

Asymptomatic Retinal Detachment

Information for patients

What is it?

You have a small detachment of the retina which has not yet become noticeable to you. The retina is like the film in a camera – it lines the inner surface of the back of the eye and turns light into the images of the things we see. If the retina comes away from the back wall of the eye then it stops working - this is known as a retinal detachment.

What causes it?

The usual causes of retinal detachment are tiny holes or tears in the retina that allow fluid to spread under the retina and lift it away from the back wall of the eye.

What are the signs and symptoms?

Some of the very peripheral retina closer to the front of the eye (directly behind the iris) is not used for vision and it is this part of your retina that has come away from the eye wall. This is why you have not noticed any impact on your vision.

This problem affects 1 in 200 people. In one in ten people with this problem the detachment will deteriorate and may threaten the central vision.

What treatments are available?

There are three main options:

- 1) Observation
- 2) Surgery
- 3) Laser

1. Observation

As there is only a 10% chance of the detachment progressing it is possible to just observe this condition, especially if there are signs that it has been there for a very long time. Should you experience new symptoms of flashing lights, increased floaters or a shadow across your vision you should contact your hospital straight away.

Observation benefits

The benefit of observation is that no surgery is involved.

Observation risks

If the detached retina progresses, it may or may not be noticeable to you. Often, there are flashing lights, an increase in floaters or the appearance of a shadow in the vision but occasionally, patients may not notice the progression of the detachment until it has affected the central vision. In such cases, surgery is usually successful in reattaching the retina but it may not be able to fully restore the central vision.

2. Surgery

It is possible to operate on this condition and hopefully prevent vision loss from retinal detachment getting worse. However, there are risks involved with surgery.

Surgery benefits

Surgery stands a good chance of securing the retina in position. The success rate for securing the retina is around 90%. Long-term follow up at the hospital is therefore unnecessary if the retina reattaches successfully.

Surgery risks

The main risk of the surgery is that the retina fails to reattach this risk is around 1 in 10. A further two operations will secure half of those that fail the first time. The side effects of surgery include double vision, which often settles, soreness and having to use drops after the surgery, blurring of vision and the possible requirement for glasses or a change of glasses after the surgery. There is a small risk that you will be significantly worse off following surgery if the retina cannot be fixed successfully or if a bleed or infection occurs. Fortunately, it is very rare to lose the sight completely.

3. Laser

A treatment with laser to surround the area of detachment is also possible. This secures the edge of the retinal detachment and reduces the chance of progression but does not give a complete guarantee that it will not get worse.

Laser benefits

Laser may reduce the risk of progression of the retinal detachment but there is little evidence for this. Some 4% of those treated with laser will still go on to retinal detachment

Laser risks

The risks of laser are low. The main risk is that there is development of retinal detachment despite laser therapy. Laser creates a burn on the retina and you may experience some discomfort during the treatment. Damage to the lens and

occasionally swelling of the central retina reducing vision can occur. If laser treatment fails, it may alter the surgical options if an operation is later required.

What will happen next?

We must seek your consent for any procedure or treatment beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

Scientific Evidence

The advice in this booklet is based on a variety of sources, including latest research published in peer-reviewed scientific journals. The research has been scrutinized by a panel of experts from the Britain & Eire Association of Vitreoretinal Surgeons (“BEAVRS”). If you require further information about this, please ask your surgeon.

Please use this space to write down any questions you may have.

Further information and advice can be obtained from

NHS 111
NHS Choices online

 **111**
www.nhs.uk

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Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

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