

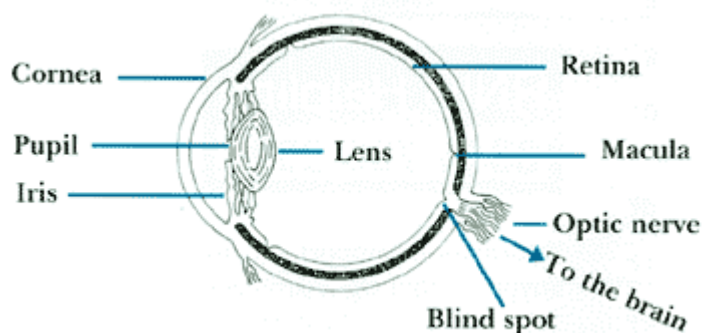
Understanding Retinal Detachment

Understanding your eye condition

The "Understanding" series of leaflets is designed to help you, your friends and family understand a little bit more about your eye condition.

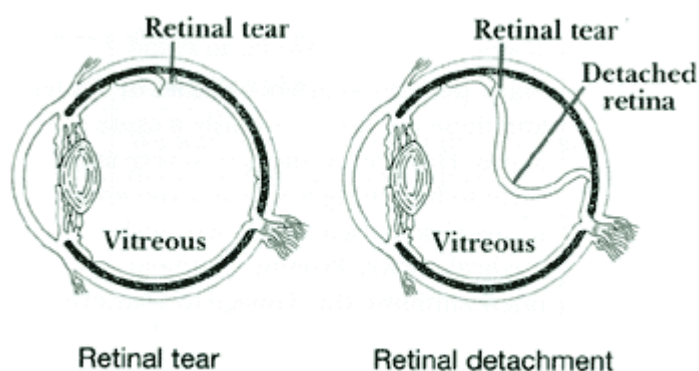
Each leaflet gives an introduction to the condition, how it can affect you, the main treatment available and how to make the most of your sight. There are details of who to contact for more information at the foot of the page.

What is the retina?



Imagine that your eye is like a camera, and the retina is the film. The retina is a fine sheet of nerve tissue lining the inside of the eye (see diagram). Rays of light enter the eye and are focused onto the retina by the lens. The retina produces a picture which is sent along the optic nerve for the brain to interpret. It's rather like the film in the camera being developed so that pictures can be produced.

What is retinal detachment?



Retinal detachments often develop in eyes with retinas weakened by a hole or tear. This allows fluid to seep underneath, weakening the attachment so that 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.

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 or freezing treatment. This is usually performed under a local anaesthetic.

Frequently, however, an operation will be needed to repair a hole or put the retina back in place. This is usually done under a general anaesthetic. In 90 per cent of cases the retina can be repaired with a single operation. The operation does not usually cause much pain, but your eye will be sore and swollen for a few days afterwards. Typically, you will be hospital for a few hours or an overnight stay, depending on your particular condition.

We want to reassure you 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. Occasionally, if the detachment involves the lower portion of the retina, some vision may recover by itself.

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 or freezing 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.

What if my sight is not as good as before?

You can be helped to see many of the things you used to by making use of your remaining sight. Low vision services can help. They can help you find the best magnifiers for you, and can give advice and training about the many, often simple, ways that you can make the most of your sight. Ask your eye specialist, optometrist (ophthalmic optician), GP, social worker or local voluntary organisation about low vision services near you. RNIB can also advise on the help that is available.

Useful contact details

Royal National Institute for the Blind
105 Judd Street
London WC1H 9NE
Telephone: 0845 766 9999
www.rnib.org.uk

Royal College of Ophthalmologists
17 Cornwall Terrace
London NW1 4QW
Telephone: 020 7935 0702

All these leaflets are available in print, Braille and tape.

For a copy of any of these leaflets, please contact RNIB Customer Services on 0845 702 3153 (all calls charged at local rates).

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