If you or a loved one have suffered because of a negligent error during eye treatment or surgery, you may be worried about how you will manage in the future, particularly if your eyesight has been made significantly worse.

Our medical negligence solicitors are experienced in helping clients pursue claims related to the treatment of eyes. This guide provides an outline of the expertise we have in relation to eye surgery and treatment. If you think you could have a potential claim for negligence, contact our team today for a free, no obligation assessment of your case.

Introduction

Treatment and ophthalmic surgery is available for various eye conditions to improve poor or failing eyesight. There are risks with such surgery and it is important that these risks are fully explained so that the patient can give informed consent to the procedure. In some cases the eyesight is made worse or lost because of a lack of care.

Claims can arise from:

- Failure to diagnose and deal with foreign bodies in the eye.
- Poor technique during cataract surgery.
- Delay in the diagnosis and treatment of retinal detachment.
- Delay in the diagnosis and treatment of glaucoma.
- Delay in recognising that an injury has occurred during surgery.
- Failure to organise further treatment or surgery to minimise the loss of vision.
Cataracts

Cataracts are the major cause of blindness worldwide, but surgical techniques have a very high success rate.

A cataract forms in the lens and impairs vision. There is a loss of transparency when a grey-white opacity (so that light cannot penetrate) forms. Most cataracts are caused by degenerative changes, often after 50 years of age. Trauma, such as a puncture wound, may result in cataract formation.

The symptoms of a cataract are:

- Glare.
- Difficulty with near/reading vision.
- Worse vision in bright light.
- Progressive blurring of vision.

Cataracts cause progressive visual deterioration. The rate of change is extremely variable. Traumatic cataracts may appear within hours of injury. Age-related cataracts may take years to progress.

A patient with early signs of cataract should be referred for a surgical opinion to an ophthalmologist with a special interest in cataract and refractive surgery.

Complications of Cataract Surgery

Complications of cataract surgery during the surgical process occur because of faulty technique or intrinsic pathological features within the eye. Anaesthesia administration carries its own risks. Injected local anaesthesia has significant potential complications.
Retinal Detachment

The retina is the light-sensitive layer at the back of the eye made up of light-sensitive nerve endings and their supporting nerve and connective tissue. The retina is a delicate multilayered nervous tissue membrane inside the eye that links with the optic nerve. It receives images of external objects and transmits the visual impulses to the brain through the optic nerve.

Retinal detachment is a separation of the retina from the back of the eye. As the layers separate there are symptoms of flashing lights which go as the separation completes. There may be a rupture of blood vessels causing a shower of black floaters to be seen.

Patients usually seek advice from an optometrist first. If the optometrist suspects the presence of a retinal detachment then urgent referral is required. Early diagnosis and treatment are essential.

Retinal detachment can happen for two reasons:-

- Solid material (such as a tumour or blood).
- A hole in the inner retina causing fluid to detach the retina.

Retinal detachment causes loss of vision, which takes the form of a shadow or curtain spreading across the field of vision. The size of the visual loss varies according to the degree of detachment.

Errors in Treating Retinal Detachment

Errors which can result in permanent loss of vision from retinal detachment are:-

- Delay in referral.
- Failure to diagnose.
- Failure to treat correctly.
Delayed Diagnosis of Retinal Detachment

Children, especially boys, around the age of 10 can develop reduced vision in one eye. The wrong diagnosis can be made because these retinal detachments progress slowly. The shallow detachment makes diagnosis difficult unless the eye is examined properly. Failure to make an early diagnosis can have a significant impact on the outcome.

Patients with early signs such as flashes and floaters are usually seen by junior doctors. They may not have the experience to diagnose an open retinal tear. Retinal tears can be repaired to prevent retinal detachment if treated in time.

Diabetic Retinopathy

Diabetic retinopathy is a disorder of the blood vessels in the retina and can occur in long-standing diabetes. It is characterised by bleeding from the small blood vessels in the retina and the formation of new vessels and tissue. It can cause blindness.

Photocoagulation

Photocoagulation is the use of lasers or high intensity light beams to weld tissue within the eye.

Photocoagulation of the retina by lasers to seal bleeding blood vessels is widely used in the treatment of diabetic retinopathy. If the laser operator "gets lost" when performing extensive pan-photocoagulation they can stray into the wrong area and damage central vision. This can cause major problems because the vision is already reduced by the diabetic disease and such an injury may put the patient into the registered blind category.

Inadequate Treatment of Diabetic Retinopathy

Widespread photocoagulation in the early stages diabetic retinopathy can have a major beneficial effect. If treatment is denied, delayed or inadequate this can lead to the development of severe fibrotic and often untreatable retinal changes loss of sight whereas the vision might have been saved by early and proper intervention.
Glaucoma

Glaucoma is an abnormal condition of increased high pressure in the eye.

Acute glaucoma causes extreme eye pain, blurred vision, redness of the eye, dilation (widening) of the pupil. It may cause sickness and vomiting. If untreated, acute glaucoma can cause complete and permanent blindness within 2 to 5 days.

Chronic glaucoma may produce no symptoms except gradual loss of peripheral vision over a period of years. It may cause headaches, blurred vision, and a dull pain in the eye. Halos around lights and central blindness can occur late on in the condition.

Delayed Diagnosis of Glaucoma

Declining vision can be mistakenly attributed to cataract so that glaucoma is not suspected. This error can be because the visual fields of the eye are not assessed and/or the pressure in the eye is not measured. This can result in a failure to treat or a delay in treating the condition.

Do you need advice about a potential claim for medical negligence?

This is only a very short summary of what is a complicated medico-legal topic. All claims for medical negligence require a detailed assessment of the factual, medical and legal issues surrounding the circumstances of the treatment. Switalskis can help you find a way through this maze.

If you have been affected by these issues or have undergone eye treatment or surgery and believe there may have been a problem, please contact our specialist medical negligence solicitors, who are very happy to discuss the issues with you.

If you would like to talk to a specialist medical negligence solicitor, in confidence, call us now on 0800 422 0242, email us at medical.negligence@switalskis.com, or visit our website: www.lawyers4patients.co.uk.