

## Retinal Detachment

Retinal detachments occur in about 1 to 2% of the general population. Frequently, the initial symptoms are flashing lights and small black specks in the vision. The latter are termed floaters as the objects tend to float about and are difficult to follow. Most flashes and floaters are not due to retinal detachments, but rather to vitreous detachments typically occurring posteriorly in the eye and termed posterior vitreous detachments or PVDs (see the FAQ on Flashes & Floaters).

PVDs are very common occurring in most everyone by the age of 80 years. However, while the symptoms of retinal detachments and PVDs are similar, the prognosis and treatment are very different. Anyone with these symptoms needs a complete eye examination as soon as practically possible.

The success of repairing a retinal detachment depends on the duration and extent of the detachment. Repair of a small tear, especially if anterior (towards the front of the eye), may be accomplished with a virtually painless laser procedure. If the tear is large or more posterior, it may still be treatable in an office setting, using a laser or other method of repair (such as air, gas, or cryo). If the tear is large or the retina is significantly detached, hospitalization and a lengthy surgical procedure will probably be required. Detachments that are long standing might also require surgical repair with more complex treatment and follow-up. The subject is too complex for a complete discussion in an FAQ setting.

The bottom line is that if you have new flashes and floaters, or the floaters are becoming more numerous (hundreds of little black specks), then you need a dilated examination of the vitreous and retina as soon as possible. The surgical success, if you have a retinal detachment, can be affected by how rapidly it is repaired (in days, not weeks). If the macular area (the center of our vision) is threatened, then sooner is better than later.