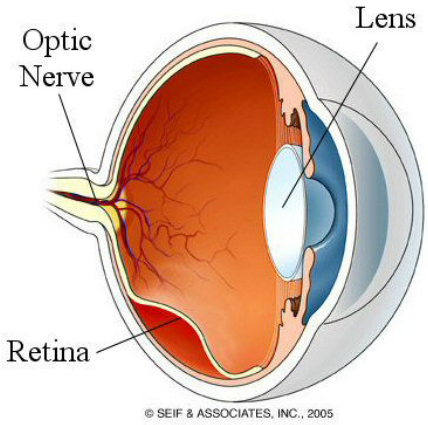
Retinal Detachment

The retina is the thin membrane at the back of the eye. It contains the light and color sensitive cells. These cells allow us to see by sending signals to the optic nerve, and then to the brain. It is like the film in a camera that processes images and allows us to see. Behind the retina is a layer of small blood vessels *(choroids)*. These blood vessels give oxygen and food to the retina. Detachment of the retina means the retina splits away from this layer of vessels. If the retina *detaches*, it is a medical emergency. It needs to be fixed immediately before permanent damage occurs. Common causes of retinal detachment are injury, inflammation, and *tumors* (lumps). It is most common among caucasian people, men, and nearsighted people. Retinal detachment is painless and usually *symptoms* (problems) appear before detachment occurs. You may see flashes of light and there may be the appearance of something floating within the eye. Once the retina detaches, it looks like a shadow or curtain is pulled over the eye.



TREATMENT

Once a retina detaches or begins to detach, the treatment is surgical. It is necessary to see an ophthalmologist or go to the emergency room immediately. If it the detachment can be treated before the *macula* (the part of the retina responsible for the sharp central vision) has detached, often the vision can be saved. The treatment may be laser therapy. Laser therapy involves a laser beam directed to the damaged area of the retina. This is called *photocoagulation*. It causes scarring. This scarring holds the retina down. Sometimes this is also done with a cold probe *(cryopexy)*. This also causes scarring to hold the retina down.

POSTOPERATIVE TREATMENT

- **Avoid strenuous activities** for several weeks or as directed.
- **Avoid straining.** Straining can happen with coughing, urinating, or having a bowel movement. Use a stool softener if necessary.

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