

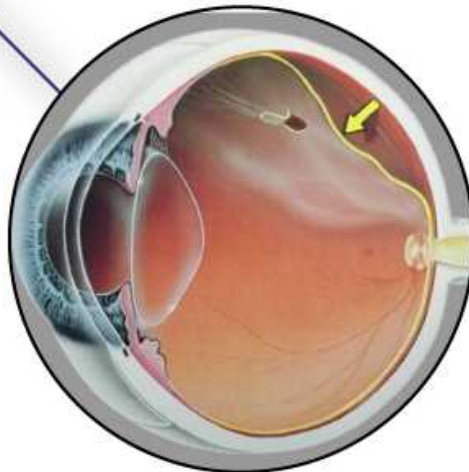


PANTHEO

... EYE CENTER ...



Retinal Detachment



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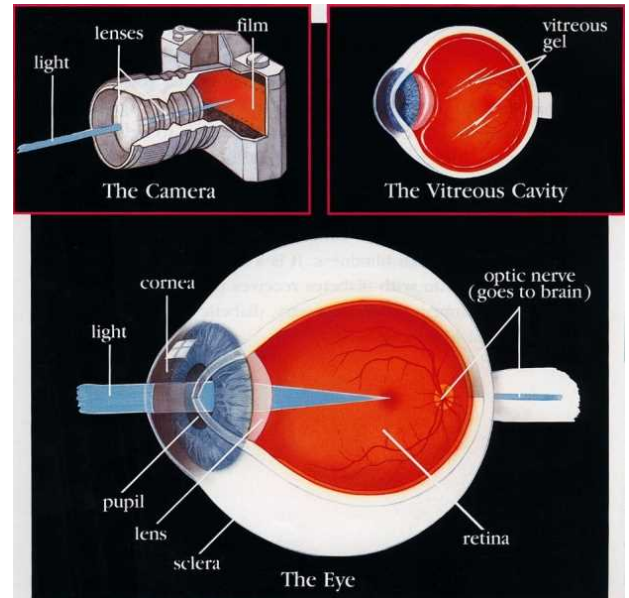
UNIVERSITY OF NICOSIA
Medical School

Retinal Detachment

This booklet provides information about retinal detachment and answers questions about its causes, symptoms, diagnosis and treatment.

How the eye works

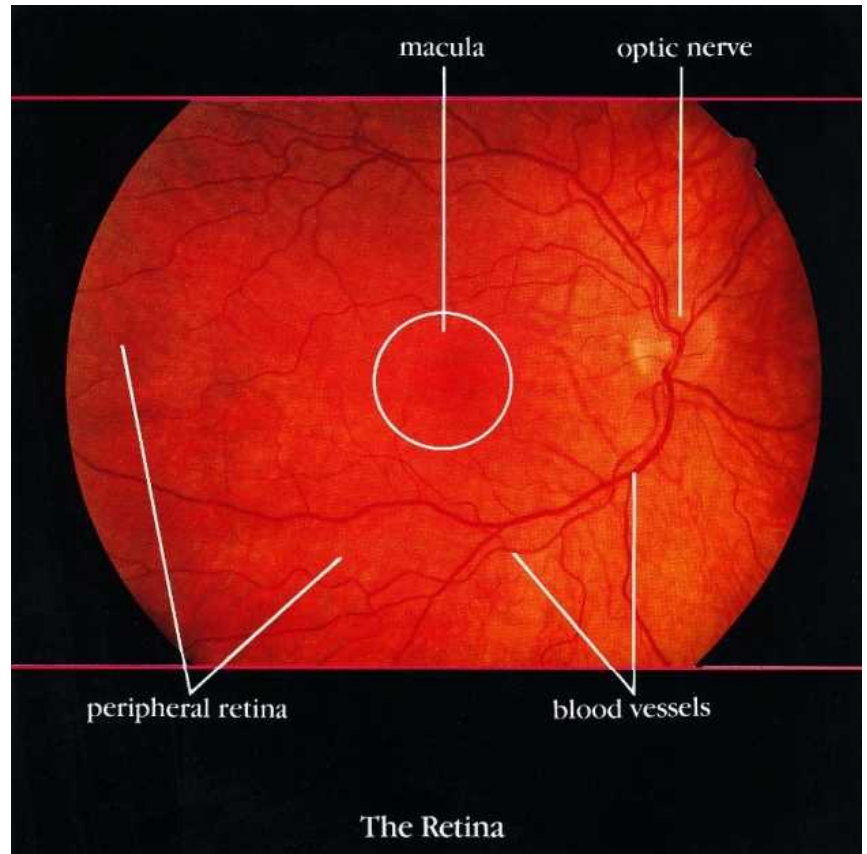
Before we talk about what can go wrong, it is important to understand how the eye works when it is working properly. The eye is like a camera. When you take a picture, the lens in the front of the camera allows light through and focuses that light on the film that covers the back inside wall of the camera. When the light hits the film, a picture is taken.



