



Patient & Family Guide
2022

Retinal Detachment (RD)



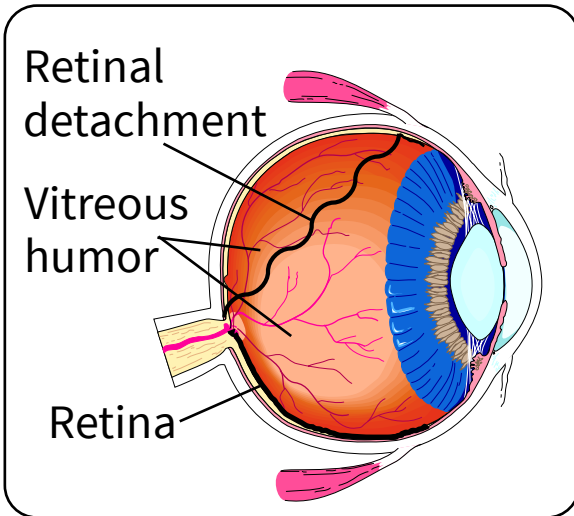
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Retinal Detachment (RD)

What is retinal detachment?

The retina is a thin, light-sensitive tissue that lines the inside of the eye. Light enters the eye and is focused onto the retina. This is what lets us see.

A retinal detachment (RD) is a condition that happens when the retina detaches (pulls away) from the inside wall of the eye. The retina is not able to work as well, which can lead to blurred vision or vision loss.



What causes RD?

Aging

The eye is filled with a jelly called the vitreous humor (see diagram on page 1). As you age, the jelly liquifies (becomes more liquid), shrinks (gets smaller), and pulls away from the retina (posterior vitreous detachment). Pulling on the retina may cause it to tear. The liquified jelly can pass through the tear and cause the retina to detach from the inside wall of the eye.

Injury

RD can happen after significant eye trauma (sudden force to the eye from an impact).

Disease

RD can be caused by eye conditions like extreme (very bad) nearsightedness or diabetic eye disease (DED), also called diabetic retinopathy. In DED, new blood vessels can grow inside the eye, pulling on the retina and causing it to pull away. In other eye conditions, fluid can build up under the retina, causing it to pull away.

What are the symptoms of RD?

- Many people see dots or spots, called floaters, or flashes of light in their vision before a retina detaches. These symptoms do not always mean that a retina will detach, but they can be warning signs. **See an ophthalmologist (eye doctor) right away if you have these symptoms.**
- Another symptom of RD is a curtain-like effect or darkness moving across your vision. This curtain-like effect may come up from the bottom, down from the top, or move across your vision.

What are your questions?

Please ask. We are here to help you.

Am I at risk for RD?

- RD can happen to anyone. You may be at higher risk if:
 - › You or a family member have had RD before
 - › You have had a serious eye injury
 - › You have had eye surgery (like cataract surgery)
- These eye conditions put you at a higher risk for RD:
 - › Diabetic retinopathy or DED (see page 2)
 - › Extreme nearsightedness
 - › Posterior vitreous detachment (see page 2)
 - › Lattice degeneration (thinning of the retina)

How is RD diagnosed?

An ophthalmologist will examine the inside of your eye. Your pupils will be dilated (made wider with drops) so that the ophthalmologist can have a better view. Sometimes, if the RD has caused bleeding in the eye, the ophthalmologist may use an ultrasound to make the diagnosis.

How is RD treated?

- Surgery is the only way to treat RD. There are different options. Your ophthalmologist will recommend the one they feel will work best for you. The main goal of surgery is to stabilize your eye and prevent the retina from detaching further.

- Surgery is a good treatment option, especially if the RD is caught early, but your final vision will likely never go back to the way it was before your retina detached. You may have:
 - › Blurriness
 - › Floaters
 - › Distorted vision (like seeing straight lines as curved or wavy)
 - › An incomplete field of vision (dark areas in your view)

If not treated, RD will usually get worse and can lead to blindness.

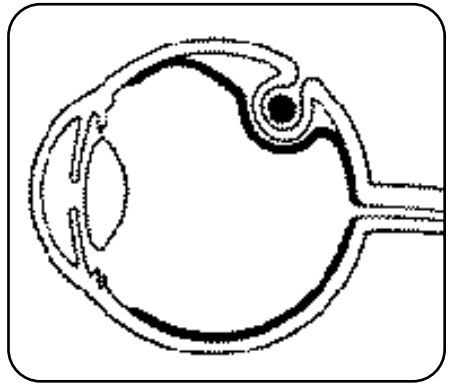
Surgery

Vitrectomy

A small incision (cut) will be made to take out the vitreous fluid from the inner eye. Any scar tissue that is pulling on the retina will also be taken out. The vitreous will be replaced so the eye can keep its shape.

Scleral buckle or band

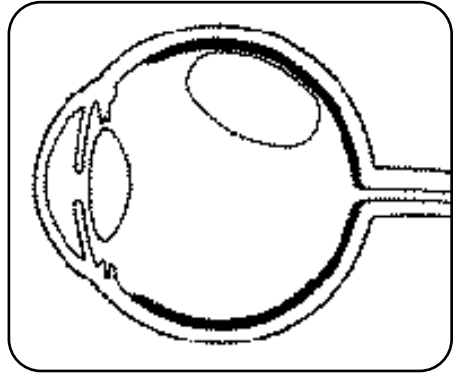
A scleral buckle (or band) is placed around the sclera (the white part of the eye) permanently to close breaks in the retina. You do not see or feel the scleral buckle.



Cryotherapy (cold treatment) is then done to hold together the retina and the tissue below it. The eye will be numbed using a needle. A freezing probe will be placed against the eye, over the break in the retina. The cold will freeze the area around the break. As the area heals, scar tissue will form and join the layers of the retina. Fluid may also be drained from under the retina.

Retinopexy (bubble injection)

A bubble of gas, air, or oil may be injected (put in) into the vitreous space with a needle. The bubble will push against the break in the retina and keep it in place. You may not be able to see through the bubble.



Follow-up after surgery for RD

Your follow-up will depend on your ophthalmologist and the type of surgery you had. You can expect to be watched closely (usually one day, one week, and one month after surgery), then less often, to make sure your eye has recovered well.

Looking for more health information?

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Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.