Vitreomacular Adhesion and Vitreomacular Traction (VMA / VMT)

What is this and why has my optometrist mentioned it?

With widespread OCT scanning by optometrists, findings at the back of the eye are being detected more frequently than ever before. If your optometrist has mentioned "vitreomacular adhesion" or "vitreomacular traction", this page explains what these terms mean.

The good news is that in most cases this is an incidental finding related to normal ageing and requires only monitoring rather than treatment.

Understanding the vitreous

The vitreous is a clear gel that fills the inside of the eye. As we age it naturally liquefies and separates from the retina at the back of the eye – a process called posterior vitreous detachment (PVD). This is normal and happens to most people after 50-60.

Sometimes this separation is incomplete, leaving areas where the vitreous remains attached to the macula (the central part of the retina responsible for detailed vision). This creates a "vitreomacular adhesion."

The important distinction: adhesion versus traction

Vitreomacular Adhesion (VMA) means the vitreous is attached to the macula but *without* any distortion of the retina. The fovea (the very centre) remains normal. This is essentially a stage in normal vitreous ageing – VMA by itself is not a disease. It is present in about 15 to 30 in every 100 adults over 45.

Vitreomacular Traction (VMT) is when the attachment causes visible distortion of the retina on OCT – stretching, cyst formation, or other structural changes. This is much less common (about 1 in every 100 people).

This distinction matters enormously. Many patients referred with "vitreomacular adhesion" have a normal variant requiring no intervention.

Symptoms

VMA typically causes no symptoms. Most people are unaware of it until detected on a routine scan.

VMT may cause mild blurring, distortion (straight lines appearing wavy), or a sensation that images are different sizes in each eye. However, many patients only notice subtle symptoms *after* being told to look for them.

What happens over time?

The evidence is broadly reassuring:

- In about 20 to 35 in every 100 cases, the vitreous releases spontaneously and traction resolves on its own
- In about 60 in every 100 cases, the condition remains stable
- Progression to a macular hole occurs in about 10 in every 100 cases
- About 10 in every 100 patients eventually have surgery for worsening symptoms

The average time for spontaneous resolution is approximately 15 months. A period of observation is entirely reasonable.

When might treatment be considered?

Most patients with VMA need no treatment – only periodic monitoring.

For VMT, treatment may be considered when there is significant visual loss affecting daily activities, progressive deterioration, a full-thickness macular hole develops, or distortion significantly affects quality of life.

Observation remains the first approach for most VMT patients with mild symptoms and good vision.

Vitrectomy surgery (removal of the vitreous gel) is the definitive treatment when needed. Modern surgery is safe and usually done as a day case. Success rates for releasing traction are very high. Please see the general information on vitrectomy surgery if this is recommended.

Should I be worried?

In most cases, no. If you have VMA without symptoms and no distortion on OCT, this is essentially normal. Your optometrist will likely recommend periodic monitoring, but problems are unlikely.

Even with true VMT, remember that the majority of cases either resolve spontaneously or remain stable. Having VMT does not mean you will definitely need surgery.

What happens after diagnosis?

Most patients with VMA or stable VMT do not need ongoing hospital follow-up. After an initial specialist assessment, most can be safely discharged back to their community optometrist, who can detect any changes with OCT scanning and re-refer if needed.

You will typically be advised to:

- Return to your optometrist for routine eye examinations
- Seek prompt review if you notice any significant change in vision

Warning symptoms – when to seek urgent review

Contact your optometrist or the hospital eye service promptly if you experience:

- A sudden significant drop in central vision
- A noticeable increase in distortion

- A new dark shadow or curtain across your vision (this could indicate retinal detachment – needs same-day assessment)
- A sudden increase in floaters with flashing lights

Do not wait for a routine appointment – most optometrists can see you urgently and refer onwards if needed.

Summary

VMA and VMT are being detected more frequently due to widespread OCT scanning. For most patients, these are incidental findings related to normal ageing. Even when traction is present, spontaneous resolution occurs in a significant proportion, and the majority remain stable. Treatment with vitrectomy is reserved for those with significant visual impairment or progression to macular hole. The outlook is generally good.

Further reading

- Steel DH, Lotery AJ. Idiopathic vitreomacular traction and macular hole: a comprehensive review. Eye 2013;27:S1-21. Free full text available

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If you have had eye surgery and are concerned, see emergency contacts.

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.