



## Retinal Tear & Detachment

Vitreous traction, or pulling in the peripheral retina, can lead to a retinal tear or detachment. Signs and symptoms of this phenomenon include flashes or a shower of floaters that occur in the vision quite suddenly. If these symptoms occur you should be evaluated by your eye care provider within 24-48 hours to assess the risk of a possible retinal detachment. A retinal tear is when the vitreous pulls and makes a break in the thin tissue layer of the retina, the thin layer at the back of the eye that acts like the film of a camera. Retinal tears can be treated with cryo retinopexy or laser retinopexy, which is the equivalent of spot welding the thin retinal tissue to the eye wall to prevent fluid migration into the break within the retinal layer subsequently leading to retinal detachment. The procedure is performed in an office setting most commonly with only topical or local anesthesia. A retinal detachment occurs when the fluid migrates beneath the retinal tear and lifts the retina off of the back of the eye wall, mimicking ripping the film out of a camera. There is loss of vision wherever the retina is not attached to the eye wall. Thus, retinal detachment necessitates urgent care with surgical repair of the defect in order to restore vision. The surgery will be directed by the retina specialist and can sometimes be performed in the office or may require more extensive procedures in the operating room. Retinal detachments are repaired with the use of cryo (freezing) or laser (light) retinopexy, air or gas bubbles, vitrectomy (removal of the vitreous gel), and or a scleral buckle (silicone band around the eye wall).

Retinal detachment surgeries have improved significantly in the last decade and surgical outcomes are now successful well over 98% of the time with anatomic attachment of the retina accompanied by recovery of at least some visual function. Visual outcomes are best when the detachment is discovered and treated without delay prior to involvement of the central vision. Retinal surgical techniques involving the use of a gas or air bubble require prolonged positioning as instructed by the surgeon and necessitates that high altitudes such as traveling in the mountains or flying be avoided until the bubble has completely disappeared.