About your Retina

The retina is the tissue that lines the back of your eye. Retinal tissue senses light and changes it into nerve signals that travel along the optic nerve to your brain. The brain changes the nerve signals into pictures in our mind known as sight.

What is Retinal Detachment?

Retinal detachment occurs when a hole develops in the retina and fluid builds up between the retinal lining and the blood vessels that nourish it. The retina pulls away or detaches from the back of the eye. This is an urgent condition that can spread and damage sight.

This can be associated with:

• weak areas or holes in the retina
• nearsightedness
• retinal detachment in the other eye
• previous cataract surgery
• injury

Signs of retinal detachment may include:

• flashes of light
• a dark curtain covering vision
• sudden onset of many floaters, like there are lots of small spots or webs in your sight

What is Scleral Buckling?

Scleral (skle-rahl) buckling is the most common treatment for retinal detachment. The surgery is done to stop or correct vision loss.

During surgery, the doctor drains the fluid from under the retina. A flexible sponge is stitched around the eye on the sclera to support the retina. The sclera is the outer layer of your eyeball. At the end of the surgery, a pad is taped over the eye.
Day of Surgery

Report to the Hospital Admitting Office 105 Rhodes Hall Lobby. Your family should wait in the atrium next to the unit on the fifth floor.

A nurse will take you to the holding area where your health history, vital signs (blood pressure, pulse, temperature and breathing rate) and surgical site are checked. Your glasses, jewelry and any loose items are removed. Your hair will be covered with a surgical cap. Your eye is dilated with drops. A needle (IV or intravenous) is started in your vein to give you fluids.

An anesthesiologist will talk with you. He or she will then give you some medicine through the IV that will mildly sedate you.

Next you will be taken to the operating room. The eye will be cleaned and covered. Surgery lasts about 45 minutes. Your eye will be covered with an eye pad that should be left on until you see the doctor the next morning.

After surgery, we will watch you for about 30 to 45 minutes. During this time, we will check that you are alert, check your vital signs, and give you a light snack. When you are ready to leave, you will be assisted to the car for someone to drive you home.

Care at Home

What to expect after surgery:

- mild redness, bruising and swelling around the eye
- headache
- moderate eye pain
- scratchiness and tearing
- light sensitivity
- pinkish drainage on the eye pad

Pain Control

Use the prescription pain medicine you had ordered or Tylenol or another brand of acetaminophen for eye pain. Follow the directions on the box or bottle for how much and how often you are to take the medicine.
Activity

- You need to wear your eye pad until the doctor sees you at the office the next morning. You may shower and wash you face, making an effort not to get soap and water in your eye.

- For the next two weeks, do only those things needed to care for yourself. The retina is delicate and needs time to heal. It is recommended that you do not work, exercise, or lift anything that weighs more than 5 pounds until your eye doctor tells you it is okay.

- Avoid reading and computer work as much as possible. You may watch TV.

Follow-up visits

You will see the doctor in the office the day after surgery, and again in two weeks.

- Call your doctor's office for any of the following:
  - Questions about your eye
  - Decreased vision
  - Fever > 101.5
  - Increased pain in the eye
  - Discharge from the eye or matting of the lashes
  - Unrelieved nausea

The office number is (614) 293-8041, or toll free, 1-800-545-8863. An answering service is available after office hours.

Instructions for Eye Drops

After your pad is taken off the day after your surgery, you will need to start some eye drops. Follow these directions unless your doctor tells you to do something different.

Types of drops:

- **Tobradex (tobramycin):** white cap on the bottle
  - Place 1 drop in the operated eye four times a day.

- **Atropine:** red cap on the bottle
  - Place 1 drop in the operated eye two times a day.
Using the drops

1. Wash your hands in warm water with soap. Rinse with clean water and pat dry.

2. Put a warm compress on your eye for 20 minutes.

3. Tilt your head back and away from the eye you are putting the drops in. Gently pull down your lower eyelid only. Do not pull on your upper eyelid.

4. Position the dropper over the exposed area between your lower lid and the white of your eye. Do not touch the eye with the dropper. Steady your hand by resting two fingers against your cheek and nose.

5. Look up and away from the dropper. Squeeze the drop into the space between the eye and lower lid. Do not touch the eye with the dropper.

6. If you need to put in a second drop in the eye, wait at least two minutes before adding the second drop.

7. Wash your hands in warm water with soap. Rinse with clean water and pat dry.

Use the eye drops as ordered by your doctor until your next follow-up visit. If you run out of drops, please call the office with the phone number of your pharmacy so a refill can be called in for you.

If you would like more written information, please call the Library for Health Information at (614)293-3707. You can also make the request by e-mail: health-info@osu.edu.