Please read this booklet carefully.
It contains important information to help you plan for your forthcoming operation.
Please bring this booklet to all your appointments.

If you need to change your operation date please the Vitreoretinal secretary on 01473 703502.
Welcome to the Eye Department

If you are unable to read the following print, please ask a friend or relative to help you.

The following information is to help you and your family prepare fully for your eye operation.

Please take the time to read the whole of this booklet. We would appreciate you bringing it with you to each appointment.

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Informed consent for retinal detachment surgery
This booklet gives you information that will help you through the process from your pre-admission assessment appointment to when you go home after your operation.

At your eye clinic appointment today you will have discussed with your consultant surgeon the risks and benefits of having this operation. The location and the severity of the retinal detachment will determine how soon the operation is done.

You will be asked to sign a consent form for your operation. **We appreciate you may not be able to read this booklet today but it is important that you read and understand it before you arrive for your operation.**

If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

The retinal detachment
Your eye surgeon has recommended surgery because your eyesight is threatened. The aim of the surgery is to restore your lost vision or prevent the loss from getting worse, although this is not always possible. In most (80–90%) cases the retinal detachment can be repaired by one operation but further surgery may sometimes be necessary.

The retina is a layer containing many nerves which lines the inside of the eye and enables the eye to see. Light enters the eye and is focused onto the retina by the lens. This produces a picture which is sent along the optic nerve to the brain – what we think of as sight.

If a hole or tear occurs in the retina it becomes detached from the inside of the eye and cannot work properly so your sight becomes blurred and dim. Retinal detachment surgery is needed to repair the hole or tear and to push the retina back into place.

In less severe cases the hole or tear may be treated by laser in the Eye Department or by cryotherapy (a freezing treatment) in an operating theatre.

Retinal detachment is most frequently seen in middle-aged, short-sighted people.
Approximately one in 10,000 people are affected. Most commonly, retinal detachment is due to changes which occur in the eye as it ages. In rare cases retinal detachment can occur following cataract surgery or an injury.

Retinal detachment is not painful but you may experience flashes of bright light and/or showers of dark spots (floaters) across your vision. A shadow spreading across your field of vision may also be present. It is possible that both eyes could be affected but it is extremely rare for this to happen at the same time.

**Likelihood of better vision**
The speed at which your vision will return following the surgery will depend on the severity of the retinal detachment. It can take three months or longer after the operation to improve.

**Benefits and risks of retinal detachment surgery**
The intended benefits of the surgery are to improve your vision or prevent further deterioration of your vision or blindness.

However, you should be aware that there is a small risk of complications, either during or after the operation.

**Some possible complications during the operation**
- Severe bleeding inside the eye.
- Formation of a cataract.

**Some possible complications after the operation**
- Failure of the surgery which may mean the operation needs to be repeated.
- High pressure inside the eye.
- Worse vision or blindness.
- Severe bleeding inside the eye.
- Infection in the eye.
- Double vision and/or distorted vision.
- Formation of a cataract.

**Please use this space to jot down any questions you may have.**
Pre-admission assessment
Eye drops will be used today which dilate your pupils and blur your vision for a few hours. **DO NOT DRIVE YOURSELF. Please arrange for a relative, friend or carer to bring you.**

On this visit you will be seen by a nurse who will explain the plan of care for your eye operation and the care needed at home after your discharge from the hospital and will answer any questions you may have.

You will be given the date and time of your operation at this assessment.

**Please speak to your family and friends before your appointment to arrange and identify your carers. Your nurse will need to know:**

- **Who** will provide your transport to and from the hospital on the day of your operation?
  
  **Name:** .................................................................
  
  **Relationship to patient:** ...........................................
  
  **Tel no:** ........................................................................

- **Who** will be responsible for putting in your eye drops for the month after your operation?
  
  **Name:** ........................................................................
  
  **Relationship to patient:** ............................................
  
  **Tel no:** ........................................................................

**Please ring 01473 702007 as soon as possible,**

**if for any reason you cannot attend for your operation,**

**or if you have any last minute questions.**
About Your Operation

The location and the severity of the retinal detachment will determine how soon the operation is done.

At your pre-admission assessment you will be seen by a member of the medical team to make sure you are fit to have a general anaesthetic. They may want to contact the consultant anaesthetist about your general health.

If you are having a general anaesthetic, you cannot have any food for six hours before your operation. You will be told at what time you need to have your last food and drink but you may have sips of water until three hours before your operation.

Your blood pressure, pulse, height and weight will be recorded. You will also be measured for stockings to prevent deep vein thrombosis (blood clot) which you will need to wear during the operation. The nurse will also send you to Pathology, Cardiology and Diagnostic Imaging (X-ray) for you to have the tests required before a general anaesthetic.

