

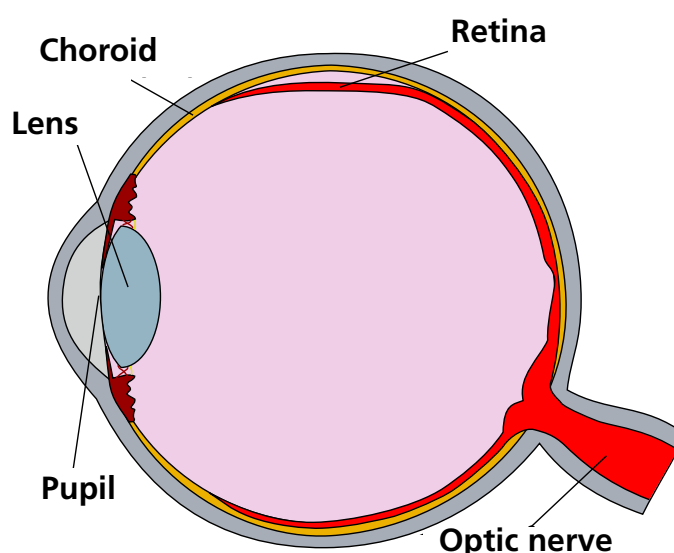
Patient information factsheet

Pneumatic retinopexy

Your doctor has recommended that you have a procedure called a pneumatic retinopexy to treat your retinal detachment. We hope this factsheet will help to answer some of the questions you may have.

What is retinal detachment?

The retina is a delicate layer of tissue at the back of your eye. It plays an important role in helping you to see.



Retinal detachment is a condition where the retina peels away from the inner wall of the eye. In most cases the retina detaches because there is a hole or tear in the retina, which allows fluid to pass underneath the retina.

Most retinal detachments happen naturally as you get older. You may be more likely to have retinal detachment if you are short-sighted, have had cataract surgery in the past, or have suffered a severe direct blow to the eye. Some types of retinal detachment can run in families, but these are rare.

Without the right treatment, retinal detachment can lead to permanent loss of vision.

Treatment for retinal detachment

To treat retinal detachment, we need to reattach the retina to the wall of the eye.

There are three different ways of doing this:

- vitrectomy
- scleral buckle
- pneumatic retinopexy

This factsheet is about the pneumatic retinopexy treatment.

What is pneumatic retinopexy?

Pneumatic retinopexy is a less invasive method to repair retinal detachment. There are two parts to the treatment.

1. Pneumatic retinopexy procedure

The surgeon will seal the holes in the retina with either a freezing instrument (cryotherapy) or a laser. They will remove a very small amount of the fluid in the eye (known as aqueous humour) from the front chamber of the eye. They will then inject a bubble of expanding gas into the back chamber of the eye (known as the vitreous cavity). The procedure usually takes less than 30 minutes.

Most people have a local anaesthetic for a pneumatic retinopexy procedure. This is an injection which only numbs the area that we are treating. If you are having a local anaesthetic you will be awake during the procedure but you should not feel any pain. Your other eye will be covered, so you won't be able to see what is happening. If you are having a local anaesthetic, you will not need to stay in hospital overnight after your procedure.

2. Posturing

To help the gas bubble to support the retina, we will ask you to hold your head in a specific position (known as posturing) for five to seven days after the procedure. This is to make sure that the gas bubble will lie against the part of the retina that needs support.

You will need to hold your head in the posturing position for 45 minutes out of every hour during the day. You can use the other 15 minutes of each hour to eat, use the toilet, and take gentle exercise to relieve any stiffness or aches.

Posturing is a very important part of the treatment. Your retinal detachment will only heal if you do the posturing correctly after the procedure.

After the procedure

Medication

After your operation, we will give you:

- steroid eye drops to reduce inflammation
- antibiotic eye drops to prevent infection
- other eye drops and tablets to keep your eye pressure within normal limits

We will explain how often to use the drops and tablets before you leave hospital.

Side effects

Normal side effects after the procedure include:

- redness in the eye
- swollen eyelid
- watery eye
- a gritty sensation

These side effects should gradually improve. If you experience severe pain or worsening vision loss after your procedure, please telephone **023 8120 6592** to speak to the eye casualty team (open 8am to 7pm). Outside of these hours, please go to the main hospital emergency department.

Gas bubble

Your vision will be blurry to begin with, because of the gas bubble inside your eye. It will also affect your depth perception and field of vision. The bubble will grow in size for the first few days, and then slowly shrink towards the lower part of your vision. You will be aware when the bubble has completely gone. The gas bubble usually lasts a few weeks, depending on the type and amount of gas used. We will give you a wristband to wear while you have the gas bubble.

Daily activities

- Do not drive until the gas bubble has gone.
- Do not travel by aeroplane until the gas bubble has gone.
- If you need to have a general anaesthetic while the gas bubble is in your eye, you must tell the anaesthetist.

You can bathe or shower after the operation, but avoid splashing water near your eye. As long as you feel comfortable, you can carry on with your usual activities. Most people will need two weeks off work after their operation, depending on the type of work they do and the speed of their recovery.

Follow-up

We will ask you to come in for a follow-up appointment at the vitreoretinal clinic a few days after your procedure. At this appointment we will check your eye pressure .

Risks of pneumatic retinopexy

As with any operation, there are a number of risks to be aware of when having a retinal detachment operation.

Retinal detachment surgery is not always successful. A randomized trial, published in 2018, found pneumatic retinopexy had a success rate of 80% for certain types of retinal detachment.

Every patient is different, and some retinal detachments are harder to treat than others. Some people may need more than one operation.

We will explain these risks and benefits to you before you give your consent for the operation.

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The risks include:

- an unsuccessful operation, and the need for further surgery
- infection
- bleeding
- proliferative vitreoretinopathy (scar tissue)
- inflammation (swelling)
- cataract (clouding of the lens)
- raised eye pressure
- loss of vision
- distorted vision

We hope that the procedure will improve your vision, but even with the retina reattached after a successful operation your vision may not fully return to normal.

Contact us

Telephone: **023 8120 4761**

Eye unit
University Hospital Southampton
Tremona Road
Southampton
SO16 6YD

Useful links

www.nhs.uk/conditions/detached-retina-retinal-detachment/

www.nhs.uk/conditions/local-anaesthesia/

www.fightforsight.org.uk/about-the-eye/a-z-eye-conditions/retinal-detachment/

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