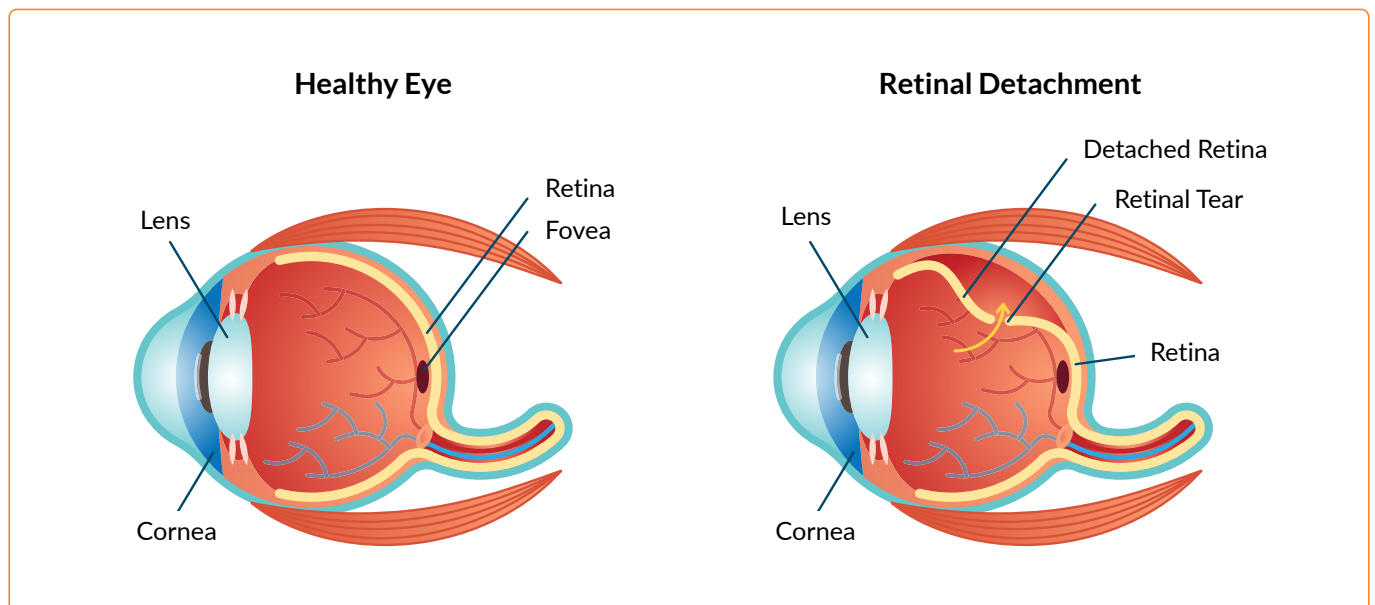


What is retinal detachment?



Retinal detachment occurs when the retina (the light-sensitive tissue lining the back of your eye) is pulled away from its normal position. To survive and work properly, the retina needs to be attached to the back of the eye.

A retinal detachment is a medical emergency and needs to be assessed as soon as possible. If a retinal detachment is not noticed and treated immediately, it can cause permanent loss of some or all of the vision in your eye.



What causes retinal detachment?

There are many causes of retinal detachment, but the most common are ageing or myopia (short-sightedness).

Most retinal detachments happen because a tear or hole in the retina allows fluid to leak between the retinal layers, lifting the retina off the back of the eye.

Ageing can cause changes to the eye such as tears and holes, which pull at the retina.

Tears mostly happen when the vitreous gel that fills the middle of the eye suddenly becomes detached from the retina (called acute posterior vitreous detachment or PVD). Most PVDs however do not result in retinal detachment.

Other eye conditions such as diabetic retinopathy can result in fibrous scar tissue forming inside the vitreous gel and on the retina's surface. This scar tissue can then pull on the retina (traction), causing a detachment.



Who is at risk for retinal detachment?

While rare, retinal detachment can happen to anyone, but some people are at a higher risk.

You are at a higher risk if:

- You are aged over 60
- You or a family member has had retinal detachment previously
- You have had a serious eye injury
- You have diabetic retinopathy
- You have extreme near-sightedness (myopia).

If you have any of the above risk factors, you should **know the warning signs and seek immediate attention** if you have any of them.

What are the symptoms of retinal detachment?

If only a small part of your retina has detached, you may not have any symptoms. But if more of your retina is detached, you may not be able to see as clearly as normal and you may notice other symptoms including:

- A sudden increase in number and size of floaters
- A sudden appearance of flashes of light in one or both eyes
- A shadow appearing in your peripheral (side) vision
- Seeing a grey curtain moving across your field of vision
- A sudden decrease in your vision.

Many people have flashes and floaters and this is normal for their age, however, if you experience flashes or floaters for the first time, or your usual flashes and floaters change, then you should **have your eyes examined immediately**.

How is retinal detachment diagnosed?

Your ophthalmologist can diagnose retinal tear or retinal detachment during an eye examination by dilating your eyes' or eye's pupils.

An ultrasound of your eye may also be performed and can help your ophthalmologist see the exact position of your retina.

How is retinal detachment treated?

A retinal detachment is treated with surgery to place the retina back in its proper position. If this is not done, the retina will lose the ability to function, possibly permanently, and blindness will result.

Retinal detachment surgery is **individual to each case**. The type of surgery will depend on the type and location of your detachment and any complicating factors, such as other eye conditions you have.

Your ophthalmologist will discuss all the surgical options available and advise you on which procedure would be most advantageous for you.

You should ensure you discuss these treatments thoroughly with your ophthalmologist and that you understand what is involved both in the surgery and post-surgery.

Need to
know more?

Please contact the Lions Eye Institute to make an appointment with one of our ophthalmologists.
Phone: (08) 9381 0777; email: carecentre@lei.org.au; or see our website: lei.org.au