

Floater

Floater are the perception of shadows in the eye caused by movement of irregularities within the vitreous gel of the eye. Everyone has some degree of floater. A sudden increase in floater is usually a sign of a posterior vitreous detachment.

Some people have floater in the absence of a posterior vitreous detachment. This may include people with a condition called asteroid hyalosis, some inflammatory eye conditions and some other rare conditions.

To get rid of the symptoms of floater we can do an operation called a vitrectomy. This operation involves going inside the back of the eye. We do this with small instruments from the front of the eye. Going inside the back of the eye in this way can cause problems. We need to remove the jelly from the back of the eye. Doing this can cause a tear to occur in the retina. If this is found at the time of surgery it is treated and the eye is filled with a bubble of gas to stop the retina from coming away from the back of the eye. If this is not found at the time of surgery or happens after surgery is completed then it is possible that the retina would come away from the back of the eye and if this happens you could lose your sight. Most retinal detachments are discovered reasonably early in this context and are treated successfully, but not all.

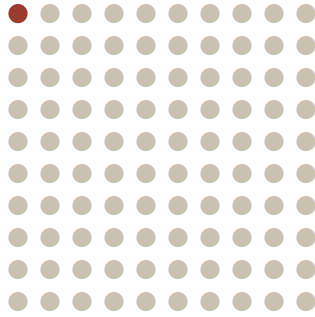
Doing this type of surgery will almost certainly cause cataract to form and at some stage cataract surgery would be required if you have not already had a cataract operation. For people over the age of 55, I usually plan cataract surgery to be done at the same time as the vitrectomy. For those under 45 I rarely do cataract surgery at the same time, but they should expect cataract to form earlier than it otherwise would.

There are some less common things which can happen. As with any surgery it is possible to get infection and as with any eye operation it is possible to cause inflammation in the other eye. These are not so common, but they do happen from time to time. I estimate the overall risk of losing the sight from this procedure is around 1 in every 100. This compares with about 1 in every 1,000 for cataract surgery.

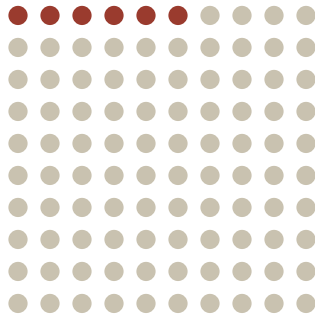
There are not many good studies looking at the long term risks and complications of treatment for this condition. One review paper suggests that retinal detachments are reported in between about 2 and 10 in every 100 operations, and two series have reported a significant long-term rate of complications, including retinal detachment (about 5 to 6 in every 100) and cystoid macular oedema, with irreversible visual loss occurring in some cases. Many of these complications, including retinal detachment, were seen up to 3.5 years after surgery.

The main risks at a glance

Each grid below is 100 people who have the operation; the shaded dots are those affected.



About 1 in every 100 – a serious, lasting loss of sight from the operation. In cataract surgery the same risk is about ten times lower, around 1 in every 1,000.



About 2 to 10 in every 100 – a retinal detachment after surgery, which would need further treatment.

You will see I have gone through a lot of the complications that can occur after surgery. This is not to try and put you off surgery, but rather to make sure that you are informed about the risks so that you can make an educated assessment of whether the symptoms that you have – which can be very disturbing – are worth living with to avoid the risk of surgery, or if they are so disturbing to your life that you need something done come what may.

For difficult topics I sometimes write reviews of the published literature to help understand the issues. There are two attached here: one on vitrectomy for floaters and one on laser vitreolysis, which is the use of a laser as an alternative to surgery. They are written at a technical level.

Emergency contacts: <https://www.vitygas.com/information/emergency-contacts/>

NHS patients call Limpsfield Ward or the East Surrey Hospital switchboard. Private patients use the mobile number provided.