On the 20th March 2015 our Editor Kim Schramm underwent emergency and major eye surgery for a detached retina

As a consequence there will be no April Newsletter. However, the results of the Townsville Junior Qualifier will be featured in a bumper April/May edition of the Redbacks Newsletter.

The recovery from surgery requires the patient to position themselves face down or on their side for 45 minutes in every hour. They cannot lie on their back. The gas takes time to clear and recovery can take anywhere from 4 to 8 weeks.

Surgical Treatments for Retinal Detachment

Retinal detachment surgery is major eye surgery. Surgery is often urgent because the problem must be fixed before the macula (a part of the retina responsible for high-quality central vision) is damaged or before further vision is lost. Some cases are less urgent and can be delayed for at least a few days.

Scleral buckle surgery and vitrectomy are the two procedures mostly used to treat a retinal detachment. Scleral buckle surgery may be used in combination with vitrectomy.

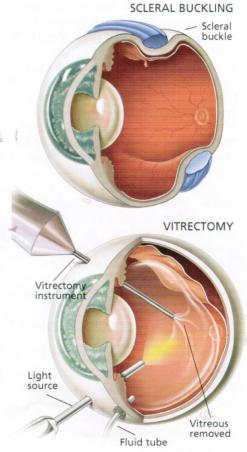
- 1. Scleral buckle surgery: The surgeon uses small sutures to sew a silicone band or "buckle" to the outside of the eye at the point of retinal detachment. The band gently makes an indent in the eye and pushes the retina back into contact with the choroid layer. The band is placed behind the muscles that move the eye and is not visible to other people. The scleral buckle is usually permanent.
- 2. Vitrectomy: This procedure is used to remove vitreous that is pulling on the retina and sometimes to clear blood that prevents a view of the retinal detachment. Through tiny incisions, small instruments are placed inside the eye to

remove some of the vitreous and allow access to the retina. This can help to relieve traction by the vitreous that led to the retinal detachment.

An air or gas bubble is infused into the eye to push the retina back in place against the choroid. Fluid under the retina may be drained as well. The retina is held in position postoperatively by the bubble's pressure (gas tamponade).

In some cases, silicone oil or other synthetic liquid is used instead of gas. After the retina has healed, the silicone oil can be left in the eye or removed during another procedure. If another synthetic liquid is used, it is removed either before the end of the operation or after several weeks during another vitrectomy procedure.

Vitrectomy surgery is useful in vitreous opacity (for example, to remove blood in the vitreous that is causing poor vision) or if the retinal tears leading to retinal detachment are large. Vitrectomy is often used if the eye has had previous cataract surgery. If scarring has developed on the surface of the retina, vitrectomy enables the surgeon to peel away the scar tissue.



ATTENTION: All Junior Squash Players

The 4th Northern Region Qualifier for 2015





Mackay Leisure Centre 95 Broadsound Road MACKAY Qld 4740

ENTRIES CLOSE: FRIDAY 24 April 2015

Entry Fee: \$40.00 Affiliated juniors \$50.00 Non traveling juniors

Email entries to trevorbarclay@bigpond.com

Phone Kay on 0432 572 712

Heritage MOTOR INN



QUALIFIER Must be under the age as at 5 July 2015					ANNUAL PERPETUAL			Under 21		
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VISITORS: Do you require a BILLET?	Yes N	0	(Please Circle)				
AVAILABILITY TIMES:							
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Best of 5 Games to 11 PARS - Tie break at 10 all. To win a game you must win it by 2 points All grading will be made relative to Q Squash standards and the tournament committee reserves the right to regrade any players.

All players **MUST BE** Financial members of Q Squash and under their respective age group as at **5 July**, **2015**.

All Players are to mark and referee the next match at the completion of their own match.

Players are to be present and checked in with Tournament Control **30 MINUTES** before the scheduled time of their match.

The wearing of Protective Eyewear is **COMPULSORY** at this tournament.

XX Yellow Dot balls will be used.

Entry fees are due and payable once the draw has been completed. No refunds will be made.