

## About Sight and Smile Centre

Sight and Smile Centre is a state-of-the-art eye and dental care facility established in 2008 in the heart of the Indian capital, New Delhi with the aim of providing world-class healthcare services at affordable costs to all sections of society. Located in Central Delhi, 100 metres from the Patel Nagar Metro station (on the blue line of the Delhi Metro transit system), the facility is also easily approachable by road. Vehicle parking facility is available. Spread over an area of 7200 sq ft, the centre is fully air-conditioned and has an elevator facility for patient convenience. It complies with all fire safety regulations. The comforting ambience, the warm atmosphere and cleanliness make it stand apart. Medical records of patients are maintained for future reference. The facility prides itself in having a fully-equipped ultra-modern eye operation theatre, which is one of the largest in the city. The centre is registered with the Directorate of Health, Govt. of NCT of Delhi and functions from 9 am to 9 pm (Monday - Saturday). Emergency services can be availed round-the-clock. Dr. Pankaj Malik heads the eye department while Dr. Jyoti Malik heads the dental department. It is our constant endeavour to provide such preventive and restorative services to patients that they have the best of sight and smile.



Website: [www.sightandsmilecentre.com](http://www.sightandsmilecentre.com)

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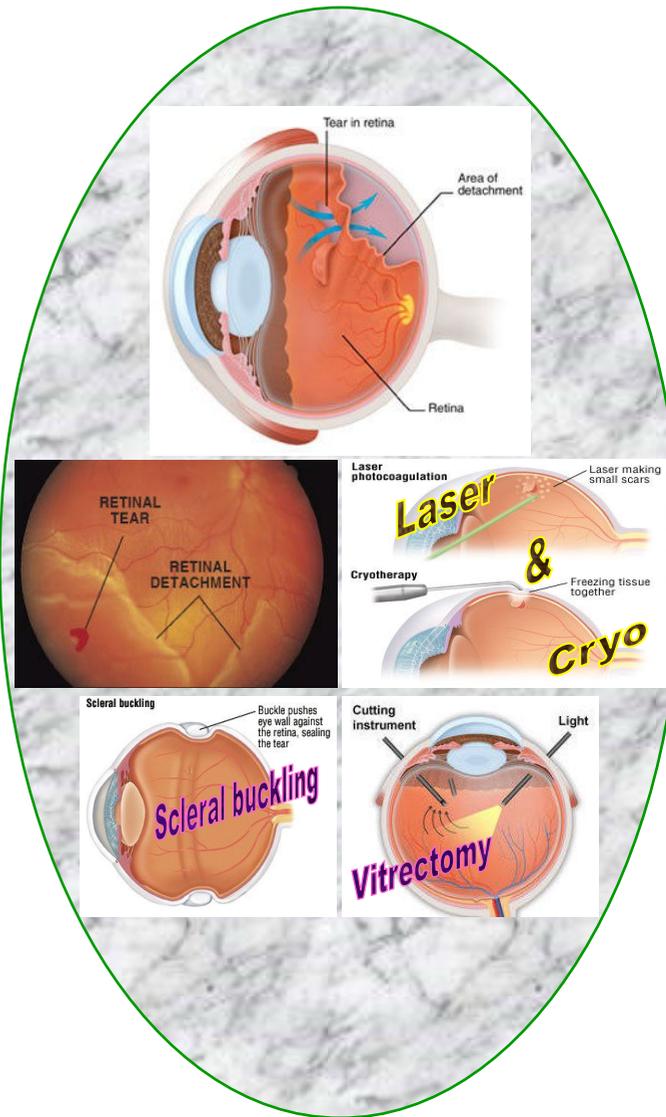
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## RETINAL DETACHMENT

Where time is of essence



Patient Information Brochure \*Not valid for legal purposes

## What is retinal detachment (RD)?

Retina is the light-sensitive innermost layer of the eye on which the image of whatever we see falls. **Retinal detachment (RD) is a disorder of the eye in which the retina peels away and separates from its underlying support, the choroid.** Urgent treatment is necessary, else permanent vision loss may ensue.

## Risk factors for RD

- Family history of RD.
- RD in the other eye.
- High myopia, especially more than 5 dioptres of spectacle power.
- After cataract surgery.
- Presence of eye diseases like degenerative myopia and lattice degeneration.
- Following eye injury.

## Types of RD

- ♦ **Rhegmatogenous:** This type of RD occurs due to a hole or a break in the retina which allows vitreous fluid to pass between the retina and the choroid. This is the most commonly encountered type of RD.
- ♦ **Exudative (secondary):** This type of RD occurs as a result of serous fluid passing into the subretinal space. There is no hole or break in the retina. Inflammatory conditions and tumours are the major causes of exudative RD.
- ♦ **Tractional:** This type of RD occurs when fibrovascular tissue growing on the retinal surface pulls up the retina from the underlying choroid as seen in diabetic retinopathy.

## Symptoms of RD

- Flashes of light (photopsia) - similar to lightning streaks as seen in the sky and mostly experienced in the outer part of the visual field.
- Floaters - black cobweb-like spots moving in front of the eye.
- Curtain-like shadow obstructing the field of vision.

Retinal holes are mostly asymptomatic as they usually occur in the peripheral retina and not in the visually important central part where the macula lies. Herein lies the importance of a dilated eye examination which can detect these holes before they cause detachment.

## Diagnosis of RD

RD can be detected by visualizing the retina after dilating the pupils. In case the retina cannot be visualized, an ultrasound of the eye (USG-B scan) can be done.

## Treatment of retinal holes

Treatment of retinal holes revolves around sealing / welding the retina to the choroid at the site of the hole in order to prevent vitreous fluid from seeping under the retina. Sealing can be done by:

- ♦ **Laser photocoagulation:** In this technique, a double frequency Nd:YAG laser is used to create dot-like burns around the hole. Eventually scarring ensues and the hole gets closed out.
- ♦ **Cryopexy:** In this technique, intensely cold nitrous oxide gas (freeze treatment) is used to create a chorioretinal scar around the hole.

## Treatment of RD

- ♦ **Rhegmatogenous: Urgent retinal reattachment surgery is the only treatment.**

Scleral buckling involves anchoring a silicon band / buckle with sutures to the sclera (outer wall of the eye) over the site of the tear. This indents the wall of the eye against the detached retina.

Pars plana vitrectomy (PPV) involves making tiny incisions in the sclera and using special instruments to cut and aspirate the vitreous fluid. The vitreous cavity is then filled with silicone oil or gas to push the retina towards the wall of the eye and aid in its reattachment. Laser or cryopexy is done around the retinal hole to seal it.

Visual results of RD surgery are good if the retinal detachment has not involved the macula. This fact, yet again, underscores the importance of seeking medical attention quickly on experiencing the symptoms of retinal detachment.

- ♦ **Exudative:** Treatment is usually non-surgical and aimed at treating the cause of the exudation. Treatment modalities include anti-inflammatory agents, antibiotics, radiotherapy etc.

- ♦ **Tractional:** Treatment is aimed at relieving the retinal traction and makes use of scleral buckling / PPV.