surgery
- Have other eye diseases or disorders, such as retinoschisis, uveitis, degenerative myopia, or lattice degeneration
- Have had an eye injury

What are the symptoms of retinal detachment?

Symptoms include a sudden or gradual increase in either the number of floaters, which are little “cobwebs” or specks that float about in your field of vision, and/or light flashes in the eye. Another symptom is the appearance of a curtain over the field of vision. A retinal detachment is a

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medical emergency. Anyone experiencing the symptoms of a retinal detachment should see a retina specialist immediately and limit activities as much as possible.

How is retinal detachment treated?

- Retinal detachments are treated with surgery and regardless of the procedure, patients must limit activities for 8-11 days after laser or cryopexy to allow for the retina to adhere to the wall of the eye.
- **Pneumatic Retinopexy**

Depending on the location of the retinal tear(s), some patients may be treated in the office with a gas bubble procedure called pneumatic retinopexy. Although this procedure has the lowest success rate, it is the easiest and gives the best visual results. If unsuccessful, it does not handicap the results of additional surgery.

- **Scleral Buckle**

In some cases, a scleral buckle, a permanent tiny synthetic band, is attached to the outside of the eyeball to gently push the wall of the eye against the detached retina. This is an outpatient procedure that takes under 2 hours and takes about 6 weeks to fully heal.

- **Vitrectomy**

If necessary, an outpatient vitrectomy may also be performed, usually with local anesthesia with sedation. During a vitrectomy, the retina specialist works inside the eye with a small sucking-cutting instrument to remove the vitreous that pulled on the retina and ripped it. Gas is often injected to into the eye to replace the vitreous and holds the retina back against the wall of the eye until it adheres. The gas bubble resorbs in 1-6 weeks

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depending on which gas is used and replaced with the normal fluid within the eye.

What are the possible complications of retinal detachment?

- Need for multiple surgeries - With modern therapy, over 90 percent of those with a retinal detachment can be successfully treated, although sometimes multiple surgeries are needed.
- Return of partial vision - Once the retina is attached and the bubble reabsorbs the vision will start to improve with most of the improvement within 3 months and some up to one year. A change in glasses may be required. If the shadow involves the center of the vision, the macula was detached and not all the vision will return. Visual results are best if the retinal detachment is repaired before the macula (the center region of the retina responsible for fine, detailed vision) detaches.
- Proliferative vitreoretinopathy (PVR) scar tissue. Even under the best of circumstances, and even after multiple attempts at repair, treatment sometimes fails due to proliferative vitreoretinopathy when scar tissue occurs and vision may eventually be lost.
- Double vision
- Progression of cataract
- Infection

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