The eye works in much the same way. The front parts of the eye (the cornea, pupil, and lens) are clear and allow light to pass through. The light also passes through the large space in the centre of the eye called the vitreous cavity. The vitreous cavity is filled with a clear, jelly-like substance called the vitreous or vitreous gel. The light is focused by the cornea and the lens onto a thin layer of tissue called the retina, which covers the back inside wall of the eye. The retina is like the film in a camera. It is the seeing tissue of the eye. When the focused light hits the retina, a picture is taken. Messages about this picture are sent to the brain through the optic nerve. This is how we see.

The retina

The retina has two parts: the peripheral retina and the macula. The peripheral retina gives us vision to the side, called peripheral vision. It is this part of the retina that is at work when we see something out of the corner of the eye.

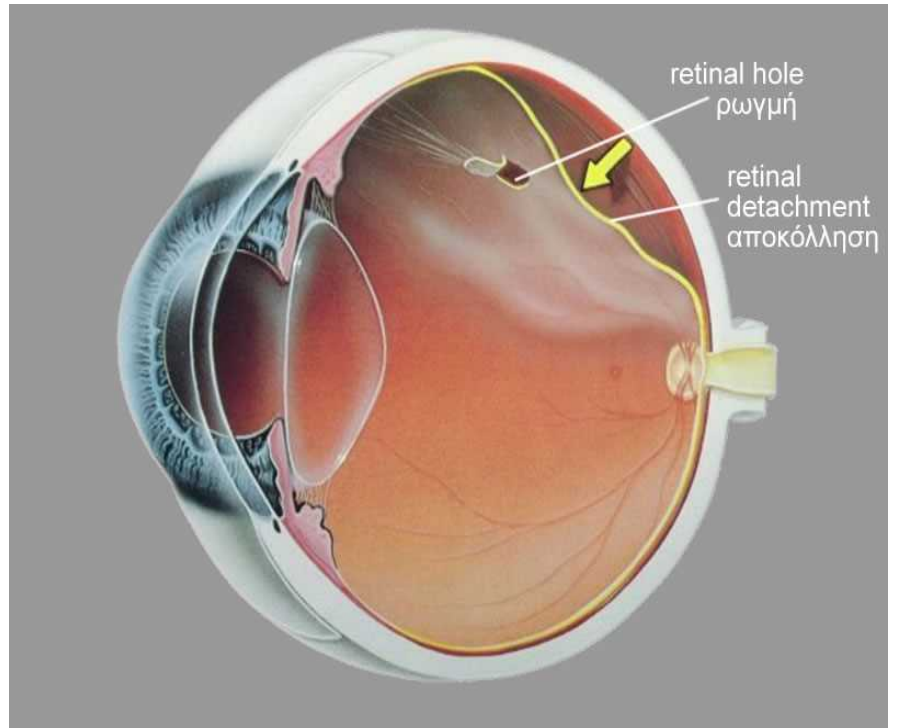


Because the peripheral retina is not able to see detail clearly, we cannot use the peripheral vision to read, drive, or even recognize a face. If you see someone off to your side, out of the corner of your eye you may be able to tell who it is because you recognize the person's general shape, but you won't be able to see the expression of the person's face.

