Detached or Torn Retina

The retina is the light-sensitive layer of tissue that lines the inside of the eye and sends visual messages through the optic nerve to the brain. When the retina detaches, it is lifted or pulled from its normal position. If not promptly treated, retinal detachment can cause permanent vision loss.

In some cases there may be small areas of the retina that are torn. These areas, called retinal tears or retinal breaks, can lead to retinal detachment.

Symptoms include:

- A sudden or gradual increase in the number of floaters (“cobwebs” or specks) that float about in your field of vision.
- A sudden or gradual increase in the number of light flashes in your field of vision.
- The appearance of a curtain over your field of vision.

If you develop any of these symptoms, call your eye care professional right away or go to the nearest emergency room.

Small holes and tears are treated with laser surgery or a freeze treatment called cryopexy. These procedures are usually performed in the doctor’s office.

Retinal detachments are treated with surgery that may require the patient to stay in the hospital. In some cases a scleral buckle, a tiny synthetic band, is attached to the outside of the eyeball to gently push the wall of the eye against the detached retina and laser or cryopexy treatment is used to weld the retina back into place.

Over 90% of those patients treated for a detachment have a successful outcome, although sometimes a second treatment is needed. The visual outcome is not always predictable and may not be known until several months following surgery.

A retinal detachment can occur at any age but it is more common in people over the age of 40. It affects men more than women. It is also more likely to occur in people who:

- Are extremely nearsighted
- Have had a retinal detachment in the other eye
- Have a family history of retinal detachment
- Have had cataract surgery
- Have other eye diseases or disorders, such as retinoschisis, uveitis, degenerative myopia, or lattice degeneration
- Have had an eye injury

Sources: NEI Health Information at nei.nih.gov
Seasonal Allergies Attack the Eye

Seasonal allergies affect more than 35 million Americans each year and can have a tremendously negative impact on an individual’s quality of life. Tree pollens in April and May, grass pollens in June and July and mold spores and weed pollens in July and August equal a five-month attack of eye-irritating allergens.

The combination of reproducing flowers and fungi with human antibodies makes for some awful allergy attacks each spring. Plant pollen and mold spores initiate the allergic response when they come in contact with the mucous membranes in the eyes, nose and lungs. Antibodies called immunoglobulin react by activating mast cells, which release chemicals, including histamine, to attack what the cells believe is a threat to the body.

Spring and summer allergy episodes can be a bigger problem than chronic varieties. Drier air and exploding springtime pollen counts wreak havoc on the itchy, inflamed ocular surface. Seasonal allergy sufferers usually endure a combination of ocular itching, inflammation, watering, and redness of the eyes. Ocular itching is the most distinguishing feature when seasonal allergy episodes occur. Some symptoms of seasonal allergies are also quite similar to dry eye symptoms. If you have seasonal allergy symptoms, it is important to see your Eye M.D. for a visual examination to help rule out dry eye.

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Interesting Facts

Did you know that . . .

The retinas of fish continue to grow throughout life. In mammals, the retina develops a fixed number of neurons early on and these cells must last for the entire life of the person or animal. However, the retinas of fish continue to grow, adding new neurons (called progenitors) to the edges of the retina throughout a fish’s lifetime.

What’s happening in Eye Care Research?

Clinical trials that are currently underway at the Penn State Hershey Eye Center are listed on the website of the Clinical Trials Office along with contact information for each study at:

http://www.pennstatehershey.org/web/eyecenter/research/clinicaltrials

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