

Patient information

Retinal Detachment Surgery

St Paul's Eye Department

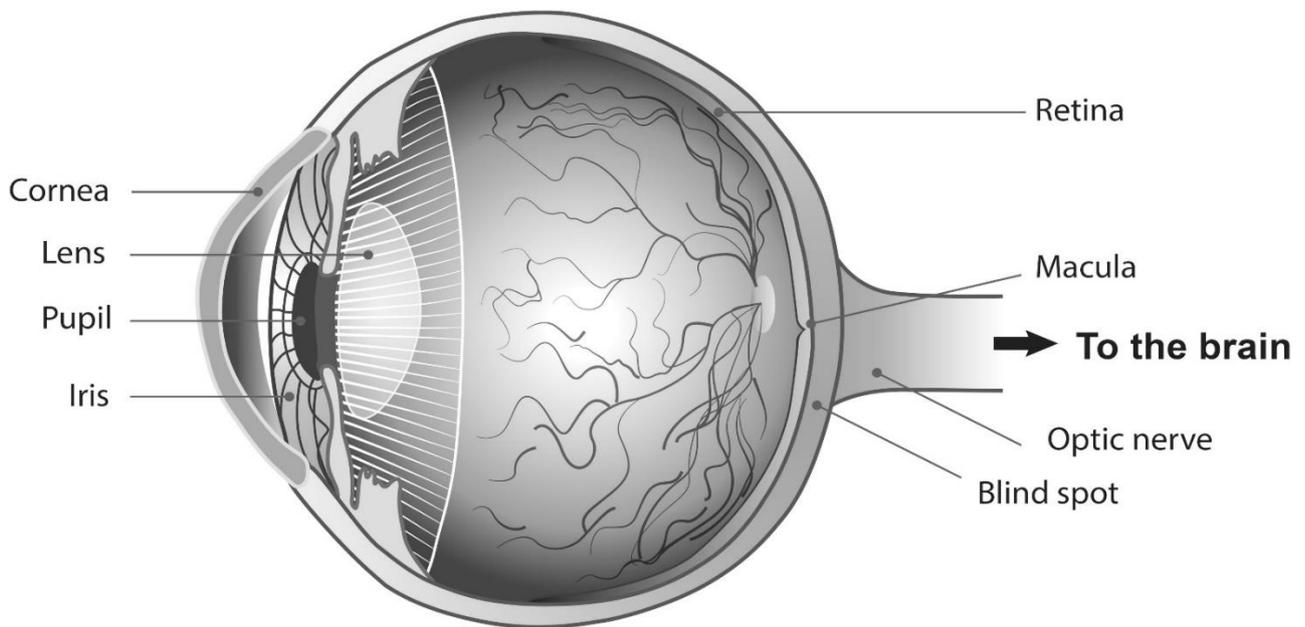
Your eye specialist has advised you to have retinal detachment surgery. This leaflet gives you information that will help you decide what to do. You might want to discuss the information with a relative or carer.

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 before you agree to go ahead with surgery. If you have any questions, you may want to write them down so you will remember to ask one of the hospital staff.

What is retinal detachment?

Your eye doctor has diagnosed a retinal detachment in your eye. Without treatment, this condition usually leads to blindness in the affected eye. The retina is a thin layer of nerve cells that lines the inside of the eye. It is sensitive to light (like the film in a camera) and you need it to be able to see properly.

Your retina is detached because it has one or more holes in it and so is allowing fluid to pass underneath it. This fluid causes the retina to become separated from the supporting and nourishing tissues underneath it. Small blood vessels may also be bleeding into the vitreous (the jelly substance in the centre of the eye), which may cause further clouding of your vision.



Retinal detachments happen naturally. It is unlikely that it would be caused by anything that you have done. Anyone can develop a retinal detachment at any time, but certain people are at higher risk than others. These include people who are short sighted, those who have had cataract surgery in the past, and those who have recently suffered a severe direct blow to the eye. Some types of retinal detachments can run in families, but these are rare.

