

Posterior vitreous detachment

Posterior vitreous detachment (PVD) is a change in your eye which does not normally cause sight loss. It is very common and most of us will develop it at some point in our lives. Although it can cause some frustrating symptoms, it does not cause pain, harm the eye, or change the way the eye works. In the vast majority of cases, PVD will not lead to long term changes in your vision.

Posterior vitreous detachment and the eye.

When we look at something, light passes through the front of the eye, and is focused by the lens onto the retina. The retina is a delicate tissue coating the inside of the eye. It converts the light into electrical signals that travel along the optic nerve to the brain. The brain interprets these signals to 'see' the world around us.

The eye is filled with a clear jelly-like substance called the vitreous gel. Light passes through the vitreous gel to focus on the retina. When the vitreous jelly comes away from the retina this is called a vitreous detachment.

Causes of PVD

As you get older the various structures that make up your eye change; this includes the vitreous gel. The vitreous is made up mainly of water and collagen and it has a stiff, jelly-like consistency. As you age the vitreous becomes more watery, less jelly-like and isn't able to keep its usual shape. As a result, it begins to move away from the retina at the back of the eye towards the centre of the eye.

A PVD is a natural change that occurs in the eye. Over 75 per cent of the population over the age of 65 develop a PVD, and it is not uncommon for it to

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develop in someone's 40s or 50s. PVD is not a sign of a disease or eye health problem. For most of us a PVD happens naturally as we get older.

Symptoms and diagnosis

PVD can cause symptoms such as floaters, little flashes of light, or a cobweb effect across your vision. Some people get all three symptoms and others may only get one or two. Some people get a lot of each of these symptoms and others hardly any. Importantly, these same symptoms can be an indication of a more serious problem, such as a retinal tear, which needs urgent attention.

You will not be able to tell the difference between floaters and flashes caused by PVD or retinal detachment. The only way you can tell is to have your eyes examined by an ophthalmologist or optometrist. If you suddenly experience any of the following symptoms, make sure you have your eyes examined as soon as possible - preferably on the same day or within 24 hours:

A sudden appearance of floaters or an increase in their size and number
flashes of light and/or a change/increase in the flashing lights you experience
blurring of vision a dark 'curtain' moving up, down or across your vision, as this may mean that the retina has already partially detached.

It is important to remember that in most cases these symptoms are caused by vitreous detachment and this rarely causes any long-term problems with your vision. However, because there is a small risk that these symptoms may be a sign of a retinal tear or detachment it is always best to have your eyes examined.

If you have been diagnosed with a PVD it is very unlikely that you will develop a retinal detachment.

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Treating a retinal tear or detachment

Even though a retinal tear or detachment is a serious condition, it can be treated. Early treatment of a retinal tear may prevent it turning into a retinal detachment. Early treatment of a retinal detachment increases your chances of getting a good level of vision back.

It is important to realise that in nearly all cases a PVD does not cause a retinal detachment.

Investigation

At the hospital (or optometrist's practice) your vision will be checked and your pupils dilated to allow the ophthalmologist or optometrist to look at the retina. Your pupils are dilated with drops that take about 30 minutes to work. They will make you sensitive to light and cause your vision to be blurry. The drops allow the ophthalmologist to see the inside of your eye more easily. The effects of the drop usually wear off in about six hours, although sometimes it will happen overnight. It is not safe to drive until the effects have worn off. The ophthalmologist (or optometrist) looks at the inside of your eye using a special microscope called a slit lamp. You place your chin on a rest and the ophthalmologist sits opposite you. The ophthalmologist will ask you to look in particular directions and shines a light into your eye. Although very bright, the light cannot damage your eye. This allows them to see your retina and look for any signs of a retinal hole or tear.

Long-term PVD symptoms

If you've had your eyes checked and a PVD has been diagnosed then the symptoms will change over time. Even though the floaters and flashes of light

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can be frustrating in the short-term they usually settle down and do not cause permanent sight loss.

You may find the symptoms of your PVD only last for a few weeks, but more commonly they last around six months, with the floaters and flashes of light gradually calming down over this period. For some people the floaters caused by the PVD can last for up to a year, or longer, although this is more unusual. If PVD takes longer than six months to calm down it does not mean there is anything wrong, but if you have concerns about any ongoing symptoms you should speak to the eye clinic that checked your eyes.

PVD alone does not cause any permanent loss of vision. Once it has calmed down you should be able to see just as you could before it started because the brain usually learns to ignore any remaining floaters.

PVD and other eye conditions

In a small number of cases an acute PVD can lead to a retinal tear. This happens when your vitreous, which is firmly attached to the surface of the retina, tugs quite strongly on the retina as it pulls away. In a few people this may lead to a retinal tear which in turn could lead to a retinal detachment. A retinal detachment can cause sight loss. Retinal tears and detachments are much rarer conditions and only a very few people with PVD go on to develop either of these.

When you have your PVD examined the eye specialist (ophthalmologist) will look for any complications and will advise you of symptoms to look out for.

Most people with a PVD have no restrictions on their activities. This is because there is no evidence to suggest stopping certain activities will prevent your

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PVD turning into a retinal tear. There is no evidence that any of these activities will cause any problems with your PVD:

- Very heavy lifting, strenuous exercise or jarring exercises
- Playing contact sports, such as rugby, martial arts or boxing
- Extreme sports, such as bungee jumping
- Inverted positions in activities such as yoga or pilates.

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