



PATIENT INFORMATION

Argon Laser Retinopexy

Laser treatment to protect the retina around a tear or high-risk break

To achieve the immeasurable, you must measure everything.

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Version 1.0 | August 2026

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How to use this leaflet

This leaflet is written to be read before or shortly after your treatment. Unlike most of our procedures, laser retinopexy is often recommended urgently, so if you are reading this after treatment has already been performed, the sections on warning signs and the long term are the ones that matter most.

It forms part of your informed consent alongside the discussion you have with your consultant and the consent form you sign.

About This Leaflet

This leaflet is for patients who have been diagnosed with a retinal tear, hole or other peripheral retinal lesion for which laser retinopexy has been recommended.

Laser retinopexy is preventative treatment. Its purpose is to reduce the risk that fluid passes through a retinal break and separates the retina from the wall of the eye, causing a retinal detachment.

Three things to understand at the outset

The laser does not remove the retinal tear. It creates a protective adhesion in the retina surrounding it.

It does not remove the floaters or flashes that may have led to the tear being discovered.

Successful treatment therefore does not necessarily make your symptoms disappear, and the absence of symptom relief is not evidence that the laser has failed.

At Blue Fin Vision®, your retinal examination and treatment are performed within a consultant-led ophthalmic pathway. Where vitreoretinal expertise is required, your care remains within Blue Fin Vision® rather than being referred out.

What Is a Retinal Tear?

The retina is the light-sensitive layer lining the inside of the back of your eye. The centre of the eye is filled with a clear gel called the vitreous.

As we age, the vitreous changes consistency and eventually separates from the retina. This is called a posterior vitreous detachment. It is extremely common and usually harmless.

Sometimes, however, the vitreous remains unusually firmly attached to a small area of retina. As it separates, it can pull strongly enough to create a retinal tear. Retinal holes can arise through somewhat different mechanisms, including local thinning of the peripheral retina, and the two are not treated identically.²

Why Does a Tear Matter?

A retinal tear matters because fluid can pass through the opening and collect underneath the retina. If enough fluid accumulates, the retina separates from the wall of the eye, which is a retinal detachment.

A retinal detachment is substantially more serious than a retinal tear and usually requires an operation. If a detachment reaches the macula, the central part of the retina responsible for detailed vision, the eventual visual result may be permanently reduced even after successful surgery.

The whole purpose of retinopexy

Retinopexy aims to intervene before a tear becomes a detachment, and before a detachment reaches the centre of your vision. That is why treatment is often arranged urgently, and why the warning signs in this leaflet remain relevant long after the laser itself.

Do I Need Treatment?

Not every peripheral retinal hole or abnormality requires laser. The presence of an abnormality alone is not a reason to treat it.

The decision depends on the type of lesion, whether symptoms are present, whether there is ongoing traction from the vitreous, the position of the break and the appearance of the surrounding retina, and your individual risk factors.²

Treatment is more likely to be recommended for

- A fresh symptomatic retinal tear, particularly where examination suggests persistent vitreous traction.
- A break with subretinal fluid already beginning to track around it.
- A break in an eye at higher risk, for example after previous detachment in the other eye.

Observation may be appropriate for

- Small atrophic holes without traction or symptoms.
- Longstanding peripheral retinal changes found incidentally.

Your consultant will tell you whether treatment is recommended and why, and observation in this context means understanding the warning symptoms and seeking urgent reassessment if they occur.

Your Alternatives

Observation

Some low-risk retinal holes and peripheral retinal lesions can be monitored without treatment. This is a genuine option rather than a default, but it carries an obligation: you must know the warning symptoms and act on them the same day.

Laser retinopexy

Where a tear is considered sufficiently likely to progress, laser is normally the least invasive way to reduce that risk.

Cryotherapy

In some circumstances a retinal break cannot be treated adequately with laser because of its position, or because the view is obscured. Cryotherapy uses controlled freezing applied from outside the eye to create the same type of protective adhesion.

Retinal surgery

If the retina has already detached beyond the point where laser alone can contain it, retinal surgery rather than preventative retinopexy is necessary. That is a different procedure with its own consent discussion.

What Laser Retinopexy Does

Argon laser is applied to the retina surrounding the tear. Each application creates a tiny controlled area of thermal treatment, and as these spots heal they form an adhesion between the retina and the tissue underneath it.

Multiple laser spots are placed around the retinal break to create a barrier. The simplest way to think about it is that the tear itself remains present, but the retina surrounding it is sealed down, making it much harder for fluid to travel through the break and underneath the retina.

