Your Eyes – Your Windows to the World

TAKE CARE OF THEM

Vitrectomy: The jelly-like vitreous is removed from the eye and replaced with either a gas bubble or silicone oil bubble to re-attach the retina in its place.

- **Silicone oil** needs to be removed in a second procedure after 2 to 8 months.
- When a **gas bubble** is used, the person may have to posture in a certain way for a few days. Air travel is not allowed for a period of time, as the gas bubble will expand at high altitude and cause very high pressure within the eye.

Modern vitrectomy methods are now done without sutures. Sutureless small gauge vitrectomy surgery allows for faster recovery and less post-operative pain. Special wide-angled viewing systems are also used during surgery to have better visualisation of the retina.

Scleral buckling: This procedure uses a very thin band of silicone rubber or sponge that is sewn onto the outer wall of the eye to help put the retina back in place. The tissue around the area may be frozen with a treatment called *cryotherapy*. The scleral buckle can also be combined with vitrectomy in more complicated retinal detachments. This buckle presses the eyeball inwards to help close the retinal hole.

What can I expect with an RD ?

If you have any symptoms of a retinal detachment, you should seek expert advice from a retinal surgeon as soon as possible.

In 90% of cases, the retina can be reattached in a single operation. Sometimes, further surgery is required if the retina comes off again. Any delay in treatment may result in permanent visual loss.

If surgery is done before the detachment involves the macula (the most sensitive part of the retina), you are more likely to retain your vision as before. It is also important to maintain proper follow-up after surgery to ensure that any complication can be detected early and treated accordingly.

Contact us

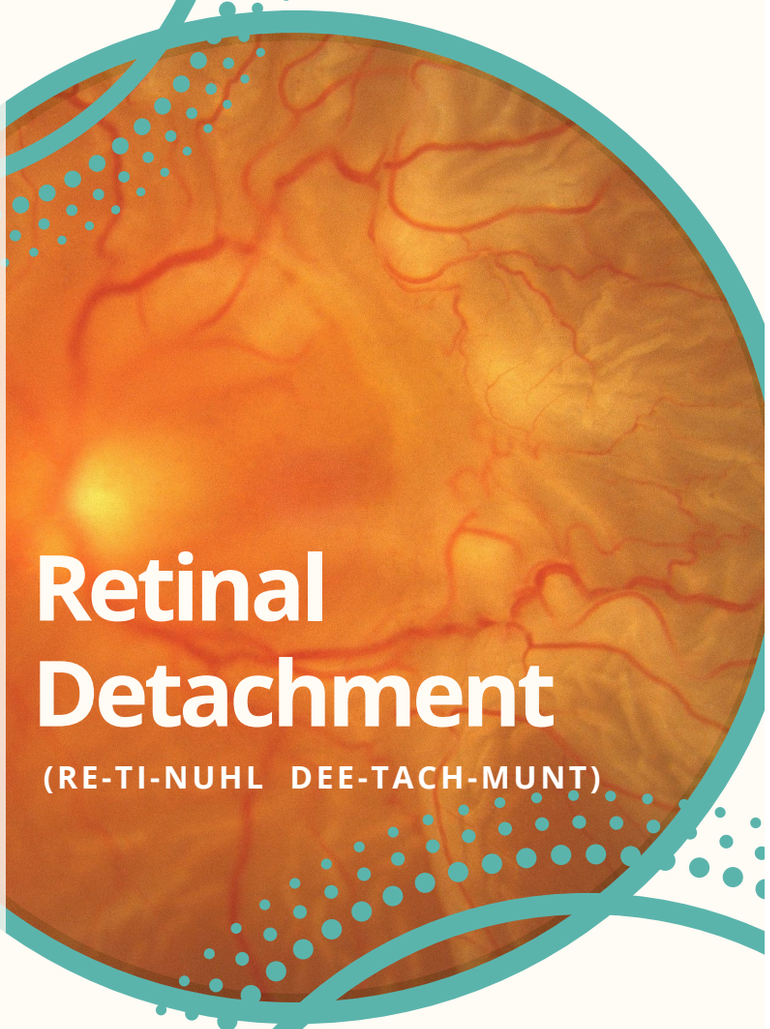
OasisEye Specialists

+6018 - 288 7676

www.oasiseye.my

info@oasiseye.my

OasisEye Specialists



Retinal Detachment

(RE-TI-NUHL DEE-TACH-MUNT)

