



Northern Eye

OPHTHALMOLOGY
DISEASES AND SURGERY OF THE EYE

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Detached and Torn Retina

As one gets older, the vitreous, the clear gel-like substance that fills the inside of the eye, tends to shrink slightly and take on a more watery consistency. Usually the vitreous separates from the retina without causing any problems. If, however, the vitreous doesn't easily separate from the retina, it may pull the retina inward, toward the center or middle of the eye. When this occurs, and the retina pulls away from the wall of the eyeball, it's called a detached retina. Sometimes, the vitreous pulls so hard on the retina that it may tear one or more holes in this membrane. When that occurs, fluid may pass through the retinal tear, causing the retina to lift away from the back of the eye, much like peeling wallpaper.

Laser surgery or cryotherapy (freezing) is often used to seal retinal tears and prevent detachment. Dr. Currier can perform both of these procedures on an out-patient basis in the office

If the retina is detached, it must be reattached before sealing the retinal tear. There are three ways to repair retinal detachments. Pneumatic retinopexy involves injecting a special gas bubble into the eye that pushes on the retina to seal the tear. The scleral buckle procedure requires the fluid to be drained from under the retina before a flexible piece of silicone is sewn on the outer eye wall to give support to the tear while it heals. Vitrectomy surgery removes the vitreous gel from the eye, replacing it with a gas bubble, which is slowly replaced by the body's fluids.

A retinal detachment is a very serious problem that almost always causes blindness unless treated. A person may notice a sudden partial loss of vision or the sense that a gray curtain or shadow is moving across their field of vision. There may also be only a small hole of vision or a blind spot that is barely noticeable. Retinal detachment is often associated with new floaters, best described as little black gnat-like pieces or strings that float across the eye. A person may also have a sudden onset of flashing lights or flashes of light. The sudden onset of either new floaters or flashing lights should prompt a person to contact Dr. Currier to get a dilated eye exam. At the very least, a person should get an eye exam to rule out tears or retinal detachment because if a detachment of the retina is not repaired within 24-72 hours, permanent damage may occur.

