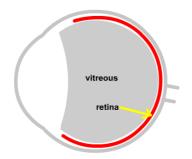


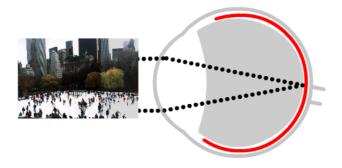
Posterior Vitreous Detachment Information for patients

Ophthalmology Services

The Vitreous:



A clear jelly – the vitreous or 'vitreous jelly' – fills the middle of the eye. The vitreous lies against the retina in the normal eye. It is transparent like glass, so light passes through it to reach the retina: the retina is the film that lines the back of the eye.

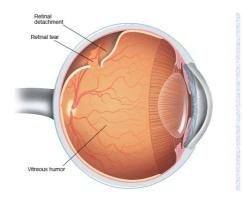


The eye is like a small ball, the size of a table tennis ball. Light enters the eye, and then passes through to land on the retina. The retina turns the light in to electrical signals, which are then sent the brain.

How the Vitreous Changes:

As you get older the vitreous may shrink away from the retina. This may happen earlier if you are short sighted or have an injury to your eye.

The shrinking process may happen rather suddenly, this is over a few days. This process is called posterior vitreous detachment. The eye still sees well with a shrunken vitreous:

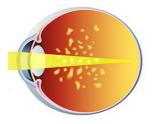


The shrinkage is essentially like a jelly liquifying, and no harm comes to the eye. The vitreous may shrink in the different ways.

First, it may shrink away from the retina, and leave the retina unaffected. You may not notice if this happens.

Secondly, it may tug the retina gently. This may cause tiny flashes of light. These usually subside over a couple of weeks or months.

Third, you may develop floaters. Tiny amounts of pigment may come off the retina, into the vitreous, and this may cause floaters. You may see these as a spider's web or veil over the eye.

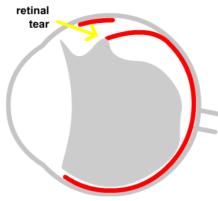


Floaters in the eye

The floaters disappear a little, and become less noticeable, over the next few weeks or months.

Floaters are naturally much more noticeable if you only have one good eye (and this process is happening in the good eye)

Less commonly, the vitreous may pull the retina and make a small retina tear, or even less commonly, a detached retina.



The eye examination

In the clinic or the eye emergency department your eye will be examined. So, the doctor can see the edge of the retina to look for a retinal tear, your pupil will be dilated with drops. The drops take about 20 minutes to work, and your reading sight will be blurred for about two hours. (very occasionally the sight is slightly blurred for a day or two).

The examination may be carried out with several types of instrument, or even a contact lens, and occasionally the doctor has to press on the edge of the eye. This may be a little painful.

The treatment – none usually:

There is no treatment that will put the vitreous back in position. The floater and veil that may have drifted across your sight subside themselves. You may notice a large floater for a long time, which is a nuisance; the doctor cannot remove this. As mentioned, most people become accustomed to the floater or floaters, and with little effort ignore them.

A Retinal Tear

Tears are uncommon, but if one develops, laser treatment around it, or freezing therapy may be necessary to prevent the tear becoming larger.

Precautions:

If the doctor checks your eye and all is well, the floaters and flashes subside. However, you usually need a further examination if:

- You suddenly develop a lot more floaters and flashes (this could be a small tear)
- A shutter or curtain of blurred vision drifts across your eye, sometimes from below. To check for this, cover one eye at a time for a few seconds every day.



If you notice an area or poor sight drifting across your vision: If such a problem develops, you need a check the same day or next morning to determine whether or not there is a retinal detachment. Please contact your GP or optometrist who can refer you urgently to the rapid eye clinic or attend your nearest emergency department.

Further Information and advice can be obtained from:

Maidstone Hospital Eye Clinic 09:00am – 17:00pm, Monday to Friday Telephone: 01622 226202

Tunbridge Wells Hospital (Pembury) Eye Clinic Answerphone 01892 633877 09:00am – 17:00pm, Monday to Thursday Telephone: 01892 633880 09:00am – 13:00pm, Friday Telephone: 01892 634450 **For out of hours ring:** 01622 729000, ask for the on-call eye doctor or go to your nearest Emergency Department

If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: <u>www.mtw.nhs.uk</u> or pick up a leaflet from main reception.

References:

Images:

Posterior Vitreous Detachment, The Eye Clinic, Good Hope Hospital Birmingham

Posterior Vitreous Detachment, Mayo Foundation for Medical Education and Research

Floaters, Natural Eye Care

Original script, D. Kinshuck, The Eye Clinic, Good Hope Hospital, Birmingham.

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Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: 2 01622 224960 or **2** 01892 632953

Email: <u>mtw-tr.palsoffice@nhs.net</u>

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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