

Managing your vision when the vitreous detaches from the back of your eye

Department of Ophthalmology

Information for Patients

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What is posterior vitreous detachment (PVD)?

Posterior vitreous detachment (PVD) is an eye condition. It happens when the jelly-like substance in the centre of the eye (the vitreous) comes away (detaches) from the retina at the back of your eye. This happens because of the changes in your vitreous. PVD is not painful and it does not cause sight loss.

You may have symptoms like seeing small dark spots or shapes (floaters) and flashing lights. These symptoms will calm down as your brain learns to ignore them. With time, you should be able to see as well as you could before your PVD started.

The symptoms of PVD are the same as an eye condition called retinal detachment. This condition needs quick treatment to stop you losing part of or all of the sight in the affected eye. Because of this you must have your eyes examined by an eye doctor within 24 hours (1 day) of noticing any symptoms.

About 1 in 10 people with PVD get a retinal tear. If left untreated it will develop into a retinal detachment. A retinal tear or detachment can be successfully treated.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

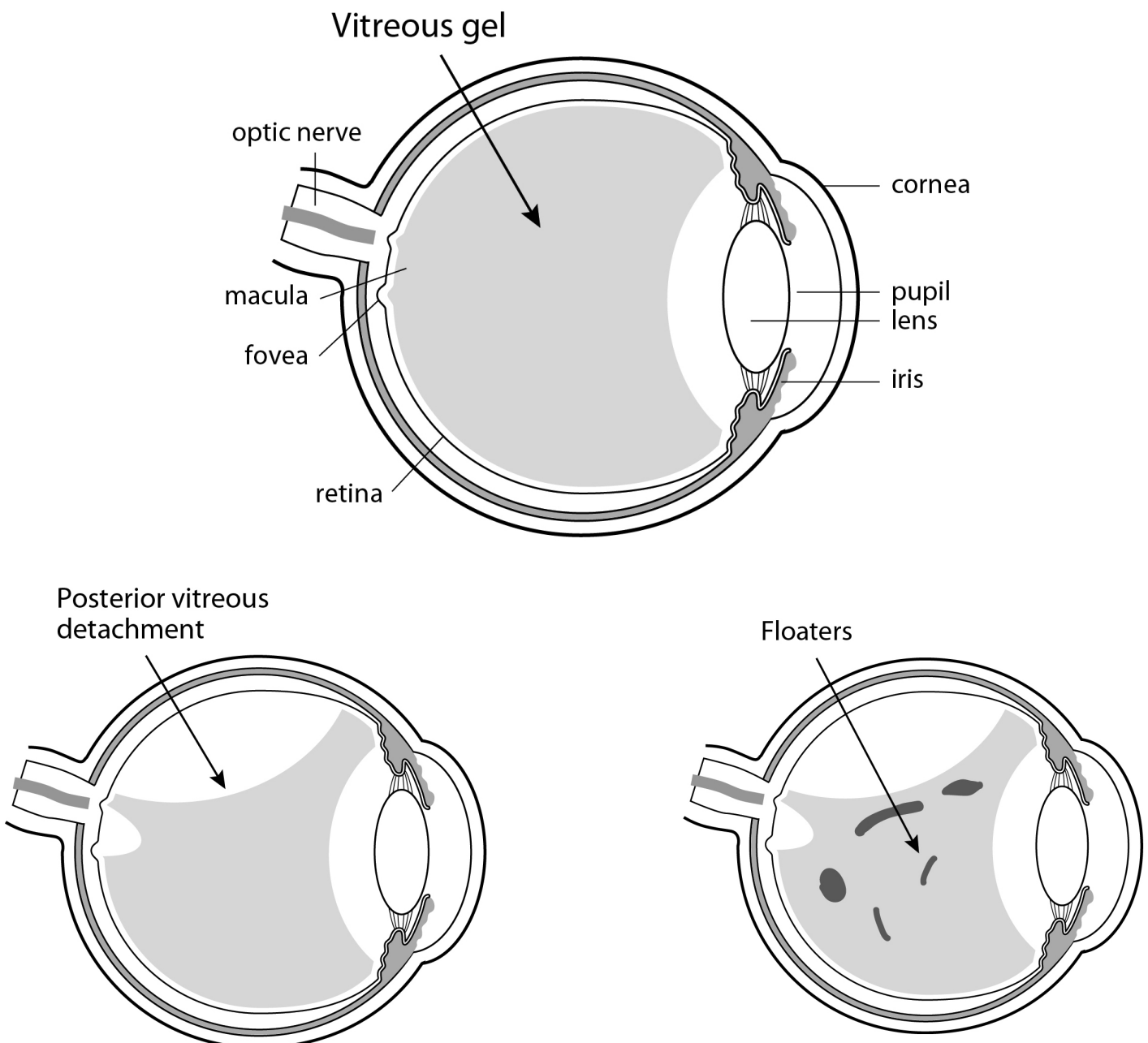
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What causes PVD?