What are the benefits of retinal detachment surgery?

The most obvious benefits are preventing you from going blind and helping you to see more clearly. You have already lost some sight because of the detached retina. If the surgery is successful, it will usually bring back some, but not all your sight.

What are the risks of retinal detachment surgery?

Retinal detachment surgery is not always successful. Every patient is different detached retinas are more complicated to treat than others. Some patients may need more than one operation. Your surgeon will talk to you about the chances of success with the operation you are about to have.

Some possible complications

There is a small risk of complications, either during or after the operation. Complications are not common and in most cases, we can treat them effectively.

Very rarely some complications can result in blindness.

Possible complications during the operation

- Bleeding inside the eye.
- The surgery producing more holes in the retina.

Possible complications after the operation

- Bruising of the eye or eyelids.
- High pressure inside the eye.
- Inflammation inside the eye.
- Cataract.
- Double vision.
- Allergy to the medication used.
- Infection in the eye (endophthalmitis). This is very rare but can lead to serious loss of sight.

Further surgery

If the first operation is not successful, you will need to have more operations. Your surgeon will aim to find and seal all the holes in the retina. But even in the best hands, occasionally some retinal holes are missed, and this will lead to the retina becoming detached again. When a retina is detached, the eye naturally tries to heal the damage. Instead of being helpful, this healing process leads to scar tissue forming inside the eye and the retina contracting.

Your doctor may refer to this as ‘proliferative vitreoretinopathy’ or PVR for short. PVR is associated with poorer vision and may cause the retina to become detached again after successful surgery to reattach it.

Cataracts

Like a camera, the eye has a lens, which focuses light onto the retina. When the lens of the eye becomes cloudy, this is called a cataract.

You are more likely to develop a cataract partly because of the detached retina and partly because of the surgery you received. We can treat cataracts by removing the lens and replacing it with a plastic lens.

What sort of anaesthetic will be given to me?

You will be given a local anaesthetic. Local anaesthesia is drug-induced numbness: it may be provided by an anaesthetist, surgeon, or other healthcare professional, depending on the technique used. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor. The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information “You and Your Anaesthetic”.

Local anaesthesia in eye surgery

There are three ways of administering local anaesthetic for eye surgery:

1. **Anaesthetic drop** - These are the same as those used in the outpatient department to measure the eye pressure. Such drops cause stinging but are very safe. Many eye operations can be done with drops only, even cataract surgery.
2. **Eyelid injection** - If you are having an operation on your eyelid, such as a cyst removal, anaesthetic is injected into the skin. The sensation is like having a blood sample taken. A bruise is the most common complication.
3. **Injection around the eye** - For operations such as cataract, glaucoma and retinal surgery it is usual to inject the anaesthetic into the eye socket around the eyeball. This anaesthetic is known by a number of terms, including retrobulbar and peribulbar anaesthesia.

The main problems are bleeding, the needle sticking into the eyeball and injection into a vein. These very rare complications can cause problems with your heart rate and breathing and may lead to your operation being cancelled.

An anaesthetist will be available if you are having an injection into the eye socket.

The surgery

There are many types of surgery. We can seal retinal holes by applying splints on the wall of the eye. These splints are made of sponge or solid silicone material. We put them under the skin of the eye, and they usually stay there permanently. Other people will not always notice them.

In some cases, the jelly-like substance called the vitreous is not working and this is responsible for the retina becoming detached.

As part of your surgery, we remove this jelly during an operation called vitrectomy. During this operation, we make tiny cuts in your eye and remove the vitreous. We then put a gas or silicone oil bubble in the eye. This acts as a 'splint' to hold the retina in position to help it to heal. If we used a gas bubble, your normal body fluids will replace it naturally over time. If we use silicone oil, we may need to remove this during another small operation several months after your first operation.