In order to see fine detail, you must look straight ahead, using the macula, the centre of the retina. Even though the macula makes up only a small part of the retina, it is one hundred times more sensitive to detail than the peripheral retina. The macula allows you to see tiny detail, read fine print, recognize faces, thread a needle, read the time, see street signs, and drive a car.

What is a retinal detachment?

Retinal detachments often develop in eyes with retinas weakened by a hole or tear. This allows fluid to seep through the hole underneath the retina pushing the retina forward. The retina becomes detached rather like wallpaper peeling off a damp wall.



When detached, the retina cannot compose a clear picture from the incoming rays and vision becomes blurred and dim.

Symptoms

- Flashes and floaters
- Blurred vision
- A shadow covering part of your vision
- When the macula is detached the shadow is straight ahead and the vision is very poor

Treatment

You will require surgery to repair your retinal detachment. These are some very important points you need to note:

- Usually a special gas is used to push the retina back into place and then laser is applied to ~~u~~weld the retina in place. The gas used in detachment surgery will obscure your vision and you may be asked to hold your head in a specific posture to help place the gas against the retinal break.
- The gas is slowly absorbed by your eye and replaced with fluid over a period of about 2. 4 weeks and replaced by the natural fluid produced by the eye.



The use of silicone oil

- Sometimes the support provided by the gas is not enough for the retina to heal and the detachment returns.
- If this were to happen (5-10% of cases) a second procedure is performed using silicone oil. This behaves in the same way as the gas but cannot be absorbed by your eye and will therefore support the retina for as long as is necessary.

- Although silicone oil has a very high success rate it is only used in very difficult cases because it causes cataract and sometimes high eye pressure or inflammation.
- Silicone oil cannot be absorbed by the eye and therefore needs a procedure in order for it to be removed.

Visual recovery

- Immediately after the operation your vision will be very poor due to the inflammation and the gas bubble in your eye. Your vision will gradually improve for up to three to six months.
- The degree of visual recovery depends on the extent of the detachment and its duration. If the macula is involved then usually visual recovery is poorer.
- In general, a good proportion of the vision lost will be recovered.
- The vision does not usually fully recover to its original pre detachment level.
- The vision would be totally lost unless surgery is performed.

Instructions for Retinal Detachment Surgery under Local Anaesthetic

- On the day of surgery have a light breakfast and if you have been prescribed drops to use prior to surgery do so as instructed.
- If you are on any regular medication for diabetes, blood pressure or heart problems take them as normal.
- If you take aspirin or blood thinning medication let your doctor know in advance.
- Report any known allergies or unexpected reactions to previous surgery.
- You can come dressed in your normal clothing but wear or bring with you a short-sleeved shirt or T shirt.
- You will be taken to the operating theatre by the nursing staff when it is time for your surgery, this is usually between 1 to 3 hours after your arrival depending on the preparation time necessary and how busy the theatre timetable is on that day.
- A local anaesthetic will be administered at the beginning of surgery.
- During the operation you will be wide-awake and you will be able to hear everything but you will not see or feel any part of the operation. You will be able to talk to the surgeon at any time and tell him if you have a problem.

After the operation

- During your first evening after the surgery feel free to do as you please as long as you keep your eye pad dry and intact.
- If you have been asked to lie in a particular posture it is very important that you do so. If you develop a headache you can take your normal pain relief that you would use at any other time.
- Your eye pad will either be removed the day of your operation or the following day depending on your case. Your eye will remain open from then on.
- If gas has been used in your eye you must not go in an aeroplane and avoid high altitude until it has dissolved. Ask your surgeon before you fly.

Post-Operative Medication and Cleaning Instructions

You will be given instructions for the use of drops on your first post-operative day. You must use your drops regularly and ***do not stop them unless you are asked to do so.***

You must clean your eye for the first two weeks using sterilised water only. You can either purchase this from the chemist or boil water and allow it to cool. You must not wash your eye using tap water or shower water.

