

HOW IS A RETINAL TEAR DANGEROUS FOR MY EYE?

Tears can easily act as a channel for fluid to track under the retina, causing a retinal detachment. When a retinal tear or hole hasn't yet progressed to detachment, your eye surgeon may suggest an outpatient procedure which can usually prevent retinal detachment and preserve vision.

HOW ARE TEARS TREATED?

Small holes and tears are treated with laser surgery or a freeze treatment called cryopexy. Performed in the office, laser creates tiny burns around the retinal break. As healing takes place, a water-tight seal is formed, preventing a retinal detachment. Cryopexy works similarly to laser and is selected in certain circumstances.

HOW IS A LASER TREATMENT PERFORMED?

Your surgeon directs a laser beam through a special contact lens or a device mounted on the surgeon's head. This procedure requires no surgical incision, and it causes minimal irritation. Some of the laser spots can be felt, but are rarely painful.

WHAT ABOUT FREEZING (CRYOPEXY) TREATMENT?

Your surgeon briefly freezes the retina around the tear. After anesthetizing the eye, a freezing probe is applied to the surface of the eye directly over the defect. Cryopexy is used in instances where tears are difficult to visualize or reach with a laser or when fluid has already begun to seep under the retina. Your eye may be somewhat red and swollen afterwards.

WHAT DO I NEED TO DO AFTERWARDS?

Generally, a period of no activity is recommended for 5 days and decreased activity is recommended for about 2 weeks. Of course, any increase in symptoms will require another examination, in case any new tears arise or a detachment develops.