

Laser retinopexy for a retinal tear

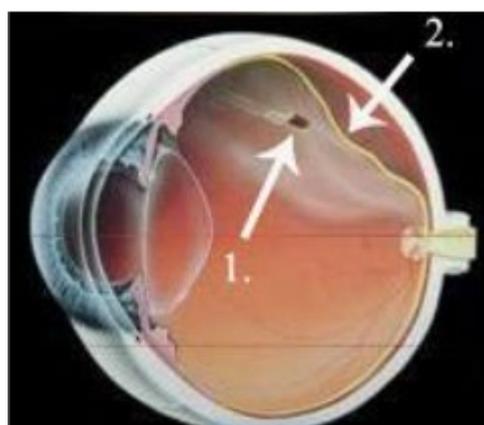
Information for patients



Your eye doctor has said you have a have a retinal tear. It is important that you understand what this means, and the risks and benefits of treatment.

What is a retinal tear?

The retina is a layer of nerve cells inside your eye. It sends signals to your brain when light falls on it. A tear in the retina allows fluid to move under the retina, and without treatment, this fluid usually spreads to separate the retina from the layers underneath. The aim of treatment is to **prevent a retinal detachment** and permanent vision loss.



This picture shows a cross-section of an eye

1. A tear in the retina
2. The retina has separated from the back of the eye. This is a retinal detachment.

What are the symptoms of a retinal tear?

You may experience:

- Flashes of light - like a firework or sparkler
- A shower of new floaters - spots or lines that drift around when the eye moves.

What causes a retinal tear?

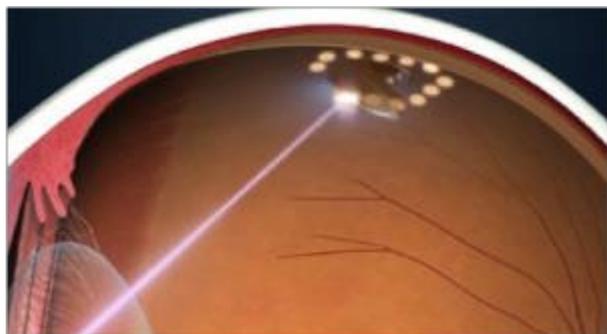
A retinal tear can happen when the gel inside the eye pulls away from the retina (a vitreous detachment) as part of the normal ageing process, and not because of anything you have done. People who are very short-sighted have a greater than average risk of a retinal tear. Retinal tears can also happen after an injury to the eye and are more common after some types of eye surgery.

What is the treatment for a retinal tear?

A retinal tear is usually treated with laser to seal the edges of the tear. This is known as laser retinopexy. It takes about 2 weeks for the seal to develop fully. The laser is usually done in a clinic room. It follows these steps:

- The pupil is enlarged with eye drops. This can make your vision blurry and more sensitive to light
- The eye is numbed with eye drops
- If a table mounted laser is used, you will sit at a machine similar to the slit-lamp used to examine your eye previously. A special contact lens is often placed on the eye to allow the doctor to see the tear clearly and to hold the eye steady
- Sometimes a laser mounted on the doctor's head is used. In this case you will lie on a couch. An instrument is used to bring the far out edges of the retina into view by pressing against the white of your eye
- You will be asked to look in a certain direction while the laser is applied. It is important to **hold still** and not move either your head or eye suddenly.

The laser is a series of very bright flashes. It can be uncomfortable despite the numbing eye drops, and you may feel a sharp or aching pain during the procedure.



This picture shows laser being applied around a retinal tear

What are the benefits of laser retinopexy?

The aim of treatment is to seal the retinal tear. This is achieved in most cases (80%). It does not however get rid of floaters.

What are the risks of having laser retinopexy?

- A retinal detachment can develop in spite of laser treatment (in 9% of cases)
- Rarely the laser can cause bleeding or swelling from the retina
- Very rarely, misplaced laser can damage vision.

After the laser retinopexy

Your eye may ache, and your vision will be dazzled as a result of the bright light. Your vision will be misty for a few hours but will return to normal by the next day. Any floaters you had before the treatment will continue but should gradually become less obvious over time.

You will normally be reviewed in clinic 2 weeks after the laser treatment.

When to seek help

You should visit your optician straight away if:

- The flashes or floaters become **worse**
- You see a **solid black curtain** over the edge of your vision
- You suddenly **lose vision**.

If your optician is closed, you should phone:

NHS24 on 111

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details available from:

Lothian Buses on 0131 555 6363 www.lothianbuses.co.uk

Traveline Scotland on 08712002233 or www.travelinescotland.com

Train details available from:

National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient transport

Patient transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** (calls charged at local rate) up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236** (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille, or your community language.

Useful contacts

Ward E2, Princess Alexandra Eye Pavilion, Chalmers Street, Edinburgh, EH3 9HA
0131 536 1172

Useful web links

The British & Eire Association of Vitreoretinal Surgeons – <https://beavrs.org>