What Laser Cannot Do

Laser retinopexy does not do any of the following.

- Remove the tear.
- Remove the vitreous, or cure a posterior vitreous detachment.
- Remove existing floaters.
- Necessarily stop flashes immediately.
- Prevent every possible future retinal tear.
- Guarantee that a retinal detachment can never occur.

Its purpose is specific: to reduce the risk that this retinal break progresses to a retinal detachment. Judged against that purpose it is a highly effective treatment. Judged against expectations it was never designed to meet, it will always disappoint.

Your Assessment

Your pupils are dilated so that the peripheral retina can be examined fully. Assessment establishes the following.

- The type, size and position of the retinal break.
- Whether vitreous traction is present.
- Whether any fluid has already passed beneath the retina.
- Whether there are additional tears or holes elsewhere.
- Whether laser can completely surround the affected area.
- Whether the fellow eye contains relevant peripheral retinal abnormalities.

Finding one tear does not mean it is the only one

The peripheral retina matters in its entirety, and a proportion of eyes have more than one break. A careful examination of the whole periphery, in both eyes, is part of the treatment rather than an optional extra.

On The Day

Laser retinopexy is normally performed in the clinic, at a laser attached to a slit lamp microscope. There is no theatre, no incision and no injection into the eye.

- Eat and drink normally and take your usual medication unless instructed otherwise.
- Drops dilate the pupil, and anaesthetic drops numb the surface of the eye.
- A specialised contact lens is placed gently on the eye so your surgeon can see the peripheral retina and focus the laser accurately.
- You will see bright flashes as the laser is applied.
- Some patients feel little. Others notice brief sharp, aching or stinging sensations, particularly where treatment is extensive or the break is far forward in the eye.
- Multiple laser spots are placed around the tear. Treatment duration depends on the position and extent of the lesion.

Your pupil remains dilated afterwards and your vision can be blurred, so do not drive yourself home.

After Your Treatment

Vision can remain blurred for several hours because of the pupil dilation and the bright treatment light. You may notice temporary glare, mild aching and light sensitivity, and your existing floaters and flashes will still be there.

Floaters remaining is not treatment failure

Retinopexy treats the retinal break. It does not treat the vitreous movement that produced the break, which is what causes floaters and flashes. Both can continue after entirely successful treatment while the posterior vitreous detachment completes.

When Does The Laser Become Protective?

The laser does not create its full adhesion instantly. The biological scar around the tear develops over the following days, and reaches useful strength over a period of days rather than minutes.

Why this matters

The period immediately after treatment remains important, and new or worsening symptoms in that window must not be ignored on the basis that laser has already been performed. Follow the activity advice given by your consultant for your particular tear, and attend your scheduled review.

Floaters and Flashes

Many retinal tears are discovered because a patient develops new floaters or flashing lights during a posterior vitreous detachment. Retinopexy does not remove these symptoms.

Floaters often become less intrusive with time, as they move, settle, or the brain becomes less aware of them. Flashes usually reduce as the vitreous separation settles.

A new shower of floaters, a substantial increase in flashes, or a shadow or curtain in your vision is a different matter entirely. Those symptoms require reassessment on the same day, whether or not you have already had laser.

How Well Does It Work?

Laser retinopexy is an established treatment intended to substantially reduce the risk of a retinal tear progressing to a retinal detachment, and it is the standard of care for a symptomatic tear with traction.³

It cannot reduce that risk to zero. Success therefore does not mean that nothing retinal can ever happen again. It means the treated tear is adequately surrounded and the retina remains attached.

Your follow-up examination establishes whether the laser reaction is complete and whether any additional treatment is required.

Risks and Side Effects

Laser retinopexy is generally well tolerated, but it is not risk free.

Discomfort and temporary visual disturbance

Bright light, aching and brief sharp sensations can occur during treatment. Blur, glare and light sensitivity are common immediately afterwards, particularly while the pupil remains dilated.

Incomplete treatment

The initial laser reaction may not completely surround the tear, or may be insufficient in one area, and additional laser may then be required. This is not necessarily a complication: retinal anatomy sometimes makes staged treatment appropriate.

Inflammation

Mild inflammation can occur after treatment and is usually temporary.

Macular complications

Rarely, retinal laser treatment can be associated with swelling at the macula or the development of an epiretinal membrane, which can affect central vision and may require separate assessment.