Your eye is filled with a clear jelly-like substance called the vitreous. The vitreous helps to keep your eye's shape. It is made up of water and a protein called collagen.

When you look at something, light passes through the front of your eye, through the vitreous and is focused onto the retina at the back of your eye.

As you age, it is common for the vitreous to become more watery and less like a gel. When the vitreous gets too soft and loses its shape, it can come away (detach) from the retina and shrink in towards the centre of your eye. These changes are not a sign of another eye health problem. Most people with PVD are over the age of 50. But you can have a PVD in your 40s or at an earlier age if you are short-sighted or if your eye has been injured.



What are the symptoms of PVD?

The symptoms of PVD are:

- Seeing floaters for the first time or more floaters than you had before
- Seeing flashes of light in your vision that may get worse
- A large cobweb-like floater appearing across your vision
- Blurred vision

As your PVD continues, you may have some or all of these symptoms. You might be very aware of these symptoms or they may not bother you much at all.

Your symptoms may last about 6 months. During this time, your floaters and the flashes of light calm down and become less obvious to you. You might be aware of your floaters for up to 1 year or longer but this is more unusual. This does not mean there is anything wrong with your eyes. However, if you are worried about any symptoms that do not go away, speak to your eye doctor or optician.

Tests and diagnosis

Your vision will be measured using an eye chart.

We will use eye drops to widen (dilate) your pupil. This will help us to see the back of the eye to find out if you have had a PVD. It will also help to check your retina for any holes or tears.

We will use a 'slit lamp' which is a type of microscope found in eye clinics. The light from the slit lamp will not damage your eyes. It seems very bright because your pupils are bigger. They will return to their normal size after about 6 hours or overnight. You must not drive until the effects of the drops have worn off.

Long-term PVD symptoms

Floaters

Floaters are very common and many people have them, even if they do not have PVD. They are harmless, floating clumps of cells that form in your vitreous as it becomes more watery. You can see them because they cast shadows on your retina when light comes into your eye.

Floaters can be different shapes and sizes. They can be dots that can look like flies, threads, circles, clouds, or cobwebs. Your floaters may move around a lot or they may not seem to move much at all.

They may be more obvious to you on a sunny day or when looking at a bright computer screen.

You may only have a few floaters or you may have many of them. Floaters may appear quite suddenly or may increase in number and they may be very frustrating or worrying to you. When they are at their most intense, you might think that your floaters will always affect with your vision, but for most people, they become less obvious over time as your brain learns to ignore them.

Small flashes of light

When your vitreous pulls away from your retina, your retina reacts to this by sending a signal to your brain. Your brain processes this signal as a small, short flash of light, which you will often see more in the dark or in dim lighting. These flashes of light will not affect you for as long as floaters will. They will probably happen less often once the vitreous has fully come away from your retina.

