

## **ASYMPTOMATIC RETINAL DETACHMENT**

### **What is asymptomatic retinal detachment?**

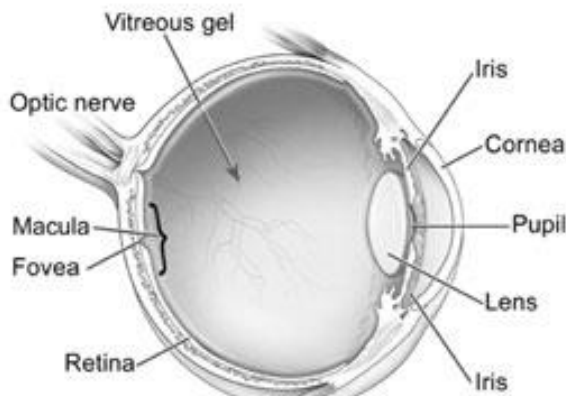


Image Source: National Eye Institute

You have a small detachment of the retina which has not yet become noticeable to you. The retina is like the film in a camera – it lines the inner surface of the back of the eye and turns light into the images of the things we see. If the retina comes away from the back wall of the eye, then it stops working - this is known as a retinal detachment.

### **What causes it?**

Retinal detachment is usually caused by tiny holes or tears in the retina that allow fluid to spread under the retina and lift it away from the back wall of the eye.

In your eye, the area of the retina that is detached is very far out at the periphery. This part of the retina is not used for vision, which is why you have not noticed any deterioration in your vision.

### **How common is it?**

This problem affects 1 in 200 people. In 1 in 10 people with this problem, the detachment will progress and may threaten the central vision.

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**What treatments are available?**

There are three main options:

- 1) Observation
- 2) Surgery
- 3) Laser

**1. Observation**

It is possible to monitor this condition without treating it, especially if there are signs that it has been there for a very long time. 9 in 10 people will have no progression of their asymptomatic retinal detachment.

**Observation benefits:**

The benefit of observation is that no surgery is involved.

If you experience new symptoms of flashing lights, increased floaters, or a shadow across your vision, you should contact your hospital straight away.

**Observation risks:**

If the detached retina progresses, it may or may not be noticeable to you. Often, there are flashing lights, an increase in floaters or the appearance of a shadow in the vision, but occasionally patients may not notice the progression of the detachment until it has affected the central

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vision. In such cases, surgery is usually successful in reattaching the retina, but it may not be able to fully restore the central vision.

### **2. Surgery**

The aim of surgery is to prevent vision loss from progression of the retinal detachment.

#### **Surgery benefits:**

Surgery is successful in 9 in 10 people. After the retina is re-attached, you will not need to be monitored in the hospital long-term.

#### **Surgery risks:**

The surgery is unsuccessful in 1 in 10 people. People who do not have a successful outcome after the first operation will be offered further surgery. 5 in 10 people will have a successful re-attachment after two more surgeries.

The side effects of surgery include soreness, having to use drops after the surgery, blurring of vision, temporary double vision, and the need for glasses or a change of glasses after the surgery. There is a small risk that you will be significantly worse off following surgery if the retina cannot be fixed successfully, or if a bleed or infection occurs inside the eye. Fortunately, it is very rare to lose the sight completely.

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### 3. Laser

The aim of laser is to secure the area of detachment and reduce the risk of progression.

#### **Laser benefits:**

Laser may reduce the risk of your retinal detachment progressing but does not give a complete guarantee that it will not get worse.

#### **Laser risks:**

Laser is unsuccessful in preventing the retinal detachment from progressing in 4 in 100 people.

Some people experience slight discomfort during laser treatment. Other rare risks include damage to the lens inside the eye, swelling of the central retina, and scotoma, which is when a laser burn leaves a visible mark in the vision. If laser treatment fails, it may alter the surgical options if an operation is later required.

#### What will happen next?

We must seek your consent for any procedure or treatment beforehand. Staff will explain the risks, benefits, and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

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**Scientific Evidence**

The advice in this booklet is based on a variety of sources, including latest research published in peer-reviewed scientific journals. It has also been scrutinised by a panel of experts from the Britain & Eire Association of Vitreoretinal Surgeons (“BEAVRS”). If you require further information about this, please ask your surgeon.

References

J Fr Ophthalmology. 1983;6(4):375-8. [Retinal detachments treated by argon laser photocoagulation]

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