

Detached Retina (or Retinal Detachment)

A retinal detachment occurs when the retina is pulled away from its normal position in the back of the eye. The retina sends visual images to the brain through the optic nerve. When detachment occurs, vision is blurred. A detached retina is a very serious problem that almost always causes blindness unless it is treated.

The retina normally lies smoothly and firmly against the inside back wall of the eyeball and functions much like the film in the back of a camera. Millions of light-sensitive retinal cells receive optical images, instantly "develop" them, and send them on to the brain to be seen. If any part of the retina is lifted or pulled from its normal position, it is considered detached and will cause some vision loss.

The vitreous is the clear collagen gel that fills the back of the eye between the retina and the lens. As we get older the vitreous may pull away from its attachment to the retina at the back of the eye. Usually the vitreous separates from the retina without causing a problem. But sometimes the vitreous pulls hard enough to tear the retina in one or more places. Fluid may pass through the retinal tear and lift the retina off the back of the eye like wallpaper can peel off a wall.

Retinal detachment can occur at any age, but it is more common in midlife and later. Conditions that can increase the chance of a retinal detachment include nearsightedness; previous cataract surgery; glaucoma; severe trauma; previous retinal detachment in your other eye; family history of retinal detachment; or weak areas in your retina that can be seen by your ophthalmologist.

Symptoms

- Floaters
- Gray curtain or veil moving across your field of vision

The symptoms described above may not necessarily mean that you have a detached retina. However, if you experience one or more of these symptoms, contact your eye doctor for a complete exam.

Treatment

Retinal tears will usually need to be treated with laser surgery or cryotherapy (freezing), to seal the retina to the back wall of the eye again. These treatments cause little or no discomfort. This treatment will usually prevent progression to a retinal detachment. Occasionally retinal tears are watched without treatment.

Retinal detachments may require surgery to return the retina to its proper position in the back of the eye. There are several ways to fix a detached retina. The decision of which type of surgery and anesthesia (local or general) to use depends upon the characteristics of the retinal detachment. In each of the following methods, your retinal specialist will locate any retinal tears and use laser surgery or cryotherapy (freezing) around them to seal the tear.

A gas bubble into the vitreous space can be injected into the eye. This enables the gas bubble to push the retinal tear back against the wall of the eye and close the tear. Laser or cryo-surgery is used to secure the retina to the eye wall around the retinal tear.

Your ophthalmologist will ask you to maintain a certain head position for several days. The gas bubble will gradually disappear. Sometimes this procedure can be done in the ophthalmologist's office.

A scleral buckle or flexible band is placed around the equator of the eye to counterbalance any force pulling the retina out of place. Often the ophthalmologist will drain the fluid from under the detached retina allowing the retina to return back to its normal position against the back wall of the eye. This procedure is performed in the operating room, usually on an outpatient basis.

Vitrectomy may be necessary to remove any vitreous gel which is pulling on the retina. This may also be necessary if the vitreous is to be replaced with a gas bubble. Your body's own fluids will gradually replace this gas bubble, but the vitreous gel does not return. Sometimes a vitrectomy may be combined with a scleral buckle.

After Surgery

You can expect some discomfort after retinal 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. If a gas bubble was placed in the eye, your ophthalmologist may recommend that you keep your head in special positions for a time. A change of glasses may be necessary after the retina has been reattached.

What Are The Risks Of Surgery?

Any surgery has risks; however, an untreated retinal detachment will usually result in permanent severe vision loss or blindness. Some of these surgical risks include infection; bleeding; high pressure inside the eye; or cataract. Most retinal detachment surgery is successful, although a second operation is sometimes needed. If the retina cannot be reattached, the eye will continue to lose sight and ultimately become blind.

Will Your Vision Improve?

Vision may take many months to improve and in some cases may never fully return. Unfortunately, some patients, particularly those with chronic retinal detachment, do not recover any vision. The more severe the detachment, and the longer it has been present, the less vision may be expected to return. For this reason, it is very important to see your ophthalmologist at the first sign of trouble.