The nurse will ask you various questions to ensure your journey through this procedure is a smooth one. You will be told what will happen throughout your stay in hospital.

The nurse will also explain the plan of care for your eye operation and the care that you will need at home after your discharge from hospital. Your head may need careful positioning after the operation to help your eye to heal. Your surgeon will discuss this with you.

You may be given eye drops to put in before you leave for the hospital on the day of your operation.

You will be examined by the anaesthetist who will be putting you to sleep for your surgery and an eye doctor who will make sure you understand why the operation is necessary and get your written consent.

You may only need to stay in hospital until the late afternoon on the day of your operation but you will need to be fully awake and alert, able to walk around without difficulty, have been to the toilet and able to eat and drink without feeling sick before you are able to go home.

You will need to have someone to stay with you overnight after your operation under general anaesthetic and you must have access to a telephone. You must also live within 25 miles of an Emergency (Casualty) Department in case you feel unwell.
Preparing for surgery
Please have a bath or shower and shampoo your hair, either the night before or on the morning of the day of your operation.

Special instructions
• **Nothing to eat from:**
• **Nothing to drink from:**
• **Please arrive at the Ophthalmic Day Care Unit (ODCU) at:**
• Allow plenty of time for your journey to the hospital.
• Take any tablets or medicines as usual, including your inhalers and eye drops.
You will have been told by the nurse at your pre-admission assessment which medications **not** to take:

If you inject insulin, the nurse or medical staff will have told you if you should give yourself your morning injection and what amount to inject. Please tell the nurse when you arrive how much insulin you have injected and what your blood glucose reading was before you left home.

• Please bring all your medication with you, including tablets, eye drops, inhalers and insulin. This is in case you have to stay in hospital overnight.
• Please make sure we have the telephone number of your next of kin.
• If you were given eye drops at your pre-admission assessment please put these in as instructed before you come to hospital.

**These eye drops will:**
• sting
• dilate your pupil
• blur your vision.

**You must not drive yourself to or from the hospital.**
• Please bring some simple pain-relieving tablets (such as paracetamol) with you.
• If you are having your operation under local anaesthetic please come in an open-necked top. Please bring a spare top and a cardigan with you.
• If you are having your operation under general anaesthetic wear clean, loose, comfortable clothes. Bring your night clothes, dressing gown and slippers.
• Please leave valuables and jewellery at home.
• Please **do not** wear any make-up.
• If you wear glasses or false teeth, please bring the case/container with you to prevent them being broken or damaged.
• Your relative/carer will not need to stay while you are in hospital. We will tell them the approximate time you will be discharged and give them a contact telephone number when you come in.
• If your relative/carer does wish to stay, a car parking voucher can be provided. Please ask at the ODCU reception.

**When you arrive at the hospital**

• The Ophthalmic Day Care Unit (ODCU) is reached via Maternity (Entrance 8) and by following the internal signs. If a wheelchair is required there is a drop-off point outside the ODCU (near the Maternity entrance). Wheelchairs are also available from ODCU, please follow external signs.
• Please be aware that ODCU is a mixed-sex area.
• The nurse will welcome you to the unit.

**Before your operation**

• Your consent form will be clarified with you and you will reaffirm whether you wish to have your own copy. You will have the opportunity to speak to your surgeon.
• Your eyes will be checked to see if your pupils are dilated and more eye drops will be put in.
• You will be seen by the anaesthetist who will give you some pain-relieving and anti-sickness tablets. If you have diabetes, a blood glucose reading will be taken.
• Your blood pressure and pulse will be recorded and you will be helped to put on your anti-embolic stockings.
• You will be given a locker to store your belongings. The key is your responsibility – you may want to give this to your relative/carer for safekeeping.

**After your operation**

• You will wake up in the recovery area of the operating theatre and when the recovery staff and anaesthetist are satisfied with your condition you will be taken back to the ODCU.
• If your operation is in the afternoon, you will be transferred to a ward in the hospital. Your overnight bag will be transferred with you.
• Your eye will be covered with an eye pad and plastic shield to stop you rubbing it.
• If your eye hurts or you feel sick, the nurse will make sure you are given medication to relieve these symptoms.
• The nurse will record your blood pressure and pulse several times until you are fully awake. Once you are awake you will be given some water to drink and a light meal a little later.
• When you are fully recovered the needle will be removed from the back of your hand.
• Your surgeon will have discussed head positioning with you at your pre-admission assessment. The nurse or eye doctor (not necessarily your surgeon) will discuss the amount of activity you are allowed to do.
• If you feel well enough to go home on the day of your surgery, the eye doctor and anaesthetist will see you before you go.
• The nurse will show you how to keep your eyelids clean, discuss with you any eye medication which has been prescribed and show you how to put in your eye drops. You may want your relative/carer to be shown too.
• Please take it easy for the rest of the day.
• Please keep your eye covering on until the following morning.