Dos and don'ts

From day one after the surgery you can:

- eat and drink what you like
- read and watch television as much as you like
- return to normal activities as long as you keep your eye clean
- wear dark glasses if you want to and if they make you feel more comfortable but they are not necessary

For 15 days you must NOT:

- lift weights greater than 20Kg
- get shower water or tap water into your eye
- go swimming
- get dirt or dust into your eye

If gas has been used in your eye you must not go in an aeroplane and avoid high altitude until it has dissolved.

It is normal to feel mild discomfort and have mild swelling around your eye for the first few days.

Inform your doctor if:

- you have severe pain
- your eye becomes very swollen
- your vision is deteriorating rather than improving

If you have any further questions or worries telephone Pantheo Eye Centre and ask to speak to the nurse or your doctor.

Tel. 25735353 / 99384114

Frequently Asked Questions

Who is at risk of retinal detachment?

Detachment of the retina is more frequent in middle aged, short sighted people. However, it is quite uncommon and only about one person in ten thousand is affected. It is rare in young adults.

What are the symptoms?

The most common symptom is a shadow spreading across the vision of one eye. You may also experience bright flashes of light and/or showers of dark spots called floaters. These symptoms are never painful. Many people experience flashes or floaters and these are not necessarily a cause for alarm. However, if they are getting severe and seem to be getting worse and you are losing vision, then you should seek medical advice. Prompt treatment can often minimise the damage to your eye.

What is the treatment?

If you get help early, it may only be necessary to have laser treatment. Frequently, however, an operation will be needed to repair a hole or put the retina back in place. In 90 - 95 per cent of cases the retina can be repaired with a single operation. Typically, you will be in hospital for a few hours or an overnight stay, depending on your particular condition. Be reassured that the surgeon **does not** take your eye out of its socket to operate on it.

How much vision can I expect after a successful operation?

This depends on how much the retina has detached and for how long. The shadow caused by the detachment will usually disappear when the retina has been put back in place. If your ability to see fine detail has been damaged before the operation, this may not fully recover afterwards.

What happens after the operation?

You will be encouraged to get up and carry on as usual on the day after the operation, although sometimes you will be asked to keep your head in a particular position to help the healing process. Your eye specialist will prescribe eye drops and you will need to use these for a few weeks.

What happens if the detached retina is not put back in place?

Most people will lose all useful vision if no operation is carried out, or if the treatment is unsuccessful. However, further treatment is usually possible if it does not succeed the first time.

Can retinal detachment be prevented?

If your family has a history of retinal detachment, or your doctor finds a weakness in your retina, then preventive laser treatment may be needed. However, in most cases it is not possible to take preventive action. Retinal detachment **does not** happen as a result of straining your eyes, bending or heavy lifting.

What about my other eye?

If you have had a retinal detachment in one eye, you are at an increased risk of developing one in the other eye. But there is only about a one in ten chance of this happening.

Map for Pantheo Eye Centre

Stay below the Ayia Fyla fly-over. **From Nicosia** this is the fourth fly-over and the fourth roundabout. **From Paphos** this is the second fly-over but the third roundabout.

For Pantheo Eye Centre turn towards the city centre. You will cross three sets of traffic lights and three pedestrian crossings, so a total of six sets of lights.

At the third set of traffic lights (sixth set of lights if you counted the pedestrian crossings) on the opposite corner you will see Yazoo store with CTL College above it. Turn right onto Spyros Kyprianou Avenue. Take the fourth left onto Robert Kennedy Street. The clinic is 100m on your left.

**From Nicosia – forth flyover,
forth roundabout**

**From Paphos – second
flyover, third roundabout**

**Mediterranean
Hospital**



Pollygnostou Str

Ierou Lochou Str

Spyros Kyprianou Avenue

PANTHEO
Right at the third traffic lights (opposite
corner you will see Yazoo / CTL College)
then forth left

PANTHEO
18 Robert Kennedy Str

Ayias Fylaxeos Str

Yazoo /
CTL

PASCAL

Petrou Tsirou Str

Timokreontos Str

Notes



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