

# Procedure Information Sheet - Retinal Reattachment Surgery

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

## 1. Introduction

- 1.1. The retina is the light-sensitive layer of tissue that lines the inside of the eye and sends visual images through the optic nerve to the brain. In most cases, retinal detachment is caused by break(s) in the retina which allow fluid to go underneath the retina, causing separation of the retina from its normal position.
- 1.2. Once the retina is detached, its blood supply is compromised, therefore affecting its function and will affect vision. If left untreated, the condition may lead to permanent blindness.
- 1.3. The surgical repair involves sealing all the break(s) and re-attaches the detached retina to its normal position. There are different procedures that could be used depending on the circumstances. The choice of operation depends on various factors. Sometimes more than one procedure is needed, for example scleral buckling procedure may be performed together with the vitrectomy for certain types of retinal detachment.

## 2. Procedural Preparation

- 2.1. Tests may be ordered include blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.2. The surgeon will explain to you the indication of the surgery, the procedure and possible complications, and sign the surgery consent.
- 2.3. If under general anaesthesia, the anaesthetist will perform a preoperative assessment, explaining the anaesthesia method and the associated risks, and sign the anaesthesia consent.
- 2.4. You are required to fast at least 6 to 8 hours before general anaesthesia

## 3. Procedure

- 3.1. The operation will be performed under local or general anaesthesia. Types of Retinal reattachment operation are as follow:
  - 3.1.1. Pneumatic retinopexy: A gas bubble is injected into the eyeball. The gas bubble pushes the retina back to its normal position and closes the break. You will be required to adopt a specific posture in order to maximize the effect of the gas bubble for a period of time after the operation. Laser or cryotherapy would then be used to seal the break(s) in the retina.
  - 3.1.2. Scleral buckling: Explants are placed on the outside of the eyeball to cause inward indentation of the eyeball whereby opposing the detached retina back to its normal position. If necessary, additional procedures such as vitrectomy, fluid drainage at the site of the detachment etc. will also be performed.
  - 3.1.3. Vitrectomy: The vitreous gel is removed from the inside of the eye and replaced with special physiological saline solution. Gas bubble or silicone oil may be injected to push the retina back to its normal position. Laser or cryotherapy would also be used to seal off all the retinal breaks. You will be required to adopt a specific posture to maximize the effect of the gas bubble or silicone oil for a period of time after the operation.

## 4. Recovery Phase

- 4.1. The operated site will be covered with eye pad and eye shield.
- 4.2. There may be some discomfort and tissue swelling after the operation.
- 4.3. You may need to maintain a special head posture for a period of time after the operation.
- 4.4. Vision may remain blurred during the early postoperative period especially when gas has been injected into the eye during the operation or when the eye condition is not stable yet.
- 4.5. Avoid eye rubbing.
- 4.6. Wear clothes with buttons and not pullovers to avoid the clothe(s) coming into contact with the operated eye to prevent infection.
- 4.7. Avoid running water to come in contact with the eye until you have sought approval by your doctor. Avoid washing your hair during the first week after operation to prevent infection to the operated eye.
- 4.8. Avoid vigorous physical activity until allowed by your doctor.



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I, \_\_\_\_\_ acknowledged that the above information concerning the operation or procedure has been explained by Dr \_\_\_\_\_. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:	
Patient No.:	Case No.:
Sex / Age:	Unit Bed No.:
Case Reg. Date & Time:	

Patient Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

