

Treating your retinal detachment with a buckling procedure

This leaflet aims to answer your questions about treating your retinal detachment with a buckling procedure. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital. If you have any further questions, please speak to an eye doctor or nurse caring for you.

What is retinal detachment?

The retina is a thin layer of nerve cells lining the inside of the back of the eye. You need the retina to see properly. It turns the light that enters the eye into an image by sending a message along the optic nerve to the brain.

When this light-sensitive layer becomes separated from the inner wall of the eye, it is called retinal detachment. It usually affects only one eye.

Is retinal detachment serious?

A retinal detachment is a potentially blinding condition. That means that if left alone it is likely that your vision in the affected eye will get worse and the eye will become totally blind. This is why we are recommending that you undergo surgery.

What happens during the procedure?

The operation involves sewing a piece of plastic to the outside white of your eye (sclera). The plastic acts as a 'buckle' and presses the sclera in towards the middle of the eye, so the torn retina can lie against the wall of the eye.

Gas bubbles are sometimes put into the eye during surgery if the retina does not stay in place with a scleral buckle alone.

The plastic can be left on the eye and should not be noticeable after the operation.

The surgery can be done under a local anaesthetic (where you are awake but feel nothing) or general anaesthetic (where you are asleep during the operation). For more information on anaesthetics read our leaflet on **Having an anaesthetic**. If you don't have a copy please ask for one.

You may need to stay in hospital for one or two days, but you may be able to leave on the same day, depending on the circumstances. You will be asked not to eat or drink anything for **six hours** before the operation. Before you are given the anaesthetic, you will be given eye drops to widen your pupil.

How successful is surgery?

In eight out of 10 people the retina is successfully reattached after one operation. In the others it is necessary for a second (or even more) operations to be performed.

What are the risks?

There is a chance of infection in the eye (about one in 1,000 patients) and glaucoma (one in 20 patients). Depending on the severity, infections and glaucoma can be treated with drops if mild or may require further surgery if severe.

Despite these risks more than 19 out 20 (95%) of eyes with a retinal detachment can be successfully repaired with one or more operations.

Are there any alternatives?

If your specialist feels that you require scleral buckling surgery for your retinal detachment, there is likely to be no other alternative than surgery to save or improve your sight.

Giving my consent (permission)

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with the procedure you will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you don't understand or you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like to read our consent policy, please tell a member of staff.

Will I feel any pain?

After surgery, your eye is likely to be moderately painful. However, you should not need more than paracetamol or ibuprofen for pain relief - please make sure you follow the instructions on the packet. If you are in a lot of pain you should attend your local Eye Casualty.

How much will I be able to see after surgery?

You will have a certain amount of vision in the eye but it is very hard to predict the exact amount. However if you find that the vision or pain that you have in your eye gets worse than it was on the day after surgery then you must either get in touch with us or attend an Eye Casualty as soon as possible.

When can I get back to my normal activities?

Provided that all goes well and no gas bubbles are used there are no limitations on flying or having an anaesthetic after this type of surgery.

You must, however, be very cautious about driving following surgery. There are no hard and fast guidelines about when you may drive again and it is best to err on the side of caution and check with your insurance company.

Will I have to use eye drops?

Yes. We will give you steroid drops and antibiotic drops to take home. You may also need to use drops to control the pressure in your eye if the eye pressure is raised. It is important that you use all the eye drops as prescribed.

Will I have a follow-up appointment?

Before you leave hospital, we will give you a follow-up appointment. We will aim to see you between one and three weeks after your operation. If you haven't been given an appointment, please call us on 020 7188 4311 and we will arrange one for you.

Contact us

If you have any questions or concerns about your surgery, please contact Sanjeev Heemraz (Matron) on 020 7188 3605 (Monday to Friday, 9am to 5pm).

Out of hours, please contact the eye doctor on call via switchboard 020 7188 7188.

Pharmacy medicines helpline

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital. **t:** 020 7188 3416

Language support services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

Become a member of your local hospitals, and help shape our future

Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years. To join:

t: 0848 143 4017 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk

Leaflet number: 2586/VER2

Date published: May 2013

Review date: May 2016

© 2013 Guy's and St Thomas' NHS Foundation Trust