We usually put small stitches in the eye. At the end of the operation, we may put a pad or shield over your eye to protect it.

After the operation

If you have discomfort, we suggest that you take a pain reliever such as paracetamol every four to six hours (but not aspirin - this can cause bleeding).

It is normal to feel itching, sticky eyelids and mild discomfort for a while after retinal detachment surgery. It is common for some fluid to leak from your eye. Occasionally, the area surrounding the eyes can become slightly bruised. Any discomfort should ease after one or two days.

In most cases, your eye will take about two to six weeks to heal. You will see your doctor in the clinic within a few days of your operation. Try to rest while your eye is healing. We will give you eye drops to reduce any inflammation, to rest the eye and to prevent infection. We will explain how and when you should use them.

Please don't rub your eye.

Certain symptoms could mean that you need prompt treatment.

Please contact the hospital immediately if you have any of the following symptoms:

- Severe pain.
- Loss of vision (although some difference in vision is normal).
- Increasing redness of your eye.

Posturing

If we put a gas or silicone bubble in your 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 to seal the holes in your retina. The bubble floats inside the eye cavity and we will usually ask you to hold your head in a position so that the bubble lies against the holes.

This is an important part of the treatment and the position you hold your head in will depend on where the holes are in your retina. We will usually ask you to keep your head perfectly still for long periods of time. We may also advise you to sleep in a particular 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. See patient information leaflet PIF 330 Posturing.

What vision can I expect after treatment?

After surgery, it usually takes some weeks for your vision to recover. If we used a bubble, your vision will be very blurred immediately after surgery. This is normal and you should not be alarmed by it.

Once the retina is attached, your sight will continue to improve slowly over several months. You may be given sight tests to see if glasses would help you see.

Your final vision will depend on the nature of your original detached retina. If we diagnose and treat it quickly and successfully, most of your vision will be restored.

If, when we diagnose a detached retina, the eye already has poor vision, we may not be able to restore some of your sight. You may not be able to read using the affected eye. From a distance, you may not recognise faces or be able to read car number plates, for example.

Your side vision will usually be okay. This allows you to see people and objects approaching you from the sides. This side vision is very important for day-to-day activities such as going out and climbing stairs. It may mean you can live independently without needing to be looked after.

Frequently asked questions

May I read or watch TV after surgery?

Yes using your eye following surgery will not damage or hurt the eye. However, if you are posturing face down this is not recommended.

What about bending and activities within the house?

You can resume normal activities within the household. Regarding more vigorous activities, ask your treating eye doctor

Are there any restrictions with regards to diet?

There are particular restrictions. As always, a healthy diet is advisable.

Can I drive?

You are not allowed to drive following retinal surgery. Please ask your eye doctor when you will be allowed to drive again.

Do I need to wear sunglasses?

You may find it more comfortable wearing sunglasses; however, there are no rules.

How long will I need to continue with my eye drops?

Most post-operative drops will continue for approximately four to five weeks; however, your surgeon will instruct you individually.

We hope this information is sufficient to help you decide whether to go ahead with surgery.

Please use the space below to write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don't worry about asking questions. Our staff will be happy to answer them.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

The Britain and Eire Vitreoretinal Surgeons have approved this information leaflet.

Further Information

Some useful contacts

St Paul's Eye Unit admissions office

Tel: 0151 706 2488

Text phone number: 18001 0151 706 2488

Theatre Admissions Unit Tel: 0151 706 2492 or 2733 for reception

Text phone number: 18001 0151 706 2733

Representative for the LVSB (Liverpool Voluntary Society for the Blind)

Tel: 0151 221 0888.

RNIB Helpline (Royal National Institute for the Blind)

Tel: 0845 766 9999.

Useful Websites

www.rnib.org.uk

www.allaboutvision.com

www.stlukeseye.com

www.eyemedlink.com

www.avclinic.com

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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