BLOG 2014 - 5 Last Modified 2014 October 11

Detached retina or a stroke?

In early January 2010 I had just finished some work at my desk and come in to eat dinner in front of the TV. While I was eating, I noticed a very peculiar visual phenomenon. To the right of where I was looking there was an area that appeared as if I were seeing the world through a large drop of water. That is to say, things seemed clear enough, but distorted – as if seen through water.

Unable to resist testing the phenomenon, I quickly determined that the "bubble" could only be seen through my left eye. Vision through my right eye was perfectly normal. Next, I discovered that if I turned my head abruptly to the right and stopped, the bubble area would momentarily move to the left in the field of vision in my left eye, and then settle back into its usual position. (As it turned out, playing with the appearance in this manner may not have been the wisest thing to do.)

In any case, having no other symptoms, I waited to see if the bubble would clear up by itself or would disappear. By the end of the meal, nothing had changed. At this point I broke the news of my experiences to my wife and we set off for the largest hospital in Raleigh, to get me checked out. Once in the trauma center, I was seen quite quickly by a triage nurse, to whom I told my story – for the first of many times throughout the rest of the evening, overnight and the next morning. One thing I remember very clearly was that *every* repetition included the simple statement that I saw the "bubble" *only* with my left eye.

Naturally, they poked, prodded, tested and scanned me extensively. I was visited by doctors, nurses, interns and residents. Some of these individuals looked into my eyes with an ophthalmoscope, but no other vision tests were done.

By the time I awoke in the morning, I had formed my own diagnosis (and was figuratively kicking myself for having missed it sooner). The retina in my left eye was becoming detached! Realizing that if I were correct, time was short. I had to see an ophthalmologist almost immediately or I would risk losing some portion of my vision permanently. (I've heard a rule-of-thumb that each day's delay in repairing such a tear can mean the permanent loss of one line on the standard eye chart.) I started to explain my hypothesis (and my concerns) to everyone who came to see me.

There were two results: first, my request to be released, so that I could see my own eye doctor, was generally ignored and additional tests were scheduled, because they had not yet found signs of a stroke or any other neurological damage; second, I was informed that despite the size of the

facility and its claim to be a major medical center, they had no equipment to examine eyes in a thorough way. (An ophthalmoscope is too limited a tool for spotting detachments.) To make things worse, the hospital did not maintain operating rooms/equipment for the diagnosis or repair of retinal damage AND they had NO ophthalmologists on staff!

Time was moving. It was early Friday afternoon and I had to see the right professional quickly. I took things into my own hands and called (from my hospital room) for an appointment at my eye doctor's. They didn't hesitate; I had an appointment for later that same afternoon. A little additional stubbornness with the hospital got me released and I was able to get to my appointment.

It took a slit-lamp and approximately *15 seconds of observation* for my ophthalmologist to diagnose the detachment and only slightly longer to schedule surgery for the next day – at a different hospital. (He said he would have operated immediately, but my original hospital had fed me lunch a few hours before and, unfortunately, it had not occurred to me to pass it by.) Meanwhile, I was cautioned to keep my head positioned on its left side, so that the torn retina could begin to settle back into its proper place.

Generally, the surgery went well. (See BLOG 2014 - 6 for a potentially scary side issue.) Afterward, my surgeon described the damage. When he started the repair on my eye, the retina was already almost half off; the entire left side of the retina was detached, down to the central area of vision, although the critical *fovea* was still hanging on. The delicate process of reattachment, however, had seemed a success and it was now a matter of time.

For the next several weeks, I learned to sleep with my face down. (At first, I rested with my head propped over the thick end of a foam bed wedge, with my arms extending above my shoulders and over the top of the wedge, so that I could breathe.) Some weeks later, my doctor approved sleeping upright and I started tying myself into a big soft chair – to prevent the possibility of falling forward onto the floor. I could not recline, nor was I supposed to allow my head/face to turn upward, because a bubble of special gas had been put into my eye to push against the retina. It would do potential harm, if the bubble pushed the wrong way, e.g., if it pushed against my cataract replacement lens.

During these early weeks of recovery, I was told not to read, because the micro back-and-forth motions of the eye could do possible harm. Not reading was one of the most difficult limitations; fortunately, I had already begun to use audiobooks while commuting to/from work and while walking around the neighborhood, so this activity expanded to fill my time.

I returned to my surgeon for follow-up visits many times over the next year. By the end of my formal recovery period, I found out that I was extremely lucky. My repaired left eye scored between 20/20 and 20/25 on most visits, sometimes scoring slightly better than my right eye!

I dread to think of the possible outcome had I not originally argued for seeing the proper kind of physician as quickly as possible. Although I concede that it was important for the hospital to check out major issues – such as a possible stroke – there were still two serious shortcomings to my treatment.

First, there would have been a lot less testing/scanning, and a lot quicker surgical correction of the actual damage, IF a resident ophthalmologist had been on duty; as described above, anyone with the proper equipment and training would have required less than a minute for an accurate diagnosis. Second, if anyone at the hospital had paid attention to the fact that I observed my original bubble through only one eye, not both, I could have moved on much more quickly. (Although a very few types of stroke could have created a monocular distortion, the much likelier cause was a problem in the eye itself, rather than higher in the brain, a fact I later confirmed with two different physicians – one an ophthalmologist and the other a neurologist.)

Note: *As I've noted elsewhere, reports of my medical "adventures" are simply that – personal experiences that may be interesting to some others. Although they may also be considered a general caution about asking the right questions concerning one's health care, they are not intended to provide individual diagnoses for anyone else. I am not an MD, nor a surgeon, although I have had the great good fortune to be treated by several excellent ones.*