

## **Keep Your Eyes as the Prize**

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Health Focus Contributor

Raindrops and triangles before her eyes is how one patient described the abrupt change in vision that prompted a call, followed by an emergency visit, to her ophthalmologist.

The woman's doctor wanted to check for a detached retina, a serious event that can lead to loss of vision. More typical symptoms are flashes of light, the sudden appearance of floaters or the illusion of a curtain being drawn across the field of vision.

The patient, in her late 50s, was fortunate; the raindrops and triangles she described were symptoms of a less serious problem—a retinal tear that created a sudden onset of floaters. A tear doesn't always progress but increases the risk that a full retinal detachment could follow.

Using a laser in the office, her doctor repaired the tear and told her that this minor procedure could help avoid further complications. Even though her diagnosis turned out to be far less serious than a detachment, her doctor emphasized the importance of her visit. A retinal detachment is a medical emergency that in most cases needs to be diagnosed and treated surgically within 24 hours. The more a detachment progresses, the greater the likelihood of serious vision loss.

The retina is a delicate layer of nerve tissue at the back of the eye responsible for vision. Overlying the retina is the vitreous humor, a clear, jelly-like material. With aging, this jelly-like substance gradually liquefies, and, in the process, the gel pulls away from the retina, sometimes tearing small holes in the retinal tissue.

Much more frequently, only small pieces of tissue are released, causing harmless but visible “floaters” with no tears. Floaters are common with aging and, can be annoying because they often cross the field of vision.

A sudden onset of floaters, especially if accompanied by light flashes, should however be evaluated. Fluid seeping through a tear may just cause floaters, but if there's serious leakage, the retina can become separated from the back of the eye. A laser or a freezing probe (cryotherapy) can be used to seal the retina to the back wall of the eye, mending the tear and preventing it from getting larger.

Retinal detachments are far less common than tears, occurring in only one of 10,000 Americans

each year. A detachment typically begins on one side and moves across the eye, a process that can happen over a number of hours or several weeks. Symptoms that a detachment may be taking place often include blurred vision, a sense of a dark shadow affecting vision or a curtain being gradually pulled across the eye.

When the retina becomes detached, there is a real risk of permanent loss of vision in the affected eye. Eye surgery to reattach the retina is usually performed within 24 hours. In about 90 percent of cases the retina can be successfully reattached, and most patients will regain a good portion of their vision. The extent to which sight can be saved depends on the location of the detachment and the amount of time that has passed since symptoms began.

If you think you are experiencing a retinal detachment, seek help immediately or have someone take you to the nearest emergency department. Reattachment surgery is normally performed by a retinal surgeon.

A number of factors increase the risk of retinal detachment.

- Advancing age. Both retinal tears and detachments are more likely to occur in seniors. It's estimated that 70 to 75 percent of retinal detachments occur in persons over 50.
- Cataract surgery. The risk of retinal detachment rises to one percent in the weeks and years following cataract surgery. Patients who have had cataract surgery should be aware of the symptoms of retinal detachment and report any problems promptly.
- A retinal tear poses a risk that it could progress.
- Trauma to the eye or head is a relatively uncommon cause of retinal detachment.
- Myopia (nearsightedness) increases the risk because the globe of the eye tends to be more egg-shaped in a nearsighted person, exerting more traction on the retina. As a result, detachment is more likely to occur at a younger age.
- A number of cases of retinal detachment after LASIK surgery to correct vision have been reported, especially in myopic eyes.
- After retinal detachment, the lifetime risk of detachment in the other eye is about 13 percent.
- A family history of retinal detachment.

Awareness and prevention are the keys to avoiding loss of vision as a result of retinal detachment. If you schedule regular eye exams, your doctor can monitor eye health and might be able to detect a retinal tear when a minor repair can greatly lower the risk of a more serious event. Retinal tears are not always accompanied by symptoms so for some patients the exam might be the only way to know a tear has developed.

Knowing the telltale signs of both a tear (sudden onset of floaters, light flashes) or a retinal detachment (flashes, curtain effect, shadowy or blurred vision) and acting promptly when symptoms occur may literally save your sight.

The sudden appearance of flashes and floaters should prompt a call to your ophthalmologist and an eye examination, but it's important to keep in mind that in most cases these symptoms will turn out to be relatively harmless.

Symptoms of retinal detachment should be considered a medical emergency. In most cases the sooner the patient is treated the greater the chance of saving eyesight.

It's easy to take our eyes and eye health for granted. Regular exams by an ophthalmologist, especially after age 50, and prompt reporting of any sudden changes in vision will help ensure that you get to keep your eyes as the prize.

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