Associated Vitreoretinal and Uveitis

RETINAL DETACHMENT

WHAT IS IT?

Retinal detachment is a sight threatening common problem seen in the retina specialist's office. Most patients who have a retinal detachment often have symptoms of flashing lights and a dramatic increase in floaters a few days to several weeks prior to the development of gradual progressive peripheral visual field loss like a dark Omnicef shadow in her peripheral vision that has been progressively enlarging in 1 eye. It is imperative that when you develop a dramatic increase in floaters that you see your primary eye care doctor right away for a dilated retinal examination.

Certain patients are in greater risk for developing retinal detachment, those people include:

1. Moderately nearsighted, -4.0 to –8.0 diopters of myopia,
2. Previous cataract surgery
3. Over the age of 50 are at greater risk
4. Family history of retinal detachment (mother, father, siblings)
5. Previous retinal tear or retinal detachment in the fellow eye

Posterior vitreous detachment (PVD) vs. Retinal Tear versus Retinal Detachment

Around the age of 50 in all humans, the vitreous gel in the back of the eye tends to separate or pull away from the retina. This is a common process that occurs in every human being. It is called a posterior vitreous detachment. This is different from a retinal detachment. A posterior vitreous detachment is usually benign and does not require any treatment. Most of us do not even have any significant symptoms when this happens. Patients who have a dramatic increase in floaters, will often seek attention because of their concern over their new symptoms. Often there will be a cobweb of new floaters or hundreds or thousands of tiny black dots (like pepper) that are noted. When this happens your primary eye care doctor should dilate your eyes and look in the back of your eyes to look for any signs of retinal tear or detachment and confirm that there is a posterior vitreous detachment (PVD).

You may not have any loss of peripheral vision at this time but there could be 1 or more retinal tears. If there is a retinal tear, your doctor will often refer you to a retina specialist for evaluation and treatment. This requires urgent referral. A retinal tear usually does not result in peripheral vision loss and can be treated in the office with laser in the office. Treatment is often performed the same day but can be done safely in one or two days. The patient will be monitored carefully after treatment for the next 2-3 months with a few visits to make sure there are no new tears that developed and that there is no retinal detachment that develops. Patient should watch for any dramatic worsening of floaters or

loss of peripheral vision following the treatment with laser.

If a retinal tear develops and fluid from the liquefied and collapsed vitreous gets underneath of the retina, this can result in the development of a retinal detachment. This requires urgent referral to a retinal specialist. A retinal detachment early on may not cause any significant loss of peripheral vision but as it progresses and becomes larger, the patient may notice a dramatic loss of peripheral vision that progressively worsens relatively quickly over the course of a few days. Symptomatic retinal detachment with noticeable peripheral vision loss usually cannot be fixed in the office.

If, however, the patient has a retinal detachment which is not causing any loss of peripheral vision, this is called a subclinical detachment and can often be treated with just laser treatment in the office to wall off the retinal detachment. The laser acts as a barrier to prevent more fluid from getting underneath the retina and causing the retinal detachment to get worse. Sometimes laser does not work, and surgery is ultimately required. The retinal detachment can often extend into the central vision and cause central vision loss. This is called a "macula off or macula splitting" retinal detachment. When this occurs, unfortunately the visual prognosis is much more guarded than if the central vision was very good with a retinal detachment at presentation. If the central vision was very good, retinal detachment surgery is usually recommended within 1-2 days of examination, sometimes the same day. If the central vision has been involved and is already poor, it makes little difference when the surgery is done as long as it is done within the next 1-2 weeks. Often we schedule these cases to be done in a few days. If surgery is required, usually it is performed in the operating room at our Surgery Center.

What do I need to know?

1. Report any dramatic increase in floaters or loss of peripheral vision at any time in either eye to your primary eye care doctor.
2. If you have had a previous history of retinal tear or retinal detachment in your fellow eye and you have symptoms in the other eye, you should call your retinal specialist directly.
3. If you have seen a retina specialist, and you have had laser treatment for a tear, and you experienced increased floaters or loss of peripheral vision following treatment, you should contact your retina specialist right away.
4. If you have a family history of retinal detachment an you experience any

   increase in floaters or loss of peripheral vision, you should seek the care of your primary eye care doctor and consider referral to a retina specialist.