How do I cope with my floaters?

If you have a large floater, moving your eyes gently round in circles may help. This moves the vitreous inside your eyes and can sometimes move the floater out of your direct line of vision.

If you normally wear glasses, wearing them when you need to will help. When your vision is clearer, you are more likely to be able to concentrate on the task rather than on the floaters.

Wearing sunglasses in bright conditions will make your floaters less noticeable. The tinted lenses reduce the amount of light entering your eyes. This means that your floaters will cast a fainter shadow on your retina.

If your floaters are distracting you when they are using a computer or tablet, reducing the brightness of the screen may make them less noticeable.

What is the treatment for PVD?

There is no medical treatment for PVD. There is no evidence that eye exercises, diet changes or vitamins can help.

You may have heard that it is possible to treat PVD either with a laser or with surgery to remove the vitreous from your eye. Very few ophthalmologists offer laser treatment for floaters and in the UK it is not routine treatment.

It is very unlikely to be funded by the NHS so you would need to pay for this privately. The laser may make large floaters smaller but it is still not clear whether or not it is safe or makes your vision any better. If you are considering laser treatment, make sure you ask about the risks before doing any procedure.

There is a surgery called vitrectomy where your vitreous is removed from your eye. Although this can reduce your floaters, it is a major operation and there are risks from having this surgery. Because of this, it is not usually offered to people with PVD in the UK.

What activities can I still do with PVD?

Most people with a PVD can carry on with their normal day-to-day activities. Sometimes, it is advised to avoid high impact exercise during the first 6 weeks after the start of a PVD. This is because your vitreous may not have completely detached from your retina. You may be at higher risk of having a detached retina during this time.

There is no evidence that any of the following activities will definitely cause any problems with your PVD, but it might be best to avoid:

- Very heavy lifting, energetic or high impact exercises, such as running or aerobics.
- Playing contact sports, such as rugby, martial arts or boxing.
- Inverted positions in activities such as yoga or Pilates.

If you do take part in any activities like these, you might notice your floaters a lot more. This is because these activities involve body movements that can make your floaters move around more inside your eye. Because of this, you might want to stop activities like these until your brain adapts and learns to ignore your floaters.

You can carry on with daily activities such as walking, gentle exercise, reading, watching TV, cooking and using your computer. There is no evidence to suggest that flying in an aeroplane will harm your PVD, or make it worse.

Do other eye conditions have the same symptoms as PVD?

Retinal tear or detachment

In a small number of cases, PVD can lead to a retinal tear. This is because the vitreous is more firmly attached in places to the retina. As your vitreous moves away from your retina, it can pull on your retina, causing it to tear.



If a retinal tear is not treated, it can lead to a retinal detachment. This can cause sight loss. Retinal tears and detachments are much rarer than PVD alone. Only 1 in 10 people with PVD go on to develop them. Having your PVD examined on the same day or within 24 hours (1 day) of the start of your symptoms means that your eye doctor can look for any signs of a retinal tear or detachment.

Floater without PVD

Floater are very common and many people have them without having had a PVD or other eye conditions. This means they are nothing to worry about. However, sometimes floaters can be a sign of another eye condition such as inflammation in the eye. You should always have your eyes checked as soon as possible by your opticians or eye doctor if you notice new floaters, or an increase in floaters, to make sure there is no other eye condition causing them.

Degenerative vitreous syndrome

Degenerative vitreous syndrome (DVS) is slightly different to PVD because it can cause floaters without the vitreous detaching from the retina. As the vitreous becomes more watery, DVS causes severe floaters that can be frustrating and noticeable for a long time. However, DVS can often turn into PVD when the vitreous begins to move away from the retina.

What to do next

If you are worried about your vision and need further advice, please visit your own optician or Eye Casualty at Leicester Royal Infirmary for an assessment:

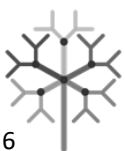
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Previous reference:

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