

Pan-Retinal Laser Photocoagulation Maintaining your vision.

■ Uses

Many retinal vascular conditions (mainly Diabetic Retinopathy and Retinal Vein Occlusion) lead to poor blood supply of the retina, which in turn leads to the growth of new blood vessels on the surface of the retina. These new blood vessels, called neovascularization, are fragile and can hemorrhage into the eye.

In severe cases, scar tissue produced by these vessels can lead to a form of retinal detachment.

Laser is meant to cause the new blood vessels to regress before they cause either a hemorrhage or a tractional retinal detachment.

■ Pre-treatment

Please bring a driver with you.

If you are very anxious, you might consider taking a relaxation medication beforehand, but most patients do not require this.

You might also consider taking Ibuprofen, Tylenol, or a stronger pain medicine (as a precaution) if you have it on hand, as minor discomfort can occur either during or after treatment.

■ Procedure

Performed either at the slit lamp (the same machine the doctor uses to examine your eye), or while lying back in an exam chair.

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All patients receive topical anesthesia (numbing drops), but some physicians, depending upon preference and the type of pathology, will also administer a numbing injection.

Laser spots are used to treat the areas of poor blood supply in a checkerboard or polka-dot pattern.

The procedure itself typically takes anywhere from 5 minutes to 15 minutes, but occasionally extensive pathology will take longer.

■ After treatment

If a numbing injection is used, you will need to have a patch over the eye for an hour to 6 hours, depending upon the technique used.

Mild to moderate discomfort is normal, but severe pain isn't normal and you should call our office immediately if this occurs. When discomfort is present, supportive care should be undertaken - artificial teardrops if the eye is irritated, cool compresses for headache or eye ache, and Tylenol or Ibuprofen liberally for a day or two.

Some physicians prescribe eyedrops, depending upon the extent of the treatment.

Your vision will be blurry for some time after the procedure, or after the numbing medicine wears off, but it should return to its pre-treatment level within a few days.

The treatment does not eliminate floaters, which frequently clear spontaneously with time. If clearing does not occur, surgery to remove them can be considered at a later date.

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You may experience a strobe light or kaleidoscopic effect following treatment, but these symptoms should also ease with time. If not, please call our office to discuss.

Occasionally, this form of treatment can cause mild difficulty with light to dark or dark to light adaptation, or with near vision, but these symptoms usually ease significantly with time.

You may return to normal activity after the treatment, but please avoid jarring or vigorous activity until seen for a follow-up exam and cleared to return to higher impact activity.

Please call our office immediately at **505-982-5716**:

- If discomfort is severe or persists.
- If severe visual changes persist beyond a few days.
- If floaters or vision take a turn for the worse.