

# RETINAL LASER TREATMENT

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## **What is retinal laser treatment?**

It is a type of laser that uses high-intensity beam of light energy that is focused on the retina by selectively treating the area of concern. The energy is absorbed by the retinal tissue causing microscopic spots that either destroy or stick the retinal tissue together.

## **When do I need retinal laser treatment?**

This is commonly used in the following eye conditions:

Diabetic retinopathy

Retinal vein occlusion

Age-related macular degeneration

Retinal tears or detachment

Other conditions such as central serous retinopathy or ocular tumours

## **What can I expect during a retinal laser treatment?**

Normally, you will have eye drops to dilate the pupils and to numb the eye that is being treated. The laser treatment will be performed with a laser machine with you seated down or reclined on a bed. There will be bright lights during the laser treatment and your vision will be very blurry in the first 10-15 minutes after the procedure is completed. You will feel some discomfort but if it is too uncomfortable, an anaesthetic numbing injection can be given. The laser treatment normally takes around 15-20 minutes. Following the procedure, a follow up appointment will be arranged prior to your departure home. No drops are required post laser treatment. You should be able to resume normal daily activities the next day unless instructed otherwise.



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## What is the risk with retinal laser treatment?

Most commonly, you will not notice much change to the vision and at the first instance, the vision will be very blurry after the laser treatment but will settle down after 10 minutes. Occasionally you can get some headache or pain which should settle with some simple analgesia such as paracetamol.

Other less common risk are loss of peripheral vision and night vision, blind spot, or the need for further laser or surgery in some cases if the laser treatment did not work.

It will take several weeks or months to know if the laser treatment has worked.

