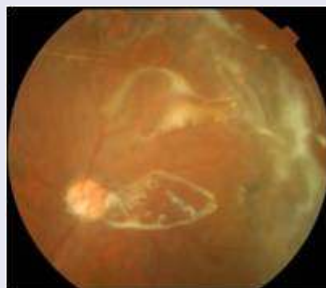




### Complicated Retinal detachment



Before Surgery



After Surgery

#### After the operation

You will have little pain & discomfort for a few days. You will need to take oral tablets & eye drops for a few days. You will need to take rest up to two weeks though routine activities & watching TV is allowed. You can also have your usual diet.

#### Results/recovery

It depends on the various factors like duration, type, site etc of detachment. Earlier the better. If the surgery is successful, blindness will be prevented. Approx. 40 % of successful cases have excellent vision. However this recovery takes up to six months. The remaining attains varying amount of reading / travelling vision. Due to fibrosis or vitreous shrinkage occasionally some patients may need more than one surgery.

To summarise with advent of modern treatment, majority of patients with retinal detachment can be helped.

### Flashes of light and floaters

#### What are they?

Seeing flashes is a symptom in which patient sees sparks or lightening and floaters are symptoms where he/she sees something coming and going in his field of vision.

In either of the conditions; none exist in reality but he sees them.

#### What is its importance?

Flashes are premonitory symptoms of impending or early retinal tear or detachment. These are serious eye problems and need urgent examination by your eye surgeon.

Some floaters are common in short sighted people, but sudden increase in floaters needs urgent retinal check up. There could be vitreous haemorrhage (blood) or retinal detachment.



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*Donate Eyes, Restore Sight*

## RETINAL DETACHMENT



Eye & Retina Centre  
& Rajvi Nursing Home



Putting 'EYE' before 'I'

Specialist in Diseases of Vitreous & Retina  
Lasers & Ultra Sonography & Microsurgery of Eye

Retinal detachment is quite a common condition. Some 50 years ago, this disease was untreatable and patients would remain blind. Then, the treatment



started with modest results of success in 50% of patients. Today, with advances in modern vitreoretinal surgical techniques, more than 90% of retinal detachment can be refixed.

### What is retina?

Retina is the innermost and the most important layer of the eye. It is similar to the film of a camera. It converts light into images for the brain to see. It is loosely glued to the wall of the eye.

### What is retinal detachment?

When this glue weakens, the retina separates from the wall of the eye. The retina then does not work and the vision falls. It is a very serious problem which, almost always, causes blindness, if untreated. Early treatment has a better outcome.

### How does it occur?

Most of the times it occurs due to holes, tears, breaks or degenerations in the retina, but all do not lead to detachment. Some occur due to inflammations, diabetes, tumors or other diseases. Vitreous gel, which fills the inner part of the eye then seeps through these holes and lifts the retina causing detachment.

### Who are at higher risk?

People who suffer from :

- Myopia (nearsightedness, minus spectacles).
- Previous cataract surgery.
- Previous retinal detachment in other eye.
- Family history of retinal detachment.
- Severe injury.
- Weak areas in the retina.
- 1 in 10,000 people are likely to get it.

### What are the symptoms?

- Flashes of light.
- Floaters (black spots) in front of eyes.
- Shadow moving across the eye.
- Sudden drop or crooked vision.
- These symptoms are never painful.



View with normal eye



Inferior Detachment



Superior Detachment

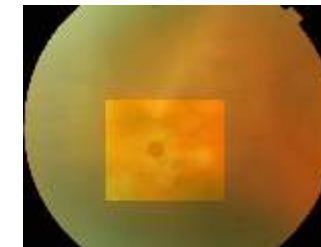
### How is it diagnosed?

Your ophthalmologist does a detailed examination of the retina with dilated pupils. Some are diagnosed on routine examination. Occasionally, an ultra-sonography of the eye may be necessary.

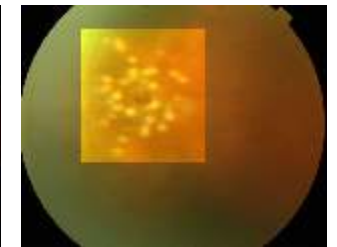
### What is the treatment?

*Treatment for retinal holes & breaks.*

Laser or cold (Cryo) application to the affected part of the retina. It is an OPD procedure needing only few minutes and causes little or no discomfort. In some cases no treatment is done but regular follow up is necessary. This treatment usually prevents detachment.



RETINAL HOLE BEFORE TREATMENT



RETINAL HOLE LASERED

*Treatment of retinal detachment*

Surgery is needed in most cases. **Detached macula (vital part of Retina) is devoid of nutrients (blood supply) affecting vision permanently hence surgery should be done IMMEDIATELY.** In simple detachments, scleral buckling surgery is done, in which a silicon buckle (belt) and Cryo is used which works well in 90-95% of cases. In complicated detachments or re-detachments advanced techniques like vitrectomy, specialised gases, laser, silicone oil etc may be needed.

### FUNDUS PHOTOGRAPHS

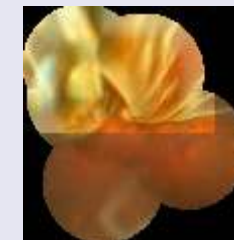


HORSE SHOE TEAR

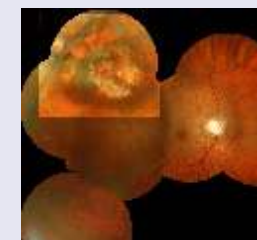


GIANT RETINAL TEAR

### SIMPLE DETACHMENT



BEFORE SURGERY



AFTER SURGERY