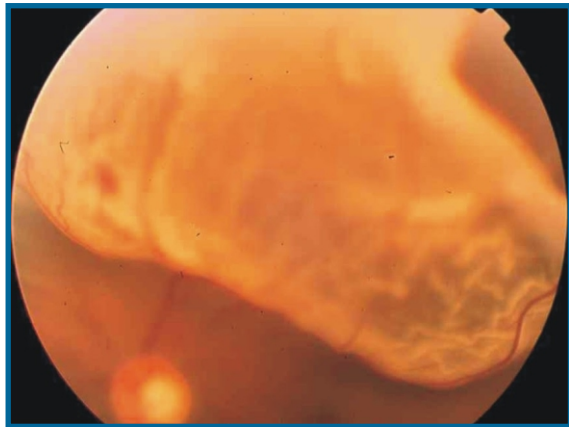


What is a reānal detachment?

The light-sensīve layer of āssue that lines the inside of the eye is known as reāna. It is the main part of the eye and its main funcēon is to form the image and send it through the opēc nerve to the brain.

When reānal detachment occurs, this layer is liDed or pulled from its normal posiēon: Reānal detachment can cause a permanent loss of vision if not treated at the right āme.

In some cases there may be small areas of the reāna that are torn. These areas, called reānal tears or reānal breaks, can lead to reānal detachment.



Superior half of the retina is detached and appears as a loose blister

What are the di ēerent types of reānal detachment?

There are three di ēerent types of reānal detachment: Rhexmatogenous - These types of reānal detachments are by far the most common. A tear or break in the reāna allows fluid from in front of the reāna to get under it separaēng it from the reānal pigment epithelium (PE), the pigmented cell layer that nourishes the reāna.

Tracēonal - This type of detachment is less common. Scar āssue on the surface of the reāna contracts and causes the reāna to separate from the RPE. It is commonly seen in diabeēc reānopathy.

Exudaēve - Caused by reānal diseases where inflammatory or exudaēve fluid leaks into the area underneath the reāna, but there are no tears or breaks in the reāna.

What are the Symptoms of reānal detachment?

Most commonly, a pāēnt with reānal detachment presents with a sudden, painless loss of vision like a 'curtain rising or falling in front of the eye. It may be preceded by 'floaters and flashes of light. A reānal detachment is a medical emergency. Anyone experiencing the symptoms of a reānal detachment should see an eye care professional immediately.

Who is at risk for reānal detachment?

A reānal detachment can occur at any age, but it is more common in people over the age of 40. It a ēects men more than women. A reānall detachment is also more likely to occur in people who:

- People with a high minus power.
- Have a family history of reānal detachment.
- Have other eye diseases or disorders such as la ēēce degeneraēon, reānal holes/tears.
- Have a history of an eye injury.
- Have a history of su ēering from reānal detachment in the owner eye.
- Have a history of prior cataract surgery.
- Have diabeēc reānopathy.

How is it treated?

A reānal detachment is treated surgically. The aim of surgery is to repair the tear(s) using biological 'adhesive" in the form of cryotherapy or laser. The 'biological glue' takes several weeks to be ē ēcāve so some form of splint is required to help the reāna during this criēcal period.

Varieāes of Splint

External Splint or Scleral buckling

In many pāēnts the tear in the reāna can be repaired using a piece of silicone sewn directly to the wall of the back of the eye producing an indent or 'buckle. This maintains closure of the reānal tear as healing takes place.

Internal Splint or Vitrectomy

In some pāēnts, closure of the reānal tears using an external approach is not possible or appropriate. Using 'key-hole' instruments, the vitreous gel filling the space in front of the reāna is replaced with gas or silicone oil which seal the reānal tears from the inside.

If a gas is used it slowly disappears over the weeks following surgery. If the silicone oil splint is required then a second operaēon (Stage II) may be planned to remove the silicone oil once the reāna is stable. Nowadays the whole process can be done with such fine instruments that even "sāetches are not required thereby making the surgery quicker, safer and the postoperaēve recovery is easier and very fast.

Mixed

In some pāēnts a combinaēon of internal and external splints are required.

Post operaēve Posturing

If an 'internal' splint of gas or silicone oil is used, you may be asked to maintain a specific posture in the early postoperaēve period so that your head is in a parēcular posiēon. This allows the internal splint to float and support that parēcular part of the reāna which was torn. You will be given instrucēons regarding the posturing posiēon (if required) āDer your operaēon. Although it is perfectly safe to move, walk, visit the bathroom, have a meal etc, it is helpful if the posturing can be conēnued at home āDer your discharge for approximately 10 days.

Reānal Detachment



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