

OPHTHALMOLOGY WAIVERS

CONDITION: RETINAL DETACHMENT (ICD9 361.9)

Revised January 2003

AEROMEDICAL CONCERNS: A detached or torn retina can lead to visual impairment. Severity of the condition depends on the part of the retina involved and the success of therapy. Routine exposure to G-forces has not been shown to increase the risk of retinal detachment.

WAIVERS:

Initial Applicants:

Class 1A/1W: Detached retina is disqualifying and exceptions to policy are rarely granted.

Class 2,3,4: Waiver may be considered if the applicant has normal vision without complications.

Rated Aviation Personnel (All Classes): Detached retina is disqualifying for aviation service. Waiver may be considered if the aircrew member has normal vision without complications.

INFORMATION REQUIRED: Ophthalmologic evaluation is required in all cases, but particularly for retinoschisis, retinal tears, or central serous retinopathy.

TREATMENT: Diathermy, photocoagulation, cryotherapy, scleral buckling or laser therapy are acceptable treatments for retinal detachment or tears. The duration of central serous retinopathy may be shortened and the incidence of further attacks reduced by laser photocoagulation. Usually no treatment is required for retinoschisis unless rhegmatogenous detachment occurs.

DISCUSSION: A retinal detachment is the separation of the neuro-sensory retina from the underlying retinal pigment epithelium, usually with accumulation of fluid between them. There are three types: (1) rhegmatogenous, (2) exudative, and (3) traction. The incidence is approximately 10 per 100,000. This incidence increases with myopia, diabetes, age, and trauma. Certain vitreoretinal degenerations such as lattice degeneration increase the risks of retinal detachment. With surgical treatment, there will be permanent reattachment in up to 90 percent of uncomplicated cases. If the macula is involved, the resulting vision in that eye is likely to be on the order of 20/200. The risk of the occurrence of a retinal detachment in the other eye is as high as 12 percent and is most likely to occur within 5 years of the initial detachment. Retinoschisis occurs in 3 percent of the population, with increasing frequency from the second decade. The final outcome of central serous retinopathy (choroidopathy) seems unaffected by the duration of the condition, the initial visual acuity or the age of the patient. Recurrences are frequent and approximately 20 percent of patients have the condition for more than 6 months.

REFERENCE: Emedicine: <http://www.emedicine.com/emerg/topic504.htm>