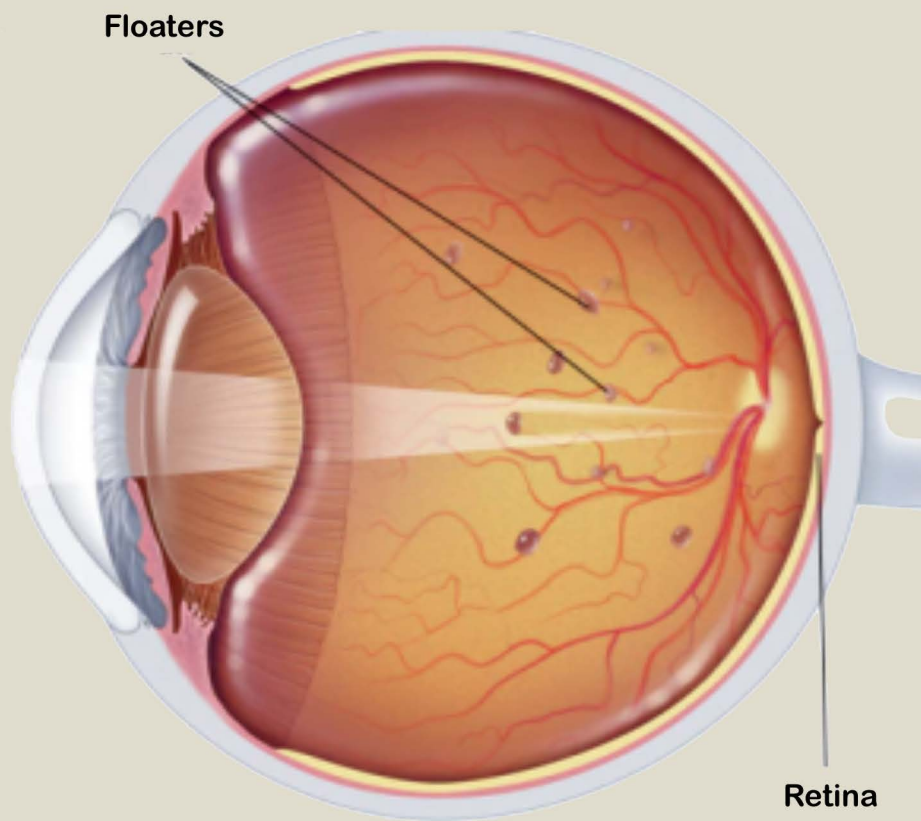




Group of Guidelines Consensus and
Education in Ophthalmology®

Floaters and Flashes





Posterior Vitreous Detachment - Floaters and Flashes

If you have problems reading this leaflet please ask us to send you a copy in a larger print size or in an alternative format.

If your first language is not English or Arabic we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

This booklet has been designed to help answer some of the questions you and your family or friends may have about posterior vitreous detachment, to explain what is involved and what the possible risks are. If you have any questions and concerns, please do not hesitate to speak to a doctor or nurse caring for you.

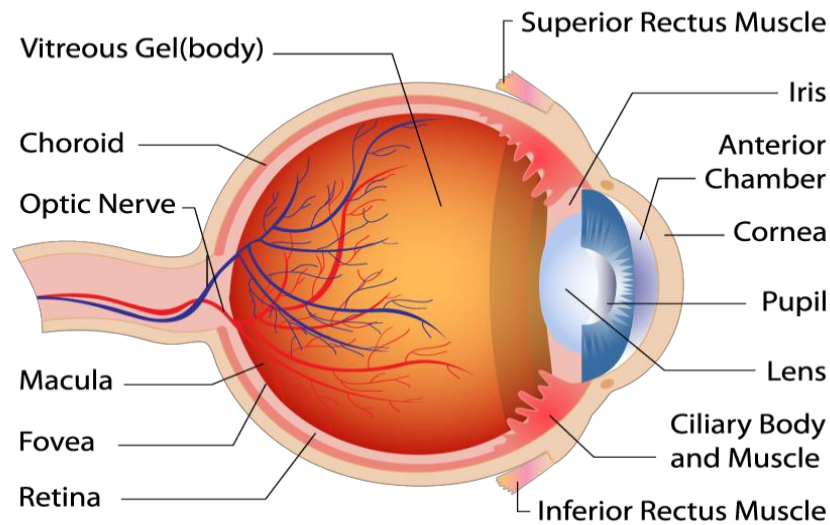
What is posterior vitreous detachment?

Posterior vitreous detachment is an eye condition. The vitreous is the clear, jelly-like substance in your eye. It provides shape and nutrients to your eye. With posterior vitreous detachment, this jelly becomes more liquid and comes away or detaches from your retina (the light sensitive layer at the back of your eye). It then starts to move around.

What causes posterior vitreous detachment?

The vitreous changes with age, so posterior vitreous detachment most commonly affects people as they age. There is nothing you can do to prevent it.

Anatomy of the Eye



What are the signs and symptoms?

Do I need any tests to confirm the diagnosis?

Dots and lines (floaters) or flashes of light in the eyes are common. You may notice:

- Black ‘floaters’ (small dark dots, squiggly lines, rings, or cobwebs) in your vision which move and then settle as the eye rests.
- Flashing lights like little flickers in the periphery (edges) of your vision.

Posterior vitreous detachment does not permanently affect your eyesight.

How is it diagnosed?

An ophthalmologist or a nurse practitioner will put eye drops into your eye to dilate (enlarge) your pupils. This enables them to look at the middle and back of your eye with a microscope. These eye drops will affect your vision and make things appear blurred – this usually lasts for two to three hours. **This is why you must not drive yourself for the hospital visit, as you must not drive while your vision is affected.**

What treatments are available?

There is no treatment available for posterior vitreous detachment. By having your eyes checked, you can be reassured that this is the cause of your symptoms and nothing more serious. You may find the symptoms irritating at first but they will settle and gradually become easier to live with. Unfortunately, there is nothing you can do to make the symptoms go away.

Is there anything I should look out for?

If the symptoms become worse and you noticed any the followings:

- An increase in flashing lights
- An increase in size or numbers of 'floaters'
- A 'cobweb' or 'curtain' coming over your vision
- Sudden deterioration of your vision.

You should contact your eye doctor or the hospital A&E department without delay, because these could be the signs of a tear in your retina.

This happens if the vitreous is so firmly attached to the retina that it pulls and tears the retina as it moves away. This is a very rare and serious condition that should be treated on urgent basis.

Further questions

We hope this information is sufficient. Please write down any questions not covered in this booklet and ask the doctor when you come to the hospital for your appointment. All our staff will always be ready and happy to give you the information you need.

This brochure is not intended as a substitute for professional medical care. Only your eye specialist can diagnose and treat eye problems.

If you have any further questions or concerns please contact your doctor.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact us.

Further information

The Royal National Institute for the Blind has an information sheet on posterior vitreous detachment. Tel: **0044-0845 766 999**.

Website: **www.rnib.org.uk**

References

The GCEO Group® clinicians have been consulted and agreed this patient information