veonet Ireland

Specialist Eye Clinics

Retinal Detachment: Aftercare Instructions

Important:

A retinal detachment is a serious sight-threatening emergency where the retina separates from the back of the eye. It requires urgent specialist assessment and often surgery. Careful aftercare and close follow-up are essential to protect your vision and reduce the risk of further complications.

What Happened?

Your retina has detached because one or more small breaks (retinal tears) have formed in the outer area of the retina. These openings allow the vitreous gel (the clear, jelly-like substance inside the eye) to pass underneath the retina, causing it to lift away from the tissues beneath it, similar to a bubble forming under wallpaper.

As fluid accumulates under the retina, it separates the retina from the layers that support and nourish it. In some cases, tiny blood vessels may be damaged, causing bleeding into the vitreous gel. This can lead to additional blurring or clouding of vision.

Without treatment, a detached retina will usually result in permanent loss of sight in the affected eye.

Retinal detachment may occur because of:

Most retinal detachments develop as part of the normal ageing process of the eye. It is very unlikely that anything you have done has caused this condition.

Although retinal detachment can affect anyone, certain individuals have a higher risk. These include people who are short-sighted (myopic), those who have previously undergone cataract surgery, and people who have experienced a significant injury or direct blow to the eye. Some uncommon forms of retinal detachment may run in families.

Treatment requires surgery. During the procedure, your surgeon will close the retinal tears and reposition the retina against the back of the eye.

You may have noticed flashes, floaters, blurred vision, or a curtain/ shadow across your sight.

You have been assessed and may need urgent referral, laser treatment, or surgery depending on the type and extent of detachment.

Anaesthesia for your operation

Most retinal detachment procedures are carried out under local anaesthetic. This means that you will remain awake during the operation.

A local anaesthetic will be injected around your eye to numb the area and prevent pain during surgery. Although you will not be able to see the details of the procedure, you may notice bright lights or movement within the operating room.

During the operation, you will be asked to lie as flat as possible and to keep your head still.

Treatment and Medications

Treatment depends on the type and severity of detachment.

You may require:

- Laser treatment
- Cryotherapy/freezing treatment
- Pneumatic retinopexy
- Vitrectomy surgery
- Scleral buckle surgery
- Gas or silicone oil inside the eye after surgery

You may be prescribed:

- Antibiotic drops
- Anti-inflammatory drops
- Pressure-lowering drops
- Lubricating drops
- Pain relief

Use all medication exactly as directed.

If you have had gas placed in your eye, you must follow the specific safety advice given by your surgical team.

What to Expect During Recovery

You will be prescribed eye drops to help reduce inflammation and prevent infection. We will explain how and when these drops should be used.

Please avoid rubbing your eye, as this can increase the risk of infection and other complications.

If you experience discomfort, you may take a pain reliever such as paracetamol. Always follow the dosage instructions provided on the packaging and do not exceed the recommended dose.

It is common to experience itching, sticky eyelids, and mild discomfort or a gritty sensation in the operated eye for five to ten days after surgery. This sensation is often caused by the stitches used during the procedure.

Some fluid leakage from around the eye is also normal. Occasionally, bruising may develop around the eye or eyelids, particularly following a scleral buckle procedure. Any discomfort should gradually improve within one to two days.

In most cases, healing takes approximately two to six weeks. A follow-up appointment will usually be arranged within seven to fourteen days after your operation.

Try to rest as much as possible while your eye is recovering.

Risks of Retinal Detachment Surgery

Retinal detachment surgery is not successful in every case. Each patient is different, and some retinal detachments are more complex to repair than others. As a result, some patients require more than one procedure.

Your surgeon will discuss the potential benefits and risks of surgery before obtaining your consent.

The risks listed on the consent form include:

Approximately 85–90% of retinal detachments can be successfully repaired with a single operation and remain attached. There is a 5–10% chance that additional surgery may be needed because of new retinal tears, scar tissue formation, or recurrent retinal detachment.

The surgery itself, particularly when gas is used inside the eye, can increase the likelihood of developing a cataract in the treated eye. Cataracts can usually be treated if and when they occur.

As with any surgical procedure, there is a small risk of infection or bleeding. Although uncommon, these complications can occasionally result in permanent loss of vision.

Complications are generally uncommon and can often be treated successfully. In very rare circumstances, however, complications may lead to blindness.

Possible Complications Following Surgery

Potential complications include:

- Bruising around the eye or eyelids
- Raised pressure within the eye
- Inflammation inside the eye
- Cataract formation
- Double vision
- Allergic reaction to medications used
- Infection inside the eye (endophthalmitis).

This is very rare but can cause severe and permanent sight loss.

Important Gas Bubble Advice

If a gas bubble has been placed in your eye:

- **Do not fly until your consultant confirms it is safe.**
- **Do not travel to high altitude unless approved by your consultant.**
- **Do not have nitrous oxide anaesthetic while gas remains in your eye.**
- **Wear any alert bracelet or carry any warning card provided.**
- **Follow head positioning instructions exactly.**

Gas expands with altitude and certain anaesthetics, which can cause dangerous pressure in the eye.

