



Bern, May 11th, 2020

INFORMATION ABOUT RETINAL DETACHMENT AND ITS TREATMENT

Dear ...

During the examination of your eyes we discovered a retinal detachment, and we suggested surgery. Therefore, we would like to present you some important information about your disease and its possible treatment.

EXPLANATION OF YOUR DISEASE

The retina is a light sensitive tissue lining the inner surface of the eye. It contains the photoreceptor cells that produce the images you are seeing with your eyes, not unlike the film in an analogue photo camera. An eye suffering from retinal detachment will go blind without treatment. It is a medical emergency calling for rapid surgery. In most cases, this condition is caused by tears in the retina which in turn are the effect of physical forces within the eye. Through these tears, vitreous fluid will seep underneath the retina, gradually peeling it away. Typical symptoms are flashes of light and a sudden increase of spots (floaters) in the patient's field of vision. Immediate treatment by Laser surgery may prevent retinal detachment in some cases.

Retinal detachment does not cause any pain. Often, patients do not sense anything or only perceive peripheral shadows that grow slowly. Only when the shadows progress towards the central vision, visual acuity is lost.

Once retinal detachment has occurred, it can only be treated by surgery. Twenty to 30% of the patients suffer from cicatrization and shrinkage of the retina as a secondary effect. This causes a later re detachment despite the successful treatment, and several further surgical interventions are often needed.

The aim of our intended therapy is to firmly reattach your retina to the inner surface of your eye.



OUR OPTIONS FOR THE TREATMENT OF YOUR DISEASE

Every retinal tear must be sealed in order to firmly reattach the retina. Hence, the forces that caused the retinal tears have to be weakened by pushing the wall of the eye inward against the retinal hole(s). The surgeon sews one or more seals or silicone bands to the outside of the eyeball (corkage). In addition, Cryopexy and/or Laser Photocoagulation are applied around every retinal hole, which leads to an artificial scarring. This is needed to cause the retina to re-adhere to the wall of the eye.

Occasionally the surgeon determines during surgery that this treatment is not enough to stabilize the retina. Here the vitreous body behind the lens is removed (vitrectomy) and, depending on the stability of the retina, the eye is filled with air, gas, or silicone oil at the end of surgery

POSSIBLE PROBLEMS DURING SURGERY OF RETINAL DETACHMENT

After surgery, your vision will generally not be as good as it was before, even if the treatment of the retinal detachment were successful and despite new eyeglass lenses. This deterioration of your vision is virtually inevitable, especially if the center of the retina was detached. It is possible, however, that your visual faculty will recover during the first year after surgery.

By following our recommendations and advice you can contribute a lot to the healing process in the first days after surgery.

As mentioned above, it is possible that there will be a re detachment of your retina, even after successful surgery, e.g., because of excessive cicatrization. This re detachment generally happens between 3 weeks and 6 months after surgery. Here one or more additional surgical interventions are required to preserve your visual faculty (removal of vitreous body, scarred tissue, maybe additional seals and fillings with silicon oil). In case of a air or gas filling, access to an altitude of more than 750 m above sea level is denied due to the blinding risk in case of gas expansion in higher height until absorption of the gas. This has to be taken into account when you are planning your trip home.

Two to three weeks after successful surgery your vision should slowly recover, and you will be able to return to your daily routine without restrictions.



COMPLICATIONS & SIDE EFFECTS OF THE TREATMENT OF RETINAL DETACHMENT

After surgery patients sometimes experience minor bleedings and irritating tissue. This is normal, and no special treatment is needed. Extensive intraocular hemorrhages, infections, and other complications that can cause a loss of vision or of the eye itself are very rare, yet possible.

Occasionally, patients suffer from diplopic images, which may disappear by themselves or may have to be treated with special ophthalmic lenses or by surgery of the ocular muscles.

Without surgery, further degradation, or a complete loss of your vision is to be expected, while the risks of surgery are relatively small.

Therefore, we strongly recommend surgery of your retinal detachment, even though the chance of successful treatment with just one operation is only 70 to 80%. If we should find during surgery that the recommended treatment does not suffice to stabilize your retina, we will, given your informed consent, take all necessary additional measures and treatments to stabilize your retina as best we can.

After the re-examinations of your eye we recommend the following therapy, which offers the best chance of stabilizing your retina:

- right eye left eye
 - local anesthesia general anesthesia
 - sewing of a seal to the eye and cryopexy
 - sewing of a Cerclage to the eye and cryopexy
 - removal of vitreous body, cryopexy and/or Photocoagulation (Laser treatment)
 - gas filling silicone oil filling
 - Surgical replacement of the natural lens with an artificial intraocular lens (with a power that matches the other not treated eye)
 - other:
-



Patient ...

Date of birth 06.11.1940

INFORMED CONSENT (RETINAL DETACHEMENT, CATARACT SURGERY IF INDICATED)

The undersigned patient hereby confirms that she/he has been thoroughly and completely informed about her/his disease, the planned therapy, its possible complications/side effects/risks and its expected benefits.

Furthermore, he/she confirms to have read and understood this educational dossier. All her/his questions about the therapy have been answered clearly and completely. Aware of my disease, the planned surgery and its possible complications, as well as alternative possibilities, I hereby consent to the following treatment and eventual necessary extensions. I know that there may be additional treatments required to stabilize my retina.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> right eye | <input type="checkbox"/> left eye |
| <input checked="" type="checkbox"/> local anesthesia | <input type="checkbox"/> general anesthesia |
| <input type="checkbox"/> sewing of a seal to the eye and cryopexy | |
| <input type="checkbox"/> sewing of a Cerclage to the eye and cryopexy | |
| <input type="checkbox"/> removal of vitreous body, cryopexy and/or Photocoagulation (Laser treatment) | |
| <input type="checkbox"/> gas filling | <input type="checkbox"/> silicone oil filling |
| <input type="checkbox"/> Surgical replacement of the natural lens with an artificial intraocular lens (with a power that matches the other not treated eye) | |
| <input type="checkbox"/> other: | |

Date

Physician's signature

11.05.2020

Date

Patient's signature



Bern, 11. Mai 2020

Patient ...

Adresse Teststrasse 1, 3000 Bern

Geburtsdatum 06.11.1940

Bei obengenanntem Patienten / obengenannter Patientin ist eine operative Behandlung einer Amotio vorgesehen.

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örtliche Betäubung

Vollnarkose

Operationsdatum

Wir bitten Sie den Patient / die Patientin 1 Tag und 1 Woche postoperativ zur Nachkontrolle aufzubieten, weitere Kontrollen je nach klinischem Befund.

Sollte einer der Termine bei Ihnen nicht möglich sein, bitten wir um Rückmeldung. Wir danken im Voraus für die Übernahme der postoperativen Kontrollen und wären froh über die Rückmeldung und Wiederzuweisung bei Problemen oder unbefriedigendem Resultat.

Freundliche Grüsse

Prof. Dr. med. J. Garweg