Hunter Street
Eye Specialists

PVD – POSTERIOR VITREOUS DETACHMENT

The interior of the eyeball is filled with a gel known as vitreous humor. This gel primarily consists of water and a protein called collagen. With age, the gel gradually transitions into a more liquid state, causing the connection between the rear surface of the gel and the retina to dissolve, ultimately resulting in the detachment of the gel from the retina.

A posterior vitreous detachment (PVD) takes place when the gel-like substance within the eyeball separates from the retina, a delicate layer of nerve tissue located at the back of the eye. The retina plays a crucial role in detecting light and converting it into visual images.

After a PVD occurs, individuals often experience an uptick in the appearance of specks or dark shadows in their field of vision. Additionally, it can lead to the perception of flashes of light, typically occurring at the periphery of one's visual field.

PVD is neither painful nor cause vision loss unless there is a complication such as;

- Retinal Tear
- Retinal Detachment
- Macular Hole
- Macular Pucker

SYMPTOMS

The symptoms of PVD (Posterior Vitreous Detachment) include floaters, which can resemble bugs, cobwebs, hairs, or dust in one's field of vision, often appearing as circular or oval shapes known as Weiss rings. Additionally, individuals with PVD may experience flashes of light, especially in dimmer environments. These symptoms tend to be mild and typically diminish over a few months as the brain adapts to them. If you encounter these symptoms, it is advisable to consult your eye care provider.

DIAGNOSIS

If you experience symptoms of PVD (Posterior Vitreous Detachment), it is crucial to promptly seek the expertise of an eye specialist, such as an ophthalmologist or optometrist. An eye examination is essential for identifying potential serious issues and reducing the risk of permanent damage and vision loss.

During this examination, the specialist will perform the following tests:

1. Dilated eye examination: This involves the use of eye drops to widen the pupil, followed by an inspection of the eye's interior using a lighted instrument. This test is generally painless, with minimal discomfort due to slight pressure.

Dr Ridia Lim PN. 065329LJ | Dr Peter Sumich PN. 094408PF | Dr Diana Farlow PN. 002847MW | Dr Ilesh Patel PN. 223082TK | Dr Shish Lal PN. 081041CF
P. (02) 9635 0663 F. (02) 9893 8165
Level 2/17-21 Hunter St, Parramatta NSW 2150
huntereye.com.au

2. OCT: (Optical Coherence Tomography) Scan to capture images inside the eye, assess and reveal its structure.

Your healthcare provider focuses on treating the complications of PVD, not the condition itself. It is important to have an initial eye exam when symptoms arise and a follow-up examination four to six weeks later. During the follow-up, your provider checks for any missed issues during the initial diagnosis and looks for potential complications, such as a retinal tear that may not have been present initially.

In rare cases, individuals with persistent, bothersome floaters may be considered for a vitrectomy. This surgical procedure involves removing the vitreous gel.

Posterior vitreous detachment cannot be prevented as it is a natural and inevitable part of the aging process. However, it is essential to promptly inform an eye specialist of any changes in your vision. They can identify potential eye conditions and take preventive measures to avoid complications.

Please contact us directly on 02 9635 0663 for general queries - for any urgent or After-hours Emergencies please contact Sydney Eye Hospital 9382 7111 and speak to the eye registrar

Dr Ridia Lim PN. 065329LJ
Dr Peter Sumich PN. 094408PF
Dr Diana Farlow PN. 002847MW
Dr Ilesh Patel PN. 223082TK
Dr Shish Lal PN. 081041CF
P. (02) 9635 0663 F. (02) 9893 8165
Level 2/17-21 Hunter St, Parramatta NSW 2150
huntereye.com.au