INSIGHT EYE SURGERY

What is posterior vitreous detachment?

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Posterior vitreous detachment (PVD) is a condition where your vitreous comes away from the retina at the back of your eye. This detachment is caused by changes in your vitreous gel. PVD isn't painful and it doesn't cause sight loss, but you may have symptoms such as:

- Floaters for the first time or more floaters than you had before.
- Flashes of light in your vision
- A large cobweb-like floater appearing across your vision.

Your symptoms may last for a few weeks only, but usually they last about six months. During this time, your floaters and the flashes of light gradually calm down and become less obvious to you.

The symptoms of PVD are the same as those of a different eye condition called retinal detachment, which needs prompt treatment to stop you losing part or all of the sight in your eye. About 1 in 10 people with PVD develop a retinal tear, which, if left untreated will develop into a retinal detachment. A retinal tear or detachment can be successfully treated if diagnosed early. **Most people diagnosed with PVD will not develop a retinal tear or detachment.**

A PVD is a normal process. Many people do not experience any symptoms. Most people with PVD are > 50 but you can have a PVD at an earlier age if you're short-sighted or if your eye has been injured.

What causes PVD?

Your eye is filled with a clear gel called the vitreous. When you look at something, light passes through the front of your eye through the vitreous and is focused onto the retina at the back your eye. Your retina converts light into electrical signals which are then sent to your brain.

Over time, it is common for the vitreous to become watery and less like a gel. When the vitreous loses its shape, it comes away from the retina and optic nerve and shrinks in towards the centre of your eye. When the vitreous pulls away from your optic nerve some people notice a circular or spider web floater. When the vitreous pulls away from your retina, your retina reacts to this stimulation by sending a signal to your brain. Your brain processes this signal as a small, short flash of light, which you'll often see more in the dark or dim lighting. These flashes of light won't affect you for as long as floaters, and they will become a lot less frequent once the vitreous has fully come away from your retina

How do I cope with my floaters?

- If you have a large floater, moving your eyes gently round in circles may help. This moves the vitreous inside your eyes and can move the floater out of your direct line of vision so you're less aware of it.
- Wearing **sunglasses** in bright conditions and reducing the brightness of computer or tablet screens will make your floaters less noticeable.

What is posterior vitreous detachment? *continued*

- The floaters can sometimes be treated with **laser**. Your ophthalmologist can talk to you about whether your floaters are suitable for the treatment.
- There is **surgery** called a vitrectomy where your vitreous is removed from your eye - a major operation with associated risks. Because of this, it's not usually offered to people with PVD.

Most people with a PVD can carry on with their normal activities with no restrictions. Some ophthalmologists advise that high impact exercise should be avoided during the first 6 weeks after the start of a PVD.

This is because your vitreous may not have completely detached from your retina and you may be at greater risk of having a retinal detachment during this time. There is **no evidence either way** that avoiding strenuous activities will definitely cause any problems with your PVD.

If you experience a storm of flashing lights, or many more floaters, or a dark patch in your vision, contact Dr Adams at **Insight Eye Surgery** on **07 3154 1515** (Brisbane) or **07 5345 5011** (Noosa) in business hours or attend your local hospital emergency department after hours.