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By reading and following these instructions carefully, you will gain a better understanding of this diagnosis and recommended treatment. It is indeed a pleasure to provide you with this reinforcement of our care.

**FLASHES AND FLOATERS**

**VITREOUS DETACHMENT**

A posterior vitreous detachment (PVD) is a rather dramatic event in the normal aging process of the eye. The vitreous is a clear gel like substance that fills most of the back cavity of the eye. The vitreous gel has normal attachments to the retina, the all-important nerve layer in the back of the eye. With age, after trauma, or in highly nearsighted eyes, these attachments can pull loose. As these attachments tug or pull loose from the retina, flashes of light and objects floating in front of the eye may be noticed.

Within one month following the onset of symptoms, light flashes are expected to stop and floaters should diminish in observation. However, floaters rarely remain fully unnoticed long-term. For the first week or two, following the onset of symptoms, patients are urged to avoid vigorous activities as the vitreous gel assumes its new organization within the eye.

In most cases, a vitreous detachment causes no damage to the eye. Approximately 10% of the eyes with a PVD can develop an associated retinal tear or detachment. Retinal tears or detachment are a potentially sight threatening condition often requiring laser treatment or surgical repair. Small tears or detachments are easier and more successful to repair. **It is imperative that you report any sudden increase in the amount or size of flashes of light or floaters.**

**RETINAL TEAR**

While examining your retina today, I noted that you have a retinal tear. A retinal tear typically occurs because the clear vitreous gel that fills the inside of the eye has contracted and pulled away from the retina. In the process of pulling away from the retina, a tear occurred.

A retinal tear is always considered serious because it may lead to a retinal detachment. Depending on the size and location of the tear, laser treatment or cryotherapy may be indicated to seal the tear in order to prevent a retinal detachment. Many tears may simply be monitored but **any flashes of light, sudden floaters, or curtain-like veil over vision should be reported immediately.**

**RETINAL DETACHMENT**

Retinal detachment is a serious problem, and with no treatment, vision is almost always lost. Although anyone can have a retinal detachment, they tend to occur more frequently in patients who have a high degree of nearsightedness, who have had trauma to the eye, and/or, have a family history of retinal detachment. Also, patients who have had cataract surgery or retinal laser treatments are more prone to develop a retinal detachment.

Most retinal detachments require immediate laser or surgical repair. In most cases, there is high likelihood of successfully reattaching the retina. The return of good vision depends on how quickly the repair is performed and whether or not the macula, or area of central vision, was detached prior to surgery. If the macula was detached, the prognosis for return of central vision is poor. **It is imperative that you report any flashes of light, sudden floaters, or curtain-like veil over vision immediately.**

This eye care report is provided as an advanced level of service. If you have any questions or

persistent visual/ocular symptoms after reading this report, please contact our office immediately.  
Thank you for allowing us to participate in your care.