Posturing

Posturing is often the most challenging part of recovery, but it is also one of the most important aspects of successful healing.

If gas or silicone oil has been placed inside your eye during surgery, you may be asked to maintain a specific head position for up to seven days. This positioning allows the gas or oil bubble to press against the retina, helping to keep it in place while it heals.

Your surgeon will advise whether posturing is required, explain the position you need to maintain, and provide additional instructions to help you do this correctly.

As the gas bubble gradually shrinks, you may notice a moving line across your vision, similar to the level in a spirit level. Vision above this line may appear clearer, while vision below it may remain blurred.

Over time, the bubble will become smaller and eventually disappear completely. The length of time the bubble remains in the eye depends on the type of gas used.

Further Surgery

If you are among the 5–10% of patients who develop another retinal tear or significant scar tissue, further surgery may be necessary.

When the retina detaches, the eye attempts to repair the damage naturally. Unfortunately, this healing response can sometimes result in scar tissue developing within the eye. The scar tissue may contract and pull on the retina, increasing the risk of the retina detaching again.

Your doctor may refer to this process as proliferative vitreoretinopathy (PVR).

PVR is associated with a lower visual outcome and is one of the main reasons why a retina can detach again after initially successful surgery.

Cataracts

Like a camera, the eye contains a lens that focuses light onto the retina. When this lens becomes cloudy, it is known as a cataract.

Cataracts commonly develop as part of the normal ageing process. However, following retinal detachment and retinal surgery, the likelihood of developing a cataract is increased.

Cataracts can be treated by surgically removing the cloudy lens and replacing it with a clear artificial lens.

Do's and Don'ts

DO:

- ✓ **Attend urgent referral** or surgery appointments as instructed.
- ✓ **Use all prescribed drops** exactly as directed.
- ✓ **Follow any head positioning** advice carefully.
- ✓ **Rest as advised** after treatment or surgery.
- ✓ **Wear an eye shield** if provided.
- ✓ **Keep the eye clean and avoid rubbing it.**
- ✓ **Contact us urgently** if pain or vision worsens.

DON'T:

- ✗ **Do not delay urgent treatment or referral.**
- ✗ **Do not fly** if you have a gas bubble in your eye.
- ✗ **Do not ignore worsening vision.**
- ✗ **Do not rub** or press on the eye.
- ✗ **Do not undertake strenuous activity** until cleared.
- ✗ **Do not drive** until your consultant confirms it is safe.
- ✗ **Do not miss follow-up appointments.**
- ✗ **Do not get water**, soap, or shampoo in the eye after surgery unless advised safe.

Activity Advice

Your consultant will advise what is safe depending on your treatment.

You may be asked to avoid:

- Heavy lifting
- Bending or straining
- High-impact exercise
- Contact sports
- Driving
- Flying
- Swimming

If specific head positioning has been advised, this is an important part of treatment and must be followed carefully.

When to Seek Advice

If you develop severe pain, notice a reduction in vision, or experience increasing redness of the eye, you should contact VEONET Ireland immediately to arrange an emergency assessment.

Follow-Up Appointments

Follow-up is essential after retinal detachment.

Your consultant will monitor:

- Retinal position
- Eye pressure
- Healing after treatment or surgery
- Vision recovery
- Any signs of further tears or detachment

Please attend all appointments. If you cannot attend, contact us urgently to rearrange.

Long-Term Outlook

Visual recovery after retinal detachment varies depending on:

- How long the retina was detached
- Whether the central vision area, called the macula, was involved
- The type of detachment
- How quickly treatment was started
- Whether further surgery is required

Some patients recover good vision, while others may have permanent visual changes. Your consultant will discuss your individual outlook.

Possible complications include:

- Re-detachment
- Cataract formation
- Raised eye pressure
- Infection
- Bleeding
- Distortion or reduced vision
- Need for further surgery

Protecting the Other Eye

Some patients are at increased risk of retinal tears or detachment in the other eye.

Seek urgent help if you notice:

- New floaters
- Flashes
- A curtain or shadow
- Sudden change in vision

Regular eye examinations may be recommended

Contact Us

If you have any questions or concerns about your recovery, please contact your Veonet Ireland clinic:

T +353 (0)1 270 7888

E info@veonet-ireland.com

veonet-ireland.com

Opening hours:
Monday–Friday, 9.00 to 17.00

Out of hours number:
T +353 (0)1 270 7887

In an emergency, go to your local A&E.

Remember:

Retinal detachment is a serious eye emergency. Prompt treatment, careful aftercare, and close follow-up are vital to protect your sight.

We are here to support your recovery every step of the way.

Accessibility

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T ROI 01 270 7888 or NI 028 9002 9002

E Patientexperience@veonet-ireland.com

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