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POSTERIOR VITREOUS DETACHMENT (PVD)

Q *What is a posterior vitreous detachment?*

A Behind the lens of the eye the space is filled with a jelly-like substance called vitreous. In adult life - often not until the 50s or 60s and sometimes later - the vitreous contracts forwards, towards the lens, so that it no longer completely fills the space. The spare space becomes filled with fluid. This can occur quite suddenly and it is often accompanied by the appearance of a floater - a curved or oval opacity - in the vision. Sometimes there are also flashes of light - especially with movements of the eye.

Q *Will the floater disappear with time?*

A No. It usually remains visible but becomes less noticeable with time.

Q *Are some people more likely to get a PVD than others?*

A Yes. Short sighted people and diabetics may experience a PVD at an earlier age than others. It also occurs commonly in middle age and beyond.

Q *Are there any complications of a PVD?*

A Occasionally the contracting vitreous can cause a tear in the retina. This may be without any symptoms but often it causes flashes of light and sometimes multiple extra, but smaller, floaters.

Q *Can a tear in the retina be treated?*

A Yes. Laser treatment is effective in sealing the tear and ensuring that other complications do not follow.

Q *What complications can follow a tear in the retina?*

A Many retinal tears cause no complications. However, some lead on to a detachment of the retina.

Q *What are the symptoms of a retinal detachment?*

A The retina detaches by peeling away from the wall of the eye, rather like wallpaper peeling off a wall. As it does so it causes a dense shadow or curtain in the vision. This starts at the outside edge of the vision and spreads slowly across the vision, usually over many hours but sometimes more slowly over days or weeks.

A retinal detachment is often preceded by a shower of small floaters in the vision which can be mistaken for flies or dust on the glasses. Flashes of light with movement of the eyes also commonly occur as the retina detaches.

Q ***What should I do if I think I may be developing a detached retina?***

A You should contact your doctor and ask to be referred to the local Eye Department or the Accident & Emergency Department that day.

Alternatively, for a private consultation, call Mr Tyers' secretary at the number above during working hours. Out of hours New Hall Hospital can usually contact Mr Tyers so that an urgent consultation can be arranged.

Q ***What treatment is available for a retinal detachment?***

A The treatment is surgery. The operation can be done under local anaesthesia, with you awake, or general anaesthesia, with you asleep. The retina is replaced into the correct position and secured by a variety of techniques depending on the exact nature of the detachment. Usually it will be necessary to spend a night in hospital.

Q ***How successful is retinal detachment surgery?***

A Usually very successful. However, if the shadow had spread right across your eye before treatment was given the vision will take several months to recover and it may not recover fully.

Q ***Is a detached retina likely to happen again once it is treated?***

A No. The retina usually remains safely in place once it is treated. Very occasionally it can detach again and then the symptoms described above can reappear. Further surgery or laser treatment may then be needed.

Q ***Is a PVD likely to happen in both eyes?***

A Yes. It usually eventually affects both eyes but months or occasionally years can separate the two PVDs.

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