

Doctor, can you get rid of my floaters?

Hadi Zambarakji discusses the treatments on offer for patients with floaters.

Floaters are usually the result of liquefaction and collapse of the vitreous, resulting in vitreous opacities, which are commonly referred to as floaters. The non-homogeneous changes within the vitreous body result in a range of symptoms from those with mild floaters of no concern, to those who find the floaters totally intolerable. It is possible that some groups of patients may be more likely to report higher morbidity than would be expected from floaters alone, despite excellent visual acuity. However, there is little doubt that floaters may be the source of much frustration and may affect visual function. An example would be the musician who needs to read small print during musical performances, perhaps combined with some degree of presbyopia and early cataract formation. The symptoms relating to the floaters can usually be separated from those of image blur due to cataract, because of the mobility of floaters.

The question is how does one manage the patient with floaters? Some have advocated the use of the laser to 'break up' floaters and others recommend vitrectomy surgery, meaning the removal of the vitreous body and any floaters within the vitreous.

The ophthalmologist would take a careful history and examine the patient, and in particular examine the retina, to rule out any associated abnormality. Most Ophthalmologists would usually recommend a conservative approach initially, in the absence of any associated findings. This would also be my approach at the first consultation with the patient. The fact remains that if symptoms are mild, a conservative approach is often successful - combined

with patient reassurance that the floaters are not associated with any sinister pathology. For patients who continue to be troubled with significant floaters, a discussion about treatment options would be needed. An acute onset of recent floaters however should not be disregarded as non-serious, as these may indicate the presence of an underlying retinal tear or retinal detachment, therefore patients with a recent history of floaters, especially if accompanied with flashes of light should report their symptoms urgently to their local eye casualty department.

The reports of nd:yag laser vitreolysis have shown only moderate improvements at best. Whilst vitrectomy surgery would offer the more definitive treatment, the role of vitrectomy surgery for floaters remains controversial amongst vitreoretinal surgeons.

Vitreous surgery was developed over 40 years ago and surgical techniques have improved dramatically. Modern vitrectomy surgery uses wide angle viewing systems and small gauge instrumentation with the possibility of performing sutureless surgery, resulting in reduced ocular pain and inflammation postoperatively, and relatively rapid visual rehabilitation. Whilst modern vitrectomy surgery is much safer than previously reported, and thresholds for performing surgery have changed dramatically, serious complications such as retinal detachment have been reported in up to 2.5% of patients.

So how safe is vitrectomy for floaters? Another way of putting the question is as follows: Is the risk profile of surgery acceptable compared to the severity of the patient's symptoms? This is always a difficult question to address in the absence of visually threatening pathology (i.e. floaters).

Whilst not an advocate of vitrectomy for



■ Mr Hadi Zambarakji is a Consultant Vitreoretinal and Cataract Surgeon, at The Wellington Hospital and Whipps Cross University Hospital NHS Trust

floaters, I would certainly consider proceeding to vitrectomy surgery once a conservative approach has been tried and failed. If the patient's symptoms are genuine, and once both myself and the patient have established that treatment is needed because "doing nothing is not a solution", a careful explanation of the potential risks and benefits would be needed. My personal experience is that patient satisfaction is high following vitrectomy for floaters when symptoms are truly caused by floaters, and data demonstrating good quality of life outcomes to support this have been published. If a decision to operate is made, a realistic explanation of the risks and benefits would need to be discussed with the patient.

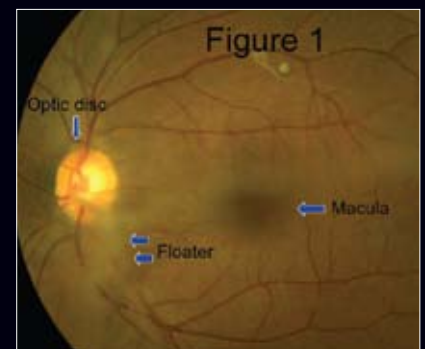


Figure 1: Retinal image of the left eye of patient with a posterior vitreous detachment and a large floater.



Figure 2: Operative view of an eye before vitrectomy surgery for removal of dense asteroid hyalosis. The term asteroid hyalosis refers to the presence of white refractile opacities in the vitreous body giving the appearance of stars (asteroids) shining in the sky. Asteroid hyalosis are quite mobile and dense asteroid can affect visual acuity and make retinal examination difficult.