INTRODUCTION

Retinal detachment (RD) is the separation of neural retina from the retinal pigment epithelium (Kanski 1994). Trauma, high myopia (>6 dioptres), complicated cataract extraction, posterior vitreous detachment, diabetic retinopathy and retinal degenerative changes can cause RD (Kanski 1994; Adams and Charteris 2002). Untreated retinal detachment can result in loss of vision and have a major impact on quality of life. The treatment of retinal detachment is to promote reattachment of the retina and prevent further formation of retinal breaks. The goal is to preserve or restore useful functioning vision. The type of retinal detachment treatment depends on the extent and severity of the detachment and position. Retinal detachment treatment might involve laser, cryotherapy, scleral buckling, vitreectomy or injection of tamponade agents to promote reattachment and to prevent further formation of retinal breaks (Adams and Charteris 2002; Marsden 2004). Those who have surgery to reattach the macular are often required to posture facedown for long periods of time. Patients tend to find this uncomfortable and difficult to maintain and may experience a variety of psychological and physical problems (Harker et al 2002).

Background Literature

No research was located that had studied patients’ experiences of recovery posturing post vitrectomy, and insertion of heavy liquid (perfluoro-octane, Densiron or Oxane HD). A critical examination of the last 15 years of literature revealed only seven relevant articles on posturing face down following macular surgery. Long periods of posturing face down can be uncomfortable and difficult for patients (Kobari et al 1993; Harker et al 2002) and may cause neuropathy and loss of vision if performed inappropriately. Ciulla et al (1996) reported two patients who developed ulnar nerve palsy due to flexed elbow after 2-4 weeks face down posturing following vitrectomy and intraocular perfluoro-octane treatment. One was treated conservatively and, the other required decompression of the right nerve at the elbow.

Cullen (1998) advised pre and postoperative education (planning for basic living) and psychological support to be arranged before surgery. Kobari et al (1993) recommended the use of a modified baseball catcher’s mask to improve comfort and maintain effective downward ocular fixation following surgery. However, neither the evaluation method nor the patients’ perspective was reported. Harker et al (2002) studied a small group (n=23) using patient feedback letters and two focus groups and reported patients’ experiences of posturing prone as unpleasant and like “torture”. The experiences included sleeping problems. Others found that pre-operative education on positioning and how to prevent or minimise possible