

Retinal tear gives Oklahoman reporter firsthand look at eye trauma

An estimated one in 10,000 people get detached retinas. Sonya Colberg was one of them and learned she'd almost certainly go blind without surgery.

BY **SONYA COLBERG** | Published: May 23, 2010  0

As I rushed to the hospital in the pounding rain, I mentally designed cute eye patches.

Then I hit on something even better: I'd look swell in Lady Gaga-like headgear with maybe a swoop of purple lace over my soon-to-be blind eye.

But I ultimately left any stitching to my doctor.

I'd fussed for days about my blurry vision and the hundreds of tiny, black spots, along with two big, black tailed spots scurrying in my left eye.

One night, I realized that in the dark, what looked like a flashlight beam had appeared in the bottom of that eye.

That couldn't be good.

My ophthalmologist spotted a little tear in the retina the next morning and immediately sent me to Dr. Sam Dahr.

Within minutes of arriving at Integris Baptist Medical Center, I was whisked into an examination chair so Dahr could examine both eyes.

An estimated one in 10,000 people get detached retinas. I was one of them, and I learned I'd almost certainly go blind without surgery.

"One tear at 12 o'clock. One at 12:30 and ... one at 3 o'clock," Dahr said quietly as he peered into my eye. "I talk to myself because it helps me remember."

If the National Institutes of Health-trained ophthalmologist, who also reviews clinical trials on retinal devices for the U.S. Food and Drug Administration, wanted to use memory techniques that help in the operating room, it was fine by me.

Dahr stepped over to a table and picked up colored pencils to draw the location and appearance of the tears.

Time for surgery

My husband and I were still trying to make sense of the blur of activities when Dahr told us scleral buckle surgery was scheduled at 5:30 that Friday evening.

Buckle surgery involves tying a silicone band around the eyeball under the skin layer of the eye. This procedure bends the eye wall inward toward the detached retina.

Dahr calls his work fun and fascinating. He said he drew inspiration from his father, a now-retired Integris Baptist cardiologist, and family friends who were cardiac surgeons and family practice physicians. But as a child, he wondered what mysterious things his ophthalmologist saw when he examined Dahr's eyes.

"The back of the eye is really one of the most beautiful structures in the body," said Dahr, whose office is about 100 yards from the hospital room where he was born. "And I count myself lucky that I get to look at these beautiful structures 20 or 30 times a day."

While I was being prepped for surgery, anesthesiologist Dr. James Simonson explained they'd use local block anesthesia and I'd be awake. I'd been sick after being completely "out" during general anesthesia for a previous surgery and wanted to avoid that again, if possible. Local or general anesthesia could be used, however.

Surgery lasted about two hours and didn't leave me sick. I went home to recuperate with a painkiller, an eye patch and instructions to see Dahr again the next morning, a Saturday.

Was it a success?

Early Saturday morning, the eye hurt.

When I got up to take a second painkiller, I became nauseated and called to my husband.

Everything suddenly became quiet and peaceful and I seemed to be standing at a bright light that spilled through a huge doorway.

My husband caught me as I passed out, apparently not breathing and with one eye patched and the other one staring open.

In the emergency room, they determined the combined effects of the pain medication, surgery, dehydration and little food apparently made me faint.

Dahr visited me in the emergency room and said the surgery had successfully reattached the retina, as happens in about 85 percent of first-time retinal detachment surgeries.

"You've had an adventure these past 24 hours," he said. "Retinal patients do sometimes have adventures."

My cousin, my mother and I all have been diagnosed with detached retinas. Research shows detached retinas often run in families.

Recovery can be long

One out of seven patients with retinal detachments end up needing multiple surgeries, Dahr said. Also, about 1 to 2 percent of patients never get their retinas reattached despite multiple surgeries, research shows.

I was one of the lucky ones because much of my vision has returned. I also became one of the 5 to 10 percent of patients who end up seeing double, though it's improving, and Dahr said it may end in coming months. Patients find it often takes three, four, maybe six months or more before they know how much vision has returned. Sometimes it's 20-30 or even 20-20, with prescription lenses.

"Eyes are very emotional. And when a patient may have eye surgery and recover vision, but not as much as he or she would like, or loses vision despite all best efforts, it's tremendously emotional for both the patient and the surgeon," he said.

Dahr pointed out that it's gratifying for both patient and doctor when, as usually happens, vision returns after surgery. Without surgery, Dahr said patients can expect blindness and sometimes even loss of the eye.

There's about a 5 percent or higher increased chance of getting a detached retina in the other eye after a detachment occurs.

So I'll be watching for that with my regular eye exams and attention to those spots or floaters. If it does happen again, I'll see the surgeon and forget about Lady Gaga.