

Patient information factsheet

Posterior vitreous detachment (PVD)

We have written this factsheet to explain what posterior vitreous detachment (PVD) is, what signs and symptoms to look out for, and what the potential risks of the condition are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What is PVD?

The eye is like a camera with a lens at the front and a light-sensitive film (the retina) at the back. Filling the space between these is a clear jelly-like tissue called the vitreous.

As we get older, the jelly-like vitreous becomes more like a liquid gel and collapses in on itself, pulling away from the retina. Small opacities (unclear areas) may form in the gel and as it starts to move around in the eye, these can be seen as 'floaters' in your vision (often described as flies, spiders and cobwebs).

What causes PVD?

PVD is more common in people over the age of 60. This is because the texture of the vitreous naturally changes as you get older. In 90% of people this change is usually harmless and causes no damage to the retina. PVD is a once-in-a-lifetime event and cannot be prevented.

How is PVD diagnosed?

To diagnose PVD, an ophthalmologist (a specialist eye doctor), an optician or a nurse practitioner will put eye drops into your eye to dilate (enlarge) your pupil. They will then look at the middle and the back of your eye with a microscope to check the vitreous.

These eye drops will blur your vision for approximately three to four hours. You must not drive while your vision is affected.

What are the signs and symptoms of PVD?

Mild floaters in your vision can be normal. However, if you have PVD you will usually notice:

- a sudden increase in floaters
- flashing lights like little flickers or streaks of light at the edges of your vision (more noticeable in the dark)

PVD on its own will not permanently affect your eyesight.

Are there any risks associated with PVD?

Retinal detachment

Occasionally, when the vitreous pulls away from the retina, it pulls so hard that it tears the retina. This happens in less than one in ten people who develop PVD. This can then lead to a retinal detachment (when the retina becomes loose). If your retina becomes loose, you may experience a black shadow and/or loss of vision, and you will require urgent surgical treatment.

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A retinal tear (without retinal detachment) will require urgent laser treatment or cryotherapy (a freezing treatment).

Epiretinal membrane

When the vitreous pulls away from the retina, it can cause a thin, clear layer of tissue (a membrane) to form on the surface of the retina. This membrane can cause the retina to become wrinkled, and your vision may become distorted and blurred. If your vision is very distorted, we may recommend you have surgery.

Do the flashes and floaters ever stop?

Generally the flashes stop after a few months and do not cause any problems.

The floaters are very obvious when they first appear. Over time they become much less noticeable and do not cause a visual problem in most people.

You can reduce the effect of floaters by wearing dark glasses, especially if you are out in bright sunlight, or if you are looking at a brightly-lit surface or background.

Is there anything I should look out for?

Contact our eye casualty department as soon as possible if your symptoms become worse or if you notice any of the following:

- an increase in floaters and/or flashing lights
- a black shadow or 'curtain' coming over your vision
- your vision suddenly getting worse

Contact us

Eye casualty

Telephone: **023 8120 6592** (24-hour service)

Useful links

www.rnib.org.uk/eye-health/eye-conditions/posterior-vitreous-detachment

www.rcophth.ac.uk/wp-content/uploads/2017/10/2017_Understanding-Posterior-vitreous-detachment.pdf

www.specsavers.co.uk/eye-health/posterior-vitreous-detachment

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