**Eye care after surgery**

• Remember that you may need to position your head in a certain way after surgery.
• Try not to rub or touch your eye.
• Always wash your hands before and after bathing your eye or putting in your eye drops.
• Put in the eye drops as prescribed. The nurse will show you how to do this before you leave the hospital.
• Please wear the eye shield for the first five nights after your operation. It can be secured with Micropore or Transpore tape which can be purchased at your local pharmacy. The shield can be washed each morning in hot, soapy water and then dried.
• Please use a clean tissue to gently dab your eye if it waters. Only use each tissue once and then throw away.
• Do **not** use the opened eye drop bottle(s) for longer than one month.
• If you run out of your eye drops before completing your prescribed course, you should obtain a further supply from your GP.
• Discard any unused drops at the end of your prescribed treatment.
• You may need to bathe your eye several times with cooled boiled water and tissues during the day for the first few days at home if your eyelashes become sticky. The nurse will show you how to do this before you leave the hospital.
• You may have some degree of discomfort in the first few days after your operation so please have some simple pain-relieving tablets at home. If you are already taking pain relief for another condition, please talk to the nurse about how often to take the tablets.
• You will have stitches which will feel as if you have an eyelash in your eye.
Contact the Eye Clinic immediately if the eye pain/ache persists, gets worse and/or your eye becomes more red and your vision gets worse.

**Monday–Friday, 8.30 am–5.30 pm (excluding bank holidays), please ring the hospital switchboard on 01473 712233 and ask to speak to the Eye Clinic coordinator. You will be able to speak to a registered nurse.**

**Monday–Friday, 5.30 pm–8 pm, Saturdays or bank holidays 9 am–5 pm, and Sundays 9 am–1 pm, please ring the hospital switchboard on 01473 712233 and ask to speak to the on-call ophthalmologist. You will be able to speak to a doctor.**

- If there is a gas bubble in the vitreous of your eye (see the 'after surgery' diagram on page 2) your vision will be reduced until it dissolves which can take up to six weeks. As the gas bubble reduces in size you may see a wobbly line like a reflection on water.
- You must wear a green wristband in case you need a general anaesthetic as the doctor will need to know that you have a gas bubble in your eye.
- You should not fly in an aeroplane until the gas bubble has dissolved.

**Normal lifestyle**

- Your surgeon or one of the other eye doctors will have told you how much activity you can do when you go home. These instructions will include how you need to position your head after surgery and for how long.
- If you are told you can be up and about, please take things easy until you return for your outpatient follow-up appointment.
- You can wash your hair but avoid getting shampoo or water in your eye for as long as possible. Try using a mild shampoo such as a baby shampoo.
- You may go outside, though on sunny days you may find wearing sunglasses more comfortable.
- We advise you to avoid swimming for at least a month or until you are told you can by your surgeon.
- Your surgeon will tell you when you can resume driving. Please ask again at your outpatient follow-up appointment.
- One of your eye drops dilates the pupil and makes your vision blurred. The effect of this will last for about 10–14 days after the last time the drops are put in.
- You will be given a medical certificate if you need to take time off work after your operation.
- Please do not throw away your surgical stockings. If you need another operation these stockings will be needed again.
Outpatient follow-up appointment

- The date of your outpatient follow-up appointment will be given to you before you leave the hospital. It will usually be 1–2 weeks after your operation. You may also need to return to hospital 1–3 days after your operation to have the pressure in your eye checked.
- **Please do not drive yourself to hospital.** You may wish to bring a friend or relative with you.
- These appointments can take some time so please be prepared to wait to see your eye doctor.
- Your doctor will discuss with you whether you need to continue your eye medication and will also recommend when you need to see your optician for a new prescription if you wear spectacles.

If you are unable to attend your appointment please contact the Eye Department on 01473 703230 (Monday–Thursday 9 am–4 pm, Friday 9 am–1 pm) as soon as you are aware so the appointment can be used for another person.

New glasses

After your operation your vision may initially be very blurred because of the amount of vision loss caused by the retinal detachment. The eye medication you need to use after your operation will also make your vision blurred and will continue to do so for several days after you have finished the course. You will be told by your eye doctor when you need to see your optician for an eye test – this may be 8–12 weeks after the operation.

The speed at which your vision will return following the surgery will depend on the severity of the retinal detachment and how long it has been detached. It can take three months or longer to improve.

Hand cleaning gel is available throughout the hospital. Please use it. We appreciate your cooperation.