NHS
Royal Berkshire
NHS Foundation Trust

Asymptomatic retinal detachment

We hope this information will answer some of your questions about asymptomatic retinal detachment. If there is anything you do not understand, or if you have any concerns, please tell us, as it is important that you understand everything before you go ahead with surgery and sign a consent form.

What is an asymptomatic retinal detachment?

You have a detachment of the retina which has not become noticeable to you. The retina is like the film in a camera – it lines the inner surface of the back of the eye and turns light into the images of the things we see. If the retina comes away from the back wall of the eye then it stops working – this is known as a retinal detachment.

What causes it?

The usual causes of retinal detachment are tiny holes or tears in the retina that allow fluid to spread under the retina and lift it away from the back wall of the eye. Most retinal detachments occur as a natural ageing process in the eye but certain people are at higher risk than others. These include people who are short sighted, those who have had cataract surgery in the past and those who have suffered a severe direct blow to the eye. Some types of retinal detachments can run in families but these are rare.

What are the signs and symptoms?

Some of the very peripheral retina closer to the front of the eye (directly behind the iris) is not used for vision and it is this part of your retina that has come away from the eye wall. This is why you have not noticed any impact on your vision.

This problem affects 1 in 200 people. In one in 10 people with this problem the detachment will deteriorate and may threaten the central vision.

What is the treatment for asymptomatic retinal detachment?

There are three main options:

1. Observation
2. Surgery
3. Laser

1. Observation

As there is only a 10% chance of the detachment progressing, it is possible to just observe this condition, especially if there are signs that it has been there for a very long time. If you experience new symptoms of flashing lights, increased floaters or a shadow across your vision, **you should contact your hospital straight away**.

The benefit of observation is that no surgery is involved. However, if the detached retina progresses, it may or may not be noticeable to you. Sometimes there are flashing lights, an increase in floaters or the appearance of a shadow in the vision but occasionally, patients may not notice the progression of the detachment until it has affected the central vision. In such cases, surgery is often successful in reattaching the retina but it may not be able to fully restore the central vision.

2. Surgery

It is possible to operate on this condition and hopefully prevent vision loss from retinal detachment getting worse. However, there are risks involved with surgery.

The benefits of surgery are that there is a good chance of securing the retina in position with a success rate of around 90% with one operation. If the retina reattaches successfully long-term follow up at the hospital is unnecessary. However, the main risk of the surgery is of the retina failing to reattach – a risk of around 1 in 10. A further two operations will secure half of those that fail the first time.

The side effects of surgery include double vision, which often settles, soreness and having to use drops after the surgery, blurring of vision and the possible requirement for glasses or a change of glasses after the surgery. There is a small risk that you will be significantly worse off following surgery if the retina cannot be fixed successfully or if a bleed or infection occurs. Fortunately, it is very rare to lose the sight completely.

3. Laser

Laser treatment around the area of detachment is also possible. This secures the edge of the retinal detachment and reduces the chance of progression, but does not give a complete guarantee that it will not get worse. Laser treatment may reduce the risk of progression of the retinal detachment but there is little evidence for this. Some 4% (1 in every 25) of those treated with laser will still go on to retinal detachment. The risks associated with laser treatment are low and the main risk is that there is development of retinal detachment despite laser therapy. Laser creates a burn on the retina and you may experience some discomfort during the treatment. Damage to the lens and occasionally swelling of the central retina reducing vision can occur. If laser treatment fails, it may alter the surgical options if an operation is later required.

What will happen next?

We must seek your consent for any procedure or treatment beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

Where can I find more information?

The RNIB have further information on retinal detachment, especially some practical advice: Helpline 0303 123 9999; website: www.rnib.org.uk; email: helpline@rnib.org.uk

References

J Fr Ophthalmology. 1983;6(4):375-8. [Retinal detachments treated by argon laser photocoagulation]

The advice in this leaflet is based on a variety of sources, including latest research published in peer-reviewed scientific journals. It has also been scrutinized by a panel of experts from the Britain & Eire Association of Vitreoretinal Surgeons (“BEAVRS”). If you require further information about this, please ask your surgeon.

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist. If urgent, please attend Eye Casualty or call 111.

Eye Casualty (Reading):	Mon-Fri 8am to 5pm; Sat & Sun & bank holidays 9am-12.30pm; Closed Christmas Day and New Year’s Day.
Eye Casualty: Prince Charles Eye Unit (Windsor):	Mon-Fri 8am to 5pm; Sat 8.30am-12.30pm; Closed Sun & bank holidays.
Greenlands Ward (Reading):	0118 322 7172 (24 hours a day)
Eye Day Unit (Reading):	0118 322 7123 (Mon-Fri 7am to 6pm)

Outside of Eye Casualty hours, you should telephone your GP’s out of hours’ service, ring NHS 111 or if you have serious concerns, visit your nearest Emergency Department (A&E).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Ophthalmology, November 2026. Next review due: November 2028.