Permanent retinal scars

Laser creates permanent scars in the treated retina. Treatment is therefore deliberately confined to the area where its protective benefit outweighs that tissue effect, and extensive treatment can occasionally be noticed as a change in the far peripheral field.

Serious loss of central vision directly from appropriately applied peripheral retinopexy is uncommon.

A Retinal Detachment Can Still Occur

This deserves to be stated plainly. Having laser retinopexy does not guarantee that you will never develop a retinal detachment.

A detachment can occur for any of the following reasons.

- Fluid progresses beyond the treated area before a secure adhesion develops.
- The original tear extends beyond the laser barrier.
- Another retinal tear develops elsewhere.
- An additional tear was not visible at the initial examination.
- The vitreous continues changing and creates new traction elsewhere.

What follows from this

The warning symptoms remain important for life, not merely until your first review appointment. If they occur, seek same-day assessment and tell the clinician that you have previously had retinal laser.

Further Tears and Further Laser

A posterior vitreous detachment is a process rather than a single instant. As the vitreous continues to separate, a new retinal tear can occasionally develop somewhere else, even though the original tear was treated perfectly.⁴

Further laser may therefore be required, either to reinforce the original treatment or to treat a new break. That does not necessarily mean the original retinopexy failed, and it is the reason review appointments after retinopexy are not a formality.

Warning Signs

Seek same-day assessment

A sudden new shower, or substantial increase, in floaters. New or markedly increasing flashes of light. 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 that previous laser means these symptoms are safe. A retinal detachment has the best chance of preserving central vision when it is diagnosed and treated before it reaches the macula.

If you cannot reach us immediately, attend an eye casualty department. Tell them you have had a retinal tear treated with laser, because that changes how urgently you will be examined.

The Long Term

The laser scars themselves are permanent. What is not permanent is the assumption that the rest of the retina can never change.

Future retinal symptoms should always be assessed on their own merits. If you develop new floaters, flashes or a visual field defect months or years later, tell the clinician examining you that you have previously undergone retinal laser, and ask for a dilated examination of the whole peripheral retina.

If you are short-sighted, have had cataract or lens surgery, or have had a retinal detachment in either eye, your lifetime risk is higher than average and these symptoms deserve a lower threshold for assessment.

Costs

Laser retinopexy for a clinically significant retinal tear is a medically indicated treatment, and private medical insurance commonly provides cover, subject to your policy terms and prior authorisation.

Item	Fee
Consultation and diagnostic assessment	£325
Argon laser retinopexy	See current published price

Urgency takes priority over administration

Where treatment is urgent, clinical safety takes priority over administrative delay. We will treat the eye and resolve the funding pathway afterwards rather than allowing an authorisation process to postpone treatment of a retinal tear.

Current pricing is maintained online and may change, so please refer to [our published price list](#). You will receive information about the applicable fee or insurance pathway.

Questions Worth Asking

You are entitled to clear answers to these questions, from us or from any provider you are considering.

- What type of retinal tear or hole do I have, and why does it need laser?
- Is there already any retinal detachment?
- Have you examined the whole peripheral retina, in both eyes, for additional tears?
- What exactly does the laser prevent, and will it remove my floaters or flashes?
- How long does the laser take to become protective, and what should I avoid meanwhile?
- Could I still develop a retinal detachment, and could another tear develop elsewhere?
- What symptoms mean I need same-day assessment?
- Who manages my care if a retinal detachment develops?

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and measurement pathways do not vary by postcode.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Urgent retinal care

Availability of retinal laser and urgent retinal assessment varies by site. Where a retinal tear requires urgent treatment, Blue Fin Vision® prioritises the clinically appropriate location and timing rather than routine site preference.

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your retinal assessment and treatment are performed within a consultant-led ophthalmic pathway. The consultant ophthalmic surgeon responsible for your treatment reviews the retinal findings, obtains your consent and remains responsible for your care.

Where retinal surgery becomes necessary, your care remains within Blue Fin Vision® through its vitreoretinal service. Professor Mahmut Dogramaci, Consultant Vitreoretinal Surgeon, provides that cover within the same practice, so you are not discharged into an external waiting list for a problem identified here.

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Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Document control

Author and medical reviewer: Mr Mfazo Hove MBChB MD FRCOphth CertLRS. Version 1.0, August 2026. Review date: August 2027. Produced in accordance with the guidance of the General Medical Council and the professional standards of The Royal College of Ophthalmologists. The text of this document is original to Blue Fin Vision®.

References

References are numbered in the order in which they first appear in the text. Full author lists are given throughout.

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