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.

Consent - asking for your consent
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of 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 the 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
For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch. t: 020 7188 8815 e: languagesupport@gstt.nhs.uk:

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. t: 111

NHS website
Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. w: www.nhs.uk

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, w: www.guysandstthomas.nhs.uk/leaflets, or e: patientinformationteam@gstt.nhs.uk