Argon Laser Retinopexy

Key Facts | Treatment for a Retinal Tear

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

What is a retinal tear?

The retina is the light-sensitive layer lining the back of your eye. As the vitreous gel separates with age, a normal event called posterior vitreous detachment, it can occasionally pull hard enough to tear the retina. Fluid can then pass through the tear and underneath the retina, causing a retinal detachment.

Why treatment matters

A retinal detachment is much more serious than a tear and usually requires an operation. If it reaches the macula, the centre of your vision, some loss can be permanent even after successful repair. Retinopexy aims to treat the tear before it becomes a detachment, which is why it is often arranged urgently.

Do all retinal holes need laser?

No. Some low-risk holes and peripheral changes can safely be observed, and the presence of an abnormality alone is not a reason to treat it. The decision depends on the type and position of the break, your symptoms, vitreous traction, whether fluid is already tracking underneath, and your individual risk.

What the laser does

Argon laser spots are placed around the tear. As they heal they create an adhesion between the retina and the tissue beneath, forming a barrier. The tear itself remains present: the retina around it is sealed down, making it much harder for fluid to pass through and underneath.

What it cannot do

Laser does not remove the tear, remove the vitreous, cure a posterior vitreous detachment, remove existing floaters, necessarily stop flashes, prevent every future tear, or guarantee that a detachment can never occur. Successful treatment does not make your symptoms disappear, and floaters remaining is not treatment failure.

On the day

- Performed in the clinic. Eat, drink and take medication normally.
- Drops dilate the pupil and numb the surface of the eye.
- A contact lens is placed on the eye so the peripheral retina can be seen.
- You see bright flashes. Some feel little; others notice brief sharp or aching sensations.
- Your pupil stays dilated afterwards, so do not drive yourself home.

The laser is not protective immediately

The adhesion develops over the following days rather than instantly. The period immediately after treatment therefore remains important, new or worsening symptoms must not be ignored on the basis that laser has been done, and the activity advice you are given for your particular tear matters.

A detachment can still occur

Laser substantially reduces the risk but cannot reduce it to zero. Fluid can progress before the adhesion is secure, the tear can extend beyond the barrier, another tear can develop elsewhere, or a second tear may not have been visible initially. The warning signs therefore remain relevant for life, not just until your first review.

Main risks

Discomfort during treatment, and temporary blur, glare and light sensitivity afterwards, are common. The laser reaction may not completely surround the tear and further treatment may be needed, which is not necessarily a complication. Mild inflammation can occur. Rarely, retinal laser is associated with macular swelling or an epiretinal membrane. Laser scars are permanent, so treatment is confined to where the benefit justifies it.

Warning signs, seek same-day assessment

A sudden new shower or substantial increase in floaters. New or markedly increasing flashes. A dark shadow or curtain spreading across any part of your vision. Sudden loss or deterioration of vision. Do not wait for a routine appointment and do not assume previous laser makes these symptoms safe. If you cannot reach us, attend an eye casualty department and tell them you have had a retinal tear treated with laser.

The long term

The laser scars are permanent, but the rest of the retina can still change. A new tear can develop elsewhere as the vitreous continues to separate, and that does not mean the original treatment failed. If you develop new floaters, flashes or a visual field defect months or years later, seek a dilated examination and mention your previous laser.

Costs

Consultation and diagnostic assessment: £325. Current pricing is published in **our published price list**. Retinopexy for a clinically significant tear is medically indicated and private medical insurance commonly provides cover, subject to your policy and authorisation. Where treatment is urgent, clinical safety takes priority over administrative delay.

This page is a summary, not a consent document

It does not replace the full Argon Laser Retinopexy patient information booklet, which contains the complete information on why treatment is recommended, alternatives, risks, warning signs and long-term care, and which forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full: **The Blue Fin Vision® Advantage**