



face-down recovery after retinal surgery

The retina is a layer of light-sensing cells lining the back of your eye.

As light rays enter your eye, the retina converts the rays into signals, which are sent through the optic nerve to your brain where they are recognized as images. The **macula** is a small area in the center of the retina that allows you to see fine details clearly. Due to aging, trauma or other eye conditions (such as myopia), a hole in the macula (macular hole) can form or the retina can be torn or pulled away from its normal position. A detached retina is a very serious problem that can cause severe vision loss unless it is treated. Repair of a detached retina or macular hole may require face-down recovery.

HOW IS A DETACHED RETINA OR MACULAR HOLE REPAIRED?

To repair the damaged retina, your ophthalmologist (Eye M.D.) removes some of your eye's vitreous (the gel-like substance that fills the inside of your eye) and injects a gas bubble into your eye to take its place. This bubble holds the retina in place as it reattaches to the back of your eye. You may have to keep your head face down (parallel to the ground or to the side) for up to several weeks after surgery so the bubble will be in the right position. With time, the bubble disappears and is replaced with your normal eye fluid. Your ophthalmologist will tell you how long you must maintain positioning of your head and eye.

WHY IS MAINTAINING A FACE-DOWN POSITION SO IMPORTANT?

Once inside your eye, the bubble will rise to the top and float there (see figure 1). Since the retina lines the back of the eye, your head must be face down (or to a specific side, depending on your condition) so the

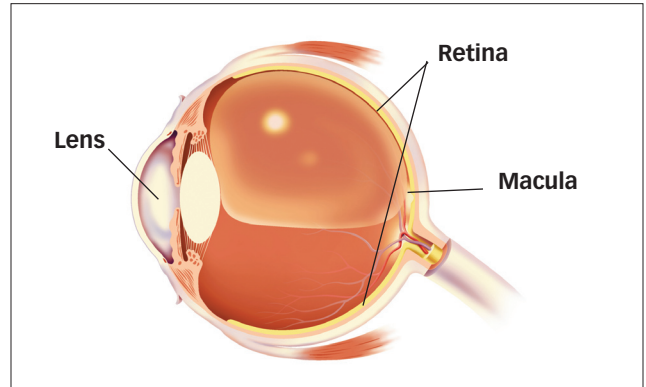


Figure 1: When standing or sitting upright, the gas bubble will float incorrectly in your eye. Your retina may not heal successfully in this position.

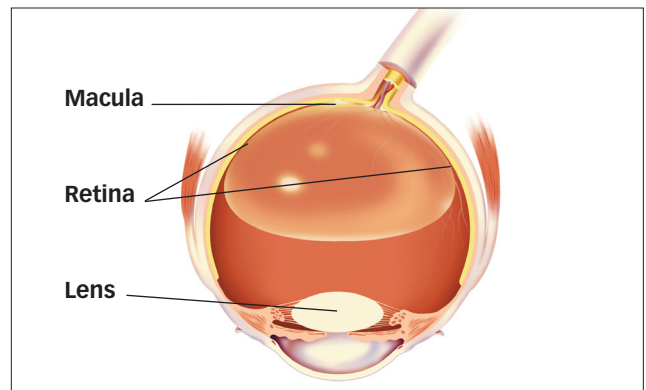


Figure 2: Correct position. When seated or lying face down, the bubble will float in the correct position in your eye, putting pressure on the retina and helping it reattach to the back of the eye.

bubble floats and holds the retina in place correctly (see figure 2). The surgery may not work unless you maintain the correct position.

Lying in the wrong position, such as face up, puts pressure on other areas in the eye and may cause the development of further problems, such as a cataract or glaucoma.



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MUST I MAINTAIN A FACE-DOWN POSITION AT ALL TIMES — EVEN WHEN WALKING?

Yes; unless your ophthalmologist instructs otherwise, you must maintain the face-down position at all times. This includes when you are standing, eating, walking, sitting or lying in bed. When walking, you should have someone walk with you to avoid injury.

If you are sitting, try using a table for support to avoid neck and back discomfort. Fold your arms or palms together on the table in front of you, and lay your head forward so it rests on your arms.

If you are lying down, try lying face down with your operated side hanging over your pillow (to avoid pressure).

You can buy or rent special equipment designed to make your recovery period more comfortable and convenient. These include:

- adjustable face-down chairs;
- tabletop face cradles;
- face-down pillows;
- face-down mirrors.

The face-down chairs, cradles and pillows support your head or body so that you can read, write, sleep and eat more easily and comfortably during the recovery period. The face-down mirror allows you to see people and objects around you without having to turn them upside down. You can still watch television and have face-to-face conversations with visitors.

Your ophthalmologist can help you order the equipment or suggest other ways to make your recovery period more comfortable.

COMPLIMENTS OF YOUR OPHTHALMOLOGIST:

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