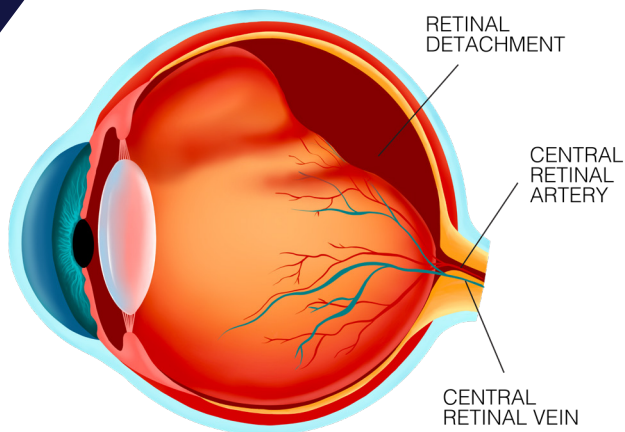


# FLOATERS & FLASHES, RETINAL TEARS & DETACHMENT



## FLOATERS

Most people will experience floaters, especially as they age. These black or grey specks across your vision are actually particles in your vitreous jelly, the substance which fills the inside of the eye. These form shadows across your retina, the membrane which reacts to light signals and enables your brain to form these into a coherent image. Normally floaters are harmless and require no treatment. However, some people may notice them significantly affecting their vision.

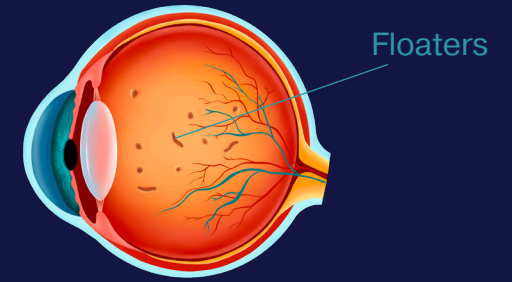
## FLASHES

Flashes are experienced as sudden flashes of light or lightning streaks, and generally in the side vision. They are mostly experienced in low light conditions. They can be experienced with floaters, or alone, and can occur off and on for weeks or even months. Note that flashes should be distinguished from the visual disturbances experienced during migraines, which are not connected to the retina or vitreous body, and which are more like shimmering jagged lines or wavy, like heat waves.

## CAUSES OF FLOATERS AND FLASHES

Floaters and flashers are linked to the normal ageing process. As we age, the vitreous body in the eye shrinks and increasingly becomes more liquid than jelly-like. Sometimes the vitreous may separate from the retina during this process, a condition called posterior vitreous detachment (PVD). In this case flashes may occur, and large floaters appear. Visual disturbances from this are usually temporary.

In other cases, the shrinking vitreous body is more firmly attached to the retina and pulls on the retina as it shrinks. This can lead to tears forming in the retina or even detaching it from the wall of the eye (retinal detachment).



## TREATMENT FOR FLOATERS AND FLASHES

Occasional floaters and flashes are generally harmless, although it is important to maintain annual eye examinations if you do experience them.

If new floaters appear, with or without flashes, it is best to see your eye specialist, as it is important to determine that there has been no damage to the retina. If there is any loss of peripheral (side) vision, it is essential to have this seen to urgently. It is also important to see your ophthalmologist quickly if you suddenly start seeing repeated flashes of light.

Most people do not need treatment for floaters or flashes as they usually settle over a few weeks. For large, persistent or visually annoying floaters surgery can be a treatment option.

## VITRECTOMY FOR FLOATERS & FLASHES

Vitrectomy surgery involves removing the vitreous gel from the eye. Once the vitreous is removed, in the long term, it is replaced by fluid produced within the eye but in the short term it may be replaced by a similar salt solution, gas or oil. If gas or oil is placed in your eye then your surgeon may ask you to position in a particular way. Air travel is not possible while a gas bubble is in the eye - in most cases this is for no longer than 1-3 weeks. The surgery is usually performed under a local anaesthetic and your surgeon will discuss all the risks and benefits associated with the surgery.

## RETINAL TEARS

If the vitreous jelly is firmly attached to the retina, its shrinking may pull on the retina, resulting in tears. If retinal tears are detected, prompt treatment can prevent retinal detachment.

### TREATMENT FOR RETINAL TEARS

Retinal tears are usually treated with a laser which forms scars around the tear to stop fluid moving under the retina and causing a retinal detachment. In a few cases, cryotherapy (freezing treatment) is used and this is performed under a local anaesthetic.

## RETINAL DETACHMENT

If a retinal tear is not treated, then fluid can move under the retina causing it to peel off the inside of the eye like wallpaper off the inside of a room. This is a retinal detachment. In most cases retinal detachments need to be treated promptly with surgery. If the central vision is not involved, then the long term vision is likely to remain good but if the central vision is impaired by the retinal detachment then the outlook for long term vision is variable.

### SURGICAL TREATMENT FOR RETINAL DETACHMENT

There are a variety of surgical treatments available, with the suitability of each depending on the characteristics of the detachment. The aims of these surgeries is to reattach the retina to the inside of the eye. Mostly, surgery will be carried out under local anaesthetic, though general anaesthetic may be recommended in some cases.

### PNEUMATIC RETINOPEXY

This is used for less complex detachments. This involves the injection of a gas bubble, which prevents liquid from travelling through the retinal tear, allowing the retina to reattach. This is combined with cryotherapy or laser therapy to seal the retinal tear to the wall of the eye.

## SURGICAL TREATMENT FOR RETINAL DETACHMENT

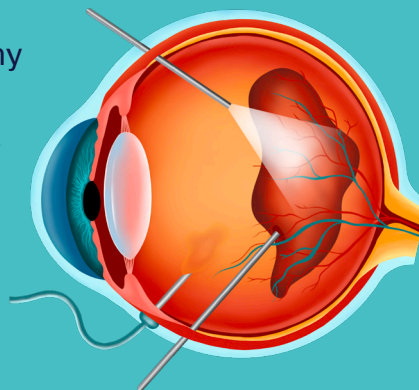
### SCLERAL BUCKLE

This is where a silicone strap is sutured to the wall of the eye, thereby squashing the wall towards the middle of the eye and counteracting the force pulling on the retina.

### VITRECTOMY

Vitrectomy is the most common way to repair retinal detachments and involves removing the vitreous to stop the traction on the retina. Once the vitreous is removed, oil or gas is injected into the eye. The gas or oil pushes the retina into place and holds it against the wall of the eye. Laser or cryotherapy is used to cause scarring to ensure the retina stays in place. The gas slowly dissolves out of the eye and is replaced by fluid formed within the eye. The time the gas takes to dissolve varies according to what sort of gas it is, most commonly it is about 3 weeks. Oil requires a second operation to remove it from the eye and so is less commonly used.

### Vitrectomy



### RECOVERY

The recovery period for these surgeries is usually 2-4 weeks although it varies depending on the operation and the type of gas used. If a gas has been used you may need to hold your head in a particular position for a few days. Your ophthalmologist will advise you on this. It is not possible to fly while the gas is in your eye.



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