

Patient Information

The Eye Unit

Posterior Vitreous Detachment (PVD)

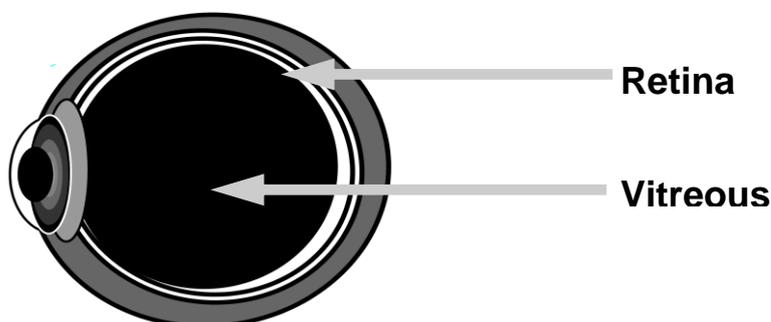
This leaflet has been created to provide you with information about Posterior Vitreous Detachment (PVD).

What is PVD?

PVD is a very common change that occurs within your eye, which will affect most people over the course of life. Over 75% of the population over the age of 65 will develop a PVD. It does not cause any pain, does not usually cause any loss of sight, and is not a sign of a disease or eye health problem.

The eye is filled with a clear, jelly-like substance called the vitreous gel. As we age, the gel tends to become more watery, and unable to keep its shape. As a result, it begins to move away from the back of the eye towards the centre of the eye. When the vitreous gel comes away from the back of the eye, this is called a **vitreous detachment**.

In a small number of cases, the pulling away of the vitreous from the inner wall of the eye can lead to a retinal tear. The specialist will look into your eye and inform you of any complications you can look out for.



Symptoms of PVD

- **Floater** – These are caused by the harmless clumps of cells which float around in the watery vitreous gel
 - you may see dots, circles, lines
 - they may move around or be still
- **Flashes of Light** – These are caused by the vitreous gel as it pulls away from the back of the eye, which sends an electrical charge to your brain, creating a flash.
- **Cobweb Effect** – This effect is caused as the vitreous gel pulls away from the back of the eye, causing the light to pass through the eye differently, which creates the look of a cobweb.

Treatment of PVD

At the moment, there is no medical treatment for PVD. In most cases PVD floaters will clear on their own. Sometimes the risk of surgery outweighs the benefit.

Occasionally, laser or surgical intervention is required. The surgical procedure for PVD is called a Vitrectomy. This involves the removal of the vitreous gel in the middle of the eye, which in turn, reduces floaters. It is only offered in extreme cases as it is a major procedure.

Activities & Coping

- There is no evidence to suggest that stopping certain activities will prevent a PVD from turning into a retinal tear. Sometimes, certain activities may make your floaters more noticeable, but this is generally due to movement
- Flying in an airplane should be fine, as long as there are no other complications involved
- Floaters can be frustrating, as they get in the way of seeing things. If you have one large floater in your field of vision, sometimes rolling your eyes in a gentle circular motion can move the floater out of the way
- Using a larger print can be useful when reading
- Wear sunglasses outside or in bright light, which may help make the floaters less obvious

If you experience any of these symptoms

- Symptoms in the unaffected eye
- Sudden development of floaters, or an increase in their size or number
- New flashes of light, or a change/increase in existing ones
- Blurring of vision
- A dark curtain moving up, down or across your vision. This may mean that the retina has detached

Please attend:

University Hospital Coventry & Warwickshire, Outpatients Department

Clinic 9 – Eye Casualty Telephone: 024 7696 6627

Monday – Thursday 8:30am – 4:30pm

Friday 8:30am – 4:00pm

Saturday 8:30am – 12:00 noon

Outside of these times, please attend the Accident & Emergency Department

Further Information

Further information can be found at the following websites:

<http://www.beavrs.org/about/patient-information/floaters>

<http://www.nei.nih.gov/health/floaters/index.asp>

<http://www.moorfields.nhs.uk/Eyehealth/Commoneyeconditions/Floaters>

<http://www.nhs.uk/conditions/Floaters/Pages/Introduction.aspx>

<http://en.wikipedia.org/wiki/Floaters>

Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6627 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

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