

Retinal Detachment

Retinal detachment usually occurs suddenly and is a medical emergency. It is important to recognise the warning signs as early diagnosis and treatment can save your vision.

What is retinal detachment?

A retinal detachment occurs when the retina separates from the outer layers of the eye. The retina is the light-sensitive tissue lining the back wall of your eye. If not treated early, retinal detachment may lead to partial or complete permanent loss of vision.

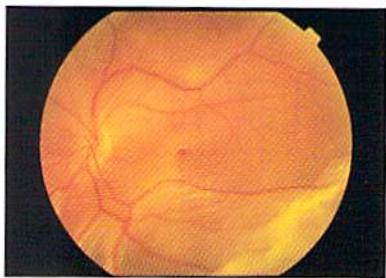
Causes

Retinal detachment occurs after a tear in the retina develops, causing fluid to pass through it and eventually separating the retina from the wall of the eye. Over time, the detachment may cause the retina to lose contact with the blood supply of the eye and stop functioning. This is when you lose your vision.

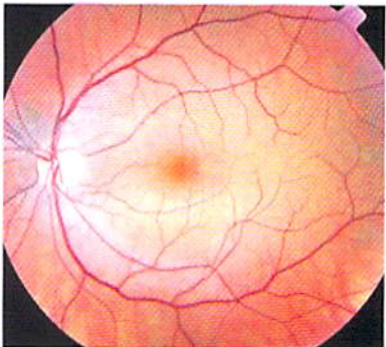
Symptoms

The initial symptoms are usually the sudden onset of new floaters and flashes.

A dark shadow then appears in a part of the visual field when the



Fundus (interior) of the eye showing a detached retina.



Healthy retina.

retina becomes detached. As the extent of detachment progresses, central vision will become affected.

Total loss of vision may be experienced when the entire retina is detached.

It is extremely important to see a doctor immediately when you notice the symptoms listed above. If too much time passes, the retinal detachment could advance to a late-stage of the disease and the chances of successfully repairing the retina through surgery

will be lower, resulting in permanent vision loss.

Prevention

If you are at risk for retinal detachment, you may want to consider avoiding activities where there is a risk of shock or pressure to the eyes, such as bungee jumping.

While there is no way to prevent retinal detachments, regular eye examinations can pick up problems early. You should also consult a doctor promptly when you notice any of the symptoms of retinal detachments.

With prompt treatment, a torn retina can be fixed before full retinal detachment occurs.



Risk Factors

Your risk increases if you :

- Are over 40 years old
- Have had retinal detachment in one eye previously
- Have myopia (short-sightedness)
- Have family history of the condition
- Have had surgery for cataracts
- Had sustained severe eye injury or trauma in the past

Treatment

Laser photocoagulation can seal retinal tears by using a laser light to burn the edges of the retinal tear. The

resultant scarring will adhere the retina to the underlying tissue permanently.

Freezing or cryopexy involves freezing the eye wall around the retinal tear. Like laser photocoagulation, the resulting scarring from the procedure will seal the retina to the underlying tissue. Cryopexy is employed for hard-to-reach retinal tears. After the procedure, your eye may be red and swollen for some time.

Surgical repair is necessary once a retinal detachment has occurred. There are 2 types of surgeries. A scleral buckle involves sealing the retinal tears with a silicone material which is placed around the sclera (the tough white protective tissue of the eyeball).

The second type of operation is a **vitrectomy**, for more complex cases of retinal detachments. A vitrectomy involves removing the vitreous (the jelly-like substance in the eye cavity) and filling the eye with a gas bubble to hold the retina in place, giving it time to heal.

Over 90% of all retinal detachments can be re-attached by modern surgical techniques.

Occasionally, more than one operation may be required. The degree of vision that returns six months after successful surgery will vary. Your eye doctor will be able to recommend the best course of treatment for you.