

**Bilateral  
Rhegmatogenous  
Retinal  
Detachment  
Following  
Cataract Surgery**

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We declare no conflicts of  
interest

# Background

- Cataract surgery is the most commonly performed elective surgery worldwide
- Pseudophakic retinal detachment risk increases 2-4×
- Risk factors include:
  - Male sex
  - High axial myopia
  - Younger age at surgery
- Bilateral RRD following uncomplicated surgery is rare

**Aim:**

**To report a case of non-simultaneous bilateral RRD following sequential phacoemulsification.**

# Patient Characteristics

- 72-year-old **Indian male**
- High axial myopia
  - Axial length ~27 mm
- Refractive error
  - RE: -7.50D
  - LE: -6.25D

## **Preoperative findings**

- No retinal tears or holes
- No lattice degeneration
- No posterior vitreous detachment (PVD)

# Cataract Surgery

## **Surgical Details**

- Sequential phacoemulsification
- Surgeries **3 weeks apart**
- Same experienced surgeon
- Standard technique
  - 2.75 mm clear corneal incision
  - Hydrophobic acrylic IOL (Acrysof SN60WF)

## **Postoperative outcome**

- Uneventful recovery
- Excellent early visual acuity
  - RE: logMAR 0.06
  - LE: logMAR 0.00

# Retinal Detachment Timeline

- **3 months after surgery**
  - RE: inferior macula-involving RRD
- **3 weeks later**
  - LE: bullous macula-off RRD

## **Treatment**

- Pars plana vitrectomy
- cryoretinopexy
- gas tamponade

## **Outcome**

- RE final VA: **logMAR 0.06**
- LE final VA: **logMAR 0.82**
- *(Visual outcome determined by macular involvement)*

# Discussion

## **Key Observations**

- High myopia and male sex increased risk
- Absence of preoperative PVD was unusual
- Cataract surgery may have induced rapid postoperative vitreous separation

## **Unique feature**

- Temporal symmetry:
- Surgery interval = **3 weeks**
- RRD interval = **~3 weeks**
- Suggests **surgery-triggered vitreoretinal changes in both eyes**

# Clinical Implications

## **Important Takeaways**

- High-risk patients require careful preoperative risk stratification
- Thorough peripheral retinal examination
- Careful postoperative surveillance
- Strong patient counselling regarding symptoms

## **Key message**

- High-risk pseudophakic patients may develop bilateral RRD shortly after surgery, and early detection is critical to visual outcomes.

# Conclusion

- Cataract surgery can precipitate RRD in high-risk patients
- Bilateral sequential detachments are rare but possible
- Macular status strongly determines visual prognosis
- Highlights the importance of fellow-eye monitoring