

TYPES OF SURGERY

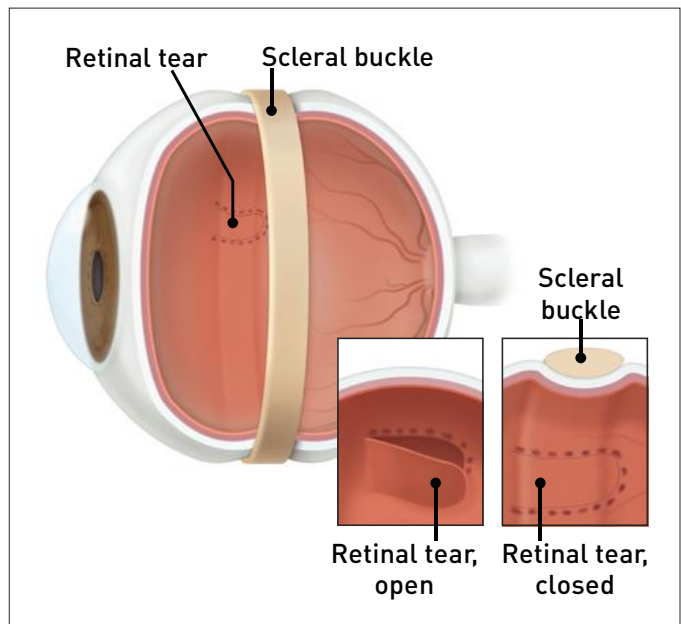
There are several ways to fix a retinal detachment. The decision about which type of surgery and anesthesia (local or general) to use depends upon the characteristics of your detachment.

In each of the following methods, your ophthalmologist will locate the retinal tears and use laser surgery or cryotherapy to seal the tear.

SCLERAL BUCKLE

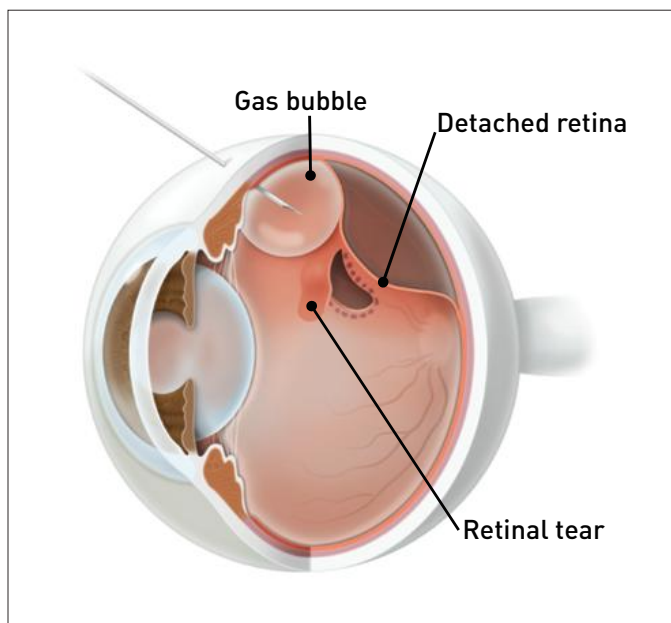
This treatment involves placing a flexible band (scleral buckle) around the eye to counteract the force pulling the retina out of place.

An ophthalmologist often drains the fluid under the detached retina, allowing the retina to settle back into its normal position against the back wall of the eye. This procedure is performed in an operating room.

