

# Posterior vitreous detachment (PVD)

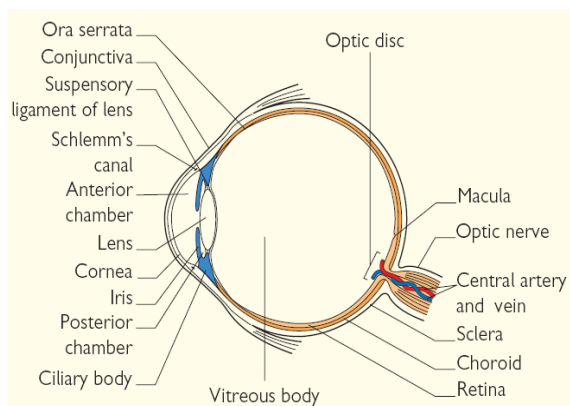
## Patient information

### What is a PVD?

The eye is like a camera, there are lenses at the front, and a light sensitive film (the retina) at the back, between these lies a layer of transparent jelly-like tissue - the [vitreous](#).

As we get older the gel loses its volume and tends to pull away from the retina, collapsing in on itself. As it detaches from the retina, it causes flashes of light. Small opacities form in the gel and these can be seen as black 'floaters'- often mistaken for flies.

For most people these symptoms settle down quickly, however for some they can be very distressing. These symptoms can indicate the start of a retinal tear, or a retinal detachment, and therefore an urgent appointment with an eye doctor is necessary.



**A Normal Eye**

## **When will the Flashes Stop?**

Generally the flashes stop in 2-5 months and do not cause a problem. If the flashes stop and a constant shadow appears it is possible that a retinal detachment has occurred and urgent help should be sought from the eye casualty department.

## **What is the treatment for floaters?**

Occasionally large floaters can cause problems with vision, particularly when reading. This most effective treatment is a vitrectomy. Three small holes are made in the white of the eye and the gel is removed with a micro-cutter. Modern incisions are self sealing and do not require stitching. Following this operation the vision recovers rapidly.

## **Are there any side effects with the treatment?**

There is always a risk to vision with vitrectomy. The main risk is of cataract, around 70% of patients undergoing vitrectomy will develop cataract. Other risks include retinal detachment (2-5%), retinal swelling, glaucoma and inflammation.

## **What happens normally after a posterior vitreous detachment?**

Generally the eye settles down to good vision with a few floaters. In some patients a light membrane can form across the macula leading to blurred and distorted vision. These membranes can be removed by surgery. Please see the [Epiretinal membrane](#) page for more information.

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