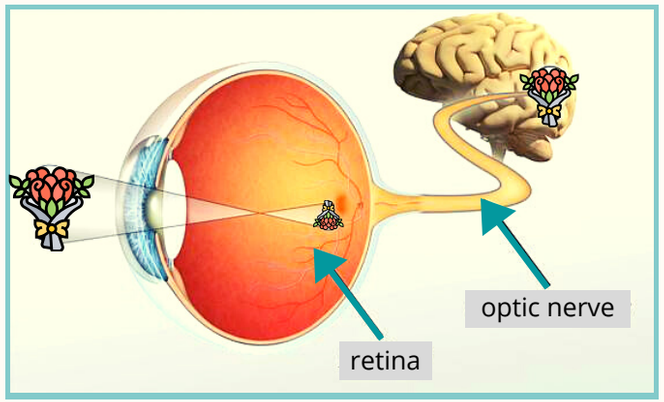
OASISEYE SPECIALISTS

PROTECTING VISION I RESTORING SIGHT

What is a Retinal Detachment (RD) ?

A retinal detachment (RD) is the separation of the retina from the back of the eye and is a medical emergency.

The retina is made up of a fine layer of light-sensitive nerve cells that enable us to see the world around us. It is the most important structure within your eye because it converts what you see into electrical impulses sent to your brain.

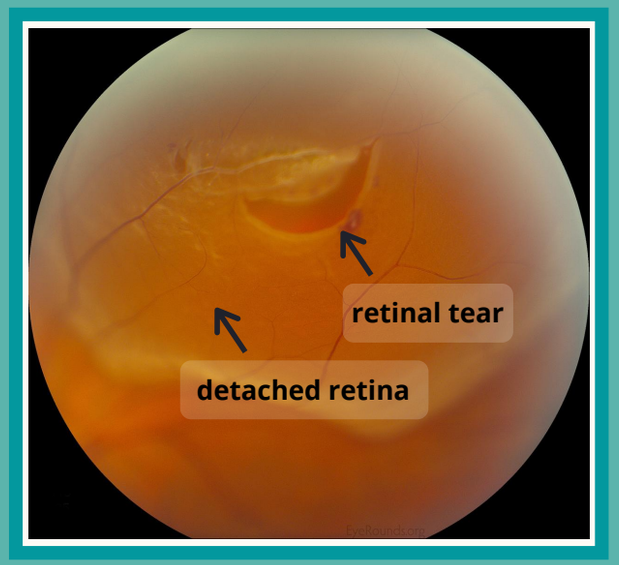


What are the risk factors ?

This occurs in less than 1 in 10 000 people.
It is more common with a history of:

- Myopia
- Eye trauma
- Complicated eye surgery
- Older age
- Diabetes mellitus

How does a retinal detachment occur ?



The vitreous is a transparent jelly-like structure inside the eye that is attached to the retina. With age, the vitreous degenerates and pulls away from the retina. Occasionally, this can cause a hole or tear in the retina, which may allow fluid to enter beneath the retina. This would result in a retinal detachment. Imagine wallpaper coming off the wall when it is loose. In the early stages, a retinal detachment may only affect a small area of retina. However, without treatment, the whole retina may peel off leading to complete vision loss in the affected eye.

What are the symptoms ?

Symptoms can vary from none to many, which may include:

- **Floaters** - Black spots in your field of vision
- **Flashing lights** - more noticeable in the periphery
- **Shadows** - Starts in the periphery, like a curtain coming down
- **Total loss of vision**

While a RD usually occurs in one eye, the potential sight loss makes it a **medical emergency.**

What are the treatment options ?

The mainstay treatment for a retinal detachment is surgery to the eye. Surgery will allow the doctor to identify all the retinal breaks and treat them. Without surgery, the risk of sight loss is very high.

Laser surgery or photocoagulation: A laser beam is directed to the back of the eye through a contact lens or ophthalmoscope. Focused laser beams burn the area around the retinal tear, resulting in scar tissue that will prevent the tear from progressing to a detachment.