ADELAIDE EYE &
RETINA CENTRE

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RETINAL/OPHTHALMOLOGY

PATIENT INFORMATION ON RETINAL AND VITREOUS SURGERY

This information is intended as a general guide only. Please ask the nurse or doctor if you have any questions relating to this information.

Introduction

The retina lines the inside of the eye and is a thin tissue composed of layers of light-sensitive cells which send vital information to the brain. The retina is held in place by the vitreous humour which is a transparent gel composed of water and collagen and lies in the centre of the globe of the eye between the retina and the lens. A retinal detachment occurs when the retina pulls away from the inside wall of the eye causing loss of vision. This is often due to a hole or tears in the retina produced when the vitreous contracts with the aging process. Trauma may also lead to retinal detachment. The vitreous may also become filled with blood, particularly in association with severe diabetic eye disease where traction may detach localised areas of the retina.

The Operation

The indications for retinal surgery include: removal of vitreous haemorrhage, peeling of epiretinal membranes, treatment of macula holes and most frequently retinal detachment. Small holes or tears in the retina may be treated with laser photocoagulation or cryopexy (freezing).

Laser photocoagulation consists of pinpoints of laser which creates minute burns around a small hole in order to help the retina adhere to the wall of the eye. It can also be used to treat areas of the retina which have a poor blood supply.

Cryopexy is a procedure which freezes the area around a hole to the wall of the eye.

Scleral buckling is a surgical procedure used in large retinal detachments in which a synthetic band is placed around the outside of the eye in order to push the wall of the eye against the detached retina.

Vitrectomy is the surgical removal of diseased vitreous and the insertion of an artificial substance to push the retina back against the wall of the eye the substance may consist of an expandable gas or silicone oil. The gas is slowly absorbed by the body after a couple of weeks. The silicone may be removed surgically when the doctor decides it is necessary.

Resuming diet after the operation

You may have a light diet and fluids following your surgery. If you feel nauseated the nurses will be able to administer some medications to help ease this.

Intravenous therapy

You may have an intravenous drip in your arm following surgery. This is removed once you are drinking enough fluids. Please ensure that the needle is removed from your arm before discharge.

Activity/walking

You will be required to **'posture'**, to keep your head in a position that allows the gas bubble or silicone oil that has been placed into your eye to keep the retina in the correct position. This position will vary from person to person and is dependent upon where the retinal damage in you eye is located. Your Ophthalmologist will tell you the exact 'posture' that is required before you leave the hospital. They will also tell you how long this 'posture' is to be maintained (usually forty five minutes out of each hour). Maintain 'posture' for the required time. Use fifteen minutes each hour to shower, eat and move around so that you don't become stiff.

Eye Care

Clean the eye at least once a day. Wash hands using soap and water. Use clean cotton balls and water that has been boiled and allowed to cool. Moisten cotton wool with water. Close eye and wipe cotton ball over closed lids gently to dislodge any debris. Only use each cotton ball for one wipe. Continue until lid is free from mucous and crusting. Put in eye drops as ordered by your doctor. Gently pull down the lower lid and instil the drops into the sac. Do not contaminate the eye drop bottle opening.

If you still have sticky discharge from the eye, pain in the eye that does not settle with analgesia, there is decreased vision in the eye, sensation of seeing flashing lights or a 'curtain' coming down, you need to contact a doctor immediately.

Discharge Information

Pain management

You can take two Paracetamol tablets 4 hourly to assist with analgesia as well as the non steroidal anti-inflammatory drug which is usually Indomethacin.

Return to usual activities/work

No heavy lifting or bending. Please check with your Ophthalmologist when you can resume bending and lifting and go back to work.

Driving

Please discuss this with your doctor. You will need to wait at least until any gas has resorbed.

Specific care management related to the surgery

Continue with eye drops and eye care until otherwise directed by your doctor. Take your antibiotics and/or steroid eye drops and medications as directed by your Ophthalmologist.

Some of the complications associated with buckle/vitrectomy surgery are cataract formation, infection, bleeding, retinal detachment, increase in eye pressure, loss of vision, double vision, epiretinal membrane, turned eye, pain, floaters, bleeding, droopy eye lid, extrusion/intrusion of buckle/band, sympathetic ophthalmia – inflammation in the unoperated eye with possible reduced vision, very uncommon, decompensation of the cornea (cloudy vision), hypotony – reduced pressure of the eye which can result in a pthisical (shrunken) eye.

Additional Information

Do not fly in an aeroplane after retinal surgery if you have a gas bubble in your eye, because the changing in air pressures in the plane will affect the gas bubble in your eye. Check with your doctor. The air pressures can also change if you drive up into the hills.

Follow Up

It is important that you keep your post-op appointment. If you need to change the time or date please telephone 82123022 during business hours.

If you develop excessive pain, swelling, bleeding, offensive odour or discharge from your eye dressings, or decrease in your vision, contact your Ophthalmologist on 82123022.

Adelaide Eye Centre contact phone numbers:

Monday to Friday 9.00am – 5.00pm
Ph: 82123022
Dr Gilhotra after hours and weekends
Ph: 0413247060