

Retinal Detachment

Definition: Retinal detachment describes an emergency situation in which a critical layer of tissue (the retina) at the back of the eye pulls away from the layer of blood vessels that provides it with oxygen and nutrients. Retinal detachment is often accompanied by flashes and floaters in your vision.

Clinical Features:

- The sudden appearance of many floaters — tiny specks that seem to drift through your field of vision
- Flashes of light in one or both eyes (photopsia)
- Blurred vision
- Gradually reduced side (peripheral) vision
- A curtain-like shadow over your visual field

Risk factors

The following factors increase your risk of retinal detachment:

1. Aging — retinal detachment is more common in people over age 50
2. Previous retinal detachment in one eye
3. Family history of retinal detachment
4. Extreme nearsightedness (myopia)
5. Previous eye surgery, such as cataract removal
6. Previous severe eye injury

7. Previous other eye disease or disorder, including retinoschisis, uveitis or thinning of the peripheral retina (lattice degeneration)

Causes

There are three different types of retinal detachment:

1. **Rhegmatogenous (reg-ma-TODGE-uh-nus).** These types of retinal detachments are the most common. Rhegmatogenous detachments are caused by a hole or tear in the retina that allows fluid to pass through and collect underneath the retina, pulling the retina away from underlying tissues. The areas where the retina detaches lose their blood supply and stop working, causing you to lose vision.
2. **Tractional.** This type of detachment can occur when scar tissue grows on the retina's surface, causing the retina to pull away from the back of the eye. Tractional detachment is typically seen in people who have poorly controlled diabetes or other conditions.
3. **Exudative.** In this type of detachment, fluid accumulates beneath the retina, but there are no holes or tears in the retina. Exudative detachment can be caused by age-related macular degeneration, injury to the eye, tumors or inflammatory disorders.

Surgery:

1. Pneumatic retinopexy
2. Scleral buckle.
3. Vitrectomy.

Complications:

- Cataract formation (loss of clarity of the lens of the eye).
- Glaucoma (raised pressure in the eye).
- Infection.
- Haemorrhage (bleeding) into the vitreous cavity.
- Vision loss.
- Loss of the eye, although with modern surgical techniques this is a very unlikely outcome.

Investigation:

1. Retinal examination
2. Ultrasound imaging

Nursing Management:

1. Initially, the patient complains of flashes of light, floating spots or filaments in the vitreous, or blurred, “sooty” vision. Most of these phenomena result from traction between the retina and vitreous.
2. If detachment progresses rapidly, the patient may report a veil-like curtain or shadow obscuring portions of the visual field. The veil appears to come from above, below, or from one side; the patient may initially mistake the obstruction for a drooping eyelid or elevated cheek.
3. Straight-ahead vision may be unaffected in early stages but, as detachment progresses, there will be loss of central as well as peripheral vision.

Diagnostic Evaluation:

1. Ophthalmoscopy or slit-lamp examination with full pupil dilation shows retina as gray or opaque in detached areas. The retina is normally transparent.

Nursing Interventions:

1. Prepare the patient for surgery.
 - Instruct the patient to remain quiet in prescribed (dependent) position, to keep the detached area of the retina in dependent position.
 - Patch both eyes.
 - Wash the patient's face with antibacterial solution.
 - Instruct the patient not to touch the eyes to avoid contamination.
 - Administer preoperative medications as ordered.
2. Take measures to prevent postoperative complications.
 - Caution the patient to avoid bumping head.
 - Encourage the patient not to cough or sneeze or to perform other strain-inducing activities that will increase intraocular pressure.
3. Encourage ambulation and independence as tolerated.
4. Administer medication for pain, nausea, and vomiting as directed.
5. Provide quiet diversional activities, such as listening to a radio or audio books.
6. Teach proper technique in giving eye medications.
7. Advise patient to avoid rapid eye movements for several weeks as well as straining or bending the head below the waist.
8. Advise patient that driving is restricted until cleared by ophthalmologist.

9. Teach the patient to recognize and immediately report symptoms that indicate recurring detachment, such as floating spots, flashing lights, and progressive shadows.

10. Advise patient to follow up.

Created By:

Rana Singha

Lecturer

Companiganj Upazilla Health Complex