

Laser Retinopexy

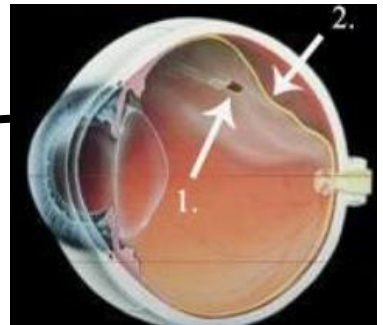
Information for patients

Your eye doctor has told you that you have a retinal tear. This leaflet will help you to understand what has happened to your eye and the treatment that we can offer. You might want to discuss the information with a relative or carer. 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 the treatment. If you have any questions, you might want to write them down to help you remember to ask one of the hospital staff.

A retinal tear is a hole that forms in the outer part of the retina (Figure 1, arrow 1)

Figure 1: Retinal Tear

Tears can happen due to the jelly inside the eye coming away from the retina (vitreous detachment) or trauma to the eye. Some people who are very short-sighted are at much greater risk of developing tears. We know from several studies that most retinal tears, if left untreated, are at very high risk of causing retinal detachment (Figure 1, arrow 2). The retina can become detached because fluid from inside the eye is able to enter the tear, causing the retina to lift off from the underlying tissue below. To prevent this from happening, the doctor will seal the retina around the tear by placing laser spots around the hole, which then forms scar tissue acting like a barrier to prevent the



retina from detaching. This procedure is called a laser retinopexy.

How is it done?

You will be given drops to dilate your pupil after the doctor has explained the procedure to you. There are two ways which the laser may be performed, depending on the location of the tears in the retina.

1. An anaesthetic drop will be put in your eye. The doctor will then place a contact lens on the surface of your eye. This will focus the laser, which is then performed sitting upright on the slit-lamp. The anaesthetic “numbing” drops do not completely anaesthetise the eyeball itself, but should allow the contact lens to be placed comfortably on the surface of the eye. This is not always possible despite sufficient eye drops.
2. The laser may be delivered through a special device worn on the doctor’s head. This technique of “indirect laser” for treating retinal tears involves the use of an instrument to press on the wall of the eyeball in order to reach parts of the retina that contain the retinal tear. In this case, you will be asked to lie flat and the doctor will press on your eye using a small instrument to allow him/her to visualise the tear.

In both techniques, the doctor surrounds the tear with laser (Figure 2). It is important that you keep your head still throughout the procedure. You will see a series of bright flashes.

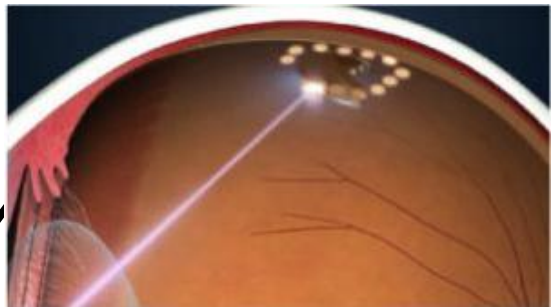


Figure 2: Lasered Tear

Does it hurt?

The laser treatment itself can be associated with “stabbing”, “sharp”, and “aching” pains. Very occasionally, there can be a feeling of an “electric shock-like” feeling during the laser treatment. Although these sensations can be worrying, they do not indicate any adverse effects inside the eye related to the laser treatment. Depending on the amount of laser performed, you may also experience a headache after the procedure. Laser treatment with the use of a contact lens can occasionally cause redness of the tissues that cover the eyeball. This settles without any treatment within five days. If we have to “indent” or press on the eye-ball using a small instrument then this can cause redness of the tissues that cover the eyeball, but this also settles without any treatment within five days.

What happens after the treatment?

Immediately after the laser your vision will be dazzled as a result of the bright lights. Your vision will be misty for a few hours and should return to normal by the next day. You should not drive on the day of the laser. It is important to remember that laser retinopexy will not “get rid” of any pre-existing symptoms such as floaters that you experienced before your treatment. Sometimes the floaters may increase immediately after the treatment, but these will settle after a few days. There may be light sensitivity and glare outside.

What are the risks?

Since no incisions are made to the eye, there is no risk of infection inside the eye. Some patients experience a slight irritation after the procedure from the lens being placed on the eye; however, this usually recedes quickly. As stated before, it is important that you do not move during the procedure. If you do, there is a possibility that the laser will affect a portion of your vision that it was not intended to (i.e. your central vision). There is also a very small possibility that the laser retinopexy does not completely seal the tear. Even after laser retinopexy, a retinal

detachment can still form, though the possibility of this is greatly reduced with treatment.

It is also important to realise that retinal tears can sometimes lead to other complications such as epiretinal membrane. This is when a film like cellophane forms on the surface of the retina and it can lead to blurring and/or distortion of your vision.

Although laser is used to prevent retinal detachment from tears it will not prevent this problem from developing. You may need to be referred back to the hospital eye clinic if you develop these symptoms.

Will I need a follow up?

Yes, you will be reviewed in the out-patients clinic approximately six weeks after your laser treatment to check that the laser has worked.

Can the retina detach after laser retinopexy?

Laser retinopexy considerably reduces the risk of retinal detachment but it can still occur despite laser retinopexy. You should seek help immediately if you notice:


- New floaters (Any floaters in the vision that were present before the laser will still be there afterwards but with time will become less noticeable)
- Flashing lights in the eye
- A change in vision (like a curtain coming across)

If you experience these symptoms please ring or visit accident and emergency

If you have any questions please use this space to write them down.

Further information and advice can be obtained from:

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

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.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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