RHEGMATOGENOUS RETINAL DETACHMENT WITH DISINSERTION
COLLEGE EYE ANOMALY COLOBOMA WITH FOCAL RETINAL DETACHMENT

We are excited to have collected the resources and experience to be able to provide a wide range of options for vitreoretinal care to include endoscopy, red and green diode laser and cryosurgical retinopexy by either invasive or noninvasive approaches.

Our state of the art vitreoretinal surgical suite includes a combination of equipment that provides the widest range of options for retinopexy regardless of the pigmentation of any given patient’s fundus, and regardless of the confounding obstructions in the cornea, lens/lens capsule, or vitreous.

Please contact us at 770-460-9060 or Eye@SAVESCenter.com to make an appointment or for more information.

South Atlanta Veterinary Emergency & Specialty
Fayetteville, Georgia
Phone: 770-460-9060
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Retinal Referral
Call the SAVES Center at 770-460-9060
We will speak with the owners and the referring veterinary ophthalmologist the day of referral to facilitate travel so the patients can be admitted for all necessary care within one week.

The cases typically present one day and are provided surgery the following day. Gas is not used to aid in our retinal reattachments, and using endoscopy, can ensure no air pockets remain in the eye at the conclusion of surgery. As soon as their postoperative care is complete, the patients are able to return home, even via air transportation. Postoperative care is typically 48-72 hours and during this time, we provide 24/7 ICU monitoring and care.

Endoscopy
Endoscopy allows for the viewing of the entire posterior segment including the ciliary processes, peripheral and posterior lens capsule, and even the zonules. The level of detail provided by this endoscopic view surpasses the best indirect viewing systems and illuminates traction bands, retinal tears, and even retinoschisis that may not be obvious or even apparent otherwise. The availability of endoscopy often provides for successful anatomic reattachment and vision even in eyes with severe or axial lens capsule opacities and eyes that develop intraoperative hemorrhage from the retina or choroid. We are equipped with endoscopes designed for either red or green laser capabilities so that we can provide this advantage regardless of the pigment of the patient’s retina.
In our hands, vitreoretinal surgery has a 90+% success rate for anatomic reattachment. If the patient is blind due to a total retinal detachment, they are most likely to regain vision if the surgery can be performed within the first month following reattachment. Success is possible after this first month, but is not as likely. The amount of vision that returns often seems to be directly related to the duration of the retinal detachment.

Retinas that are detached for weeks develop scrolled edges, delaminating atrophy, secondary traction membranes, additional tears, and contract away from the retina. Despite these changes some can still regain some vision with a successful surgery. These cases may require retinectomy or leaving exposed choroid in some cases.

Most patients (70-80%) regain enough vision to support navigation within the first 4 weeks postoperatively. In our caseload experience approximately half of patients maintain vision for years.

The silicone oil that replaces the vitreous is very viscous and requires mechanical assistance to inject. This viscosity both promotes its long term clarity and minimizes leakage into the anterior chamber. The presence of silicone oil makes electroretinography useless to predict retinal function and vision. Therefore, the best predictor of vision in a pet that develops cataracts after retinal reattachment surgery is the pet’s vision prior to development of the cataract.

Retinal surgery can be performed if the posterior capsule has ruptured, but these surgeries have a poorer long term prognosis for return of vision. They often require removal of silicone oil from the anterior chamber at some point postoperatively.

Eyes with exudative retinal detachments secondary to hypertension, infection, vasculitis, and similar disease processes are best managed medically in almost all cases.