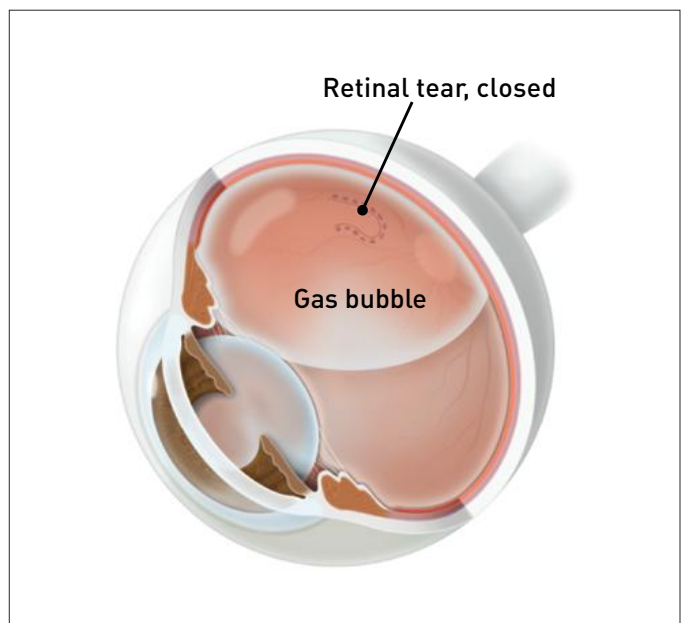


PNEUMATIC RETINOPEXY

In this procedure, a gas bubble is injected into the vitreous space inside the eye in combination with laser surgery or cryotherapy. The gas bubble pushes the retinal tear closed against the back wall of the eye. Sometimes this procedure can be done in the ophthalmologist's office.



A gas bubble is injected into the vitreous.



With your head held steady in the right position, the gas bubble holds the retinal tear closed.

detached and torn retina

Your ophthalmologist will ask you to maintain a certain head position for several days. The gas bubble will gradually disappear.

VITRECTOMY

This surgery is commonly used to fix a retinal detachment and is performed in an operating room. The vitreous gel, which is pulling on the retina, is removed from the eye and usually replaced with a gas bubble. Sometimes an oil bubble is used (instead of a gas bubble) to keep the retina in place.

Your body's own fluids will gradually replace a gas bubble. An oil bubble will need to be removed from the eye at a later date with another surgical procedure.

Sometimes vitrectomy is combined with a scleral buckle.

AFTER SURGERY

You can expect some discomfort after surgery. Your ophthalmologist will prescribe any necessary medications for you and advise you when to resume normal activity. You will need to wear an eye patch for a short time.

Flashing lights and floaters may continue for a while after surgery.

If a gas bubble was placed in your eye, your ophthalmologist may recommend that you keep your head in special positions for a time.

DO NOT FLY IN AN AIRPLANE OR TRAVEL AT HIGH ALTITUDES UNTIL YOU ARE TOLD THE GAS BUBBLE IS GONE! A rapid increase in altitude can cause a dangerous rise in eye pressure.

With an oil bubble, it is safe to fly on an airplane.

A change of eyeglasses is often helpful after several months.

WHAT ARE THE RISKS OF SURGERY?

Any surgery has risks; however, an untreated retinal detachment usually results in permanent, severe vision loss or blindness.

Some of the surgical risks include:

- Infection;
- Bleeding;
- High pressure in the eye;
- Cataract.

Most retinal detachment surgeries are successful, although a second operation is sometimes needed.

Some retinal detachments cannot be fixed. If the retina cannot be reattached, the eye will continue to lose sight and ultimately become blind.

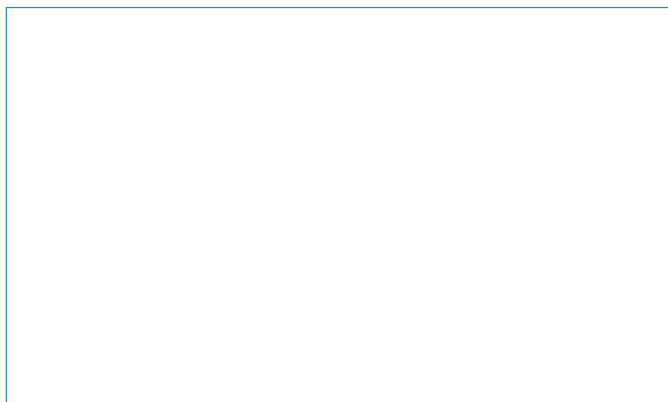
WILL YOUR VISION IMPROVE?

After successful surgery, vision may take many months to improve and in some cases may never return fully. Unfortunately, some patients do not recover any vision.

The more severe the detachment, the less vision may return. For this reason, it is very important to see your ophthalmologist at the first sign of any trouble.

NOTES

COMPLIMENTS OF:



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