

Positioning After Retinal Surgery

~ BY IGOR WESTRA MD ~

Look in my waiting room almost any day and you might wonder why some patients are sitting with their heads down or tilted uncomfortably. We have a wonderful tool in retinal surgery that is an inert gas. It does not cause inflammation or react with anything in the eye. It is absorbed by the blood stream and breathed out. Some anesthetics can cause problems so we have the patients wear a wrist medical alert band. The gas expands with altitude so the patient shouldn't fly or go over high mountain passes. It also shrinks under pressure so the patient shouldn't scuba dive either. Laying on the back puts pressure on the front structures of the eye and can cause irreversible damage.

Gas is a very useful device in retinal surgery because it can gently hold the retina in place. The retina has the strength of wet tissue paper and so staples, sutures, or glue have not been successful in hold the retina in place. Gas also helps prevent scarring and can stop bleeding. It is most often used in retinal detachment surgery where the retina has been separated from the back of the eye. The retina has to be pushed back in place and gas is one of the common ways to accomplish this. Other conditions where gas is useful are in diabetic eye disease, eye trauma and macular holes.

The tricky thing about having gas in your eye is that you have to rely on the law of gravity to position the gas in the correct place. Depending on the situation the patient may need to keep their face down, head up or tilted. This usually needs to be done for one to two weeks depending on the situation. The gas stays in the eye for up to 2 months and is slowly removed by the body without the need for another surgery. The patient can put their head up for brief periods of time to

eat, go to the bathroom, to take a shower or to put their eye drops in. Driving is out of the question and working is not recommended. Special equipment is available for sale or rent which helps the patient get comfortable. Some patients rig up a laptop or small television on the floor so that they can use it while face down. A mirror can be angled at the television so that it can be watched while in position. The relative of one of my face down patients recently started her own company to make this equipment easier to get locally. Often these surgeries are unexpected and emergencies and trying to have special chairs shipped immediately from across the country is costly.

The results are definitely worth it. The success of these surgeries depends on good positioning and patients who stray from the recommendations often need a second surgery

Dr. Igor Westra received his medical degree from Dartmouth Medical School in Hanover, NH. He completed an internship in Internal Medicine at Jackson Memorial University of Miami Hospitals in Miami, Fla. His ophthalmology residency was completed at the University of Alberta in Edmonton, Alberta, Canada. Dr. Westra then completed a two-year fellowship in Diseases and Surgery of the Retina and Vitreous at Casey Eye Institute/Oregon Health Sciences University in Portland, Ore. For further information please call 910-254-2023 or visit www.retinaofcoastalcarolina.com.

