

Flashes and Floaters



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Overview

Floaters look like small, dark spots or strands that appear to float in front of your eyes.

They are very common and normally harmless. They are often caused by the natural shrinking of the gel inside the eye (the vitreous humour) as you get older.

Flashes of light are less common, and are often due to the movement of the gel inside the eye. Very occasionally, flashes or noticing more floaters than usual, can be a sign of a more serious condition called retinal detachment, which needs treating as soon as possible.

This is more common as you get older, or in people who are short-sighted or have had eye surgery.

If you get any of the following symptoms and you cannot contact your optometrist, you should get urgent medical attention, ideally from a hospital with an eye casualty department. If there is no eye casualty nearby, you can go to your local accident and emergency department (A&E).

It is important that you get advice as soon as you can if you have:

- ↘ A sudden increase in floaters, particularly if you also notice flashing lights.
- ↘ A new, large floater.
- ↘ A change in floaters or flashing lights after you have had an eye injury.
- ↘ A shadow spreading across the vision of one of your eyes.

Some people are born with floaters but most floaters develop as you get older, when the gel in your eye naturally shrinks.



If you have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are eye health specialists.

Watch our video about flashes and floaters at lookafteryoureyes.com/flashes.



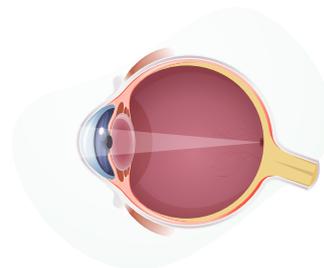
What are floaters?

Floaters appear as black spots or strands that look like a hair or small pieces of cobweb. These can be semi-transparent or dark and appear to float in your vision. Sometimes they may appear more noticeable than others. If you have had these for years, your eye and your brain learn to ignore them.

Sometimes the number of floaters increases as you get older. Occasionally an increase in floaters can be a sign of problems inside the eye.

Because they 'float' in the gel of your eye, floaters will move away in the direction you move your eye when you try to look at them. Although floaters are very small, you can see them because they cast a shadow on the retina. You might only see floaters if you are staring at a light coloured surface or at the sky during the day.

Some people find that floaters can be a nuisance, but most people get used to them. They rarely cause problems with your vision. There is a video showing how floaters may affect your vision on our website at lookafteryoureyes.org/eye-conditions/flashes-and-floaters.



Why do I get floaters?

Some people are born with floaters but most floaters develop as you get older, when the gel in your eye naturally shrinks. The gel separates into watery fluid and wavy collagen strands (fibrils). The fibrils are seen as line-shaped floaters. Sometimes the gel shrinks enough to collapse away from the light-sensitive lining at the back of your eye (the retina). Once the gel has collapsed, you may see a large ring-shaped floater. As the vitreous gel collapses it can pull on your retina. If this were to happen, you would see it as a flash of light – see 'flashes' later.

Floaters can also be caused by some eye conditions that cause inflammation. This is not very common.

The number of floaters in your eye may increase as you get older.

Occasionally an increase in floaters can be a sign of problems inside the eye.



What might happen if I have floaters?

Most of the time floaters are harmless. Sometimes they may be annoying, but treatment is not usually advised.

A sudden increase in floaters – either one or more large ones or a shower of tiny ones – may be a sign of a more serious eye condition such as a retinal detachment. This is when your retina pulls away from the back of your eye. This may lead to a blank spot or shadow in your vision which does not go away.

If you notice these symptoms, you should contact your optometrist straight away. If you can't do this, you should get urgent medical attention from an eye casualty department at a hospital. If you are unable to attend eye casualty nearby, you can go to your local accident and emergency department (A&E). An ophthalmologist or an optometrist will use eye drops and a special microscope to look inside your eyes to check if your retina is damaged.

Who is at risk of floaters?

Floaters are more common in people who are short-sighted. They may increase if you have had an eye operation such as cataract surgery, or laser treatment after cataract surgery. They are also more likely if you have a history of eye injury, infection or inflammation.

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What are flashes?

When we are young, the vitreous gel is firmly attached to the back of our eye. As we get older, the vitreous gel naturally becomes more liquid, so it shrinks and collapses away from the retina. This means the gel can move inside the eye.

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This is called a posterior vitreous detachment (PVD). It is very common and more likely to happen as you get older. If you get a PVD you may see flashes of light in front of one of your eyes. These appear like small sparkles, lightning or fireworks as the gel touches or tugs the retina. The flashes tend to be in the extreme corners of your vision and come and go but don't obscure any part of your vision. The flashes don't last for a set length of time, and you may notice them more if you go from a light to dark environment. They may continue on and off for weeks or months. These are different to the shimmering or zig-zag lines that may be part of a migraine. If you notice these symptoms, you should contact your optometrist straight away. You can also get flashes after being hit in your eye or if you rub your eyes roughly.

What might happen if I get flashes?

Sometimes flashes just show that the vitreous gel is tugging on your retina. However, continuous flashes may be a sign of a retinal detachment.

A torn retina or retinal detachment may lead to a sudden increase in floaters as well as flashes. You might also notice a shadow at the edge of your vision. This needs immediate medical attention.

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Who is at risk of a retinal detachment?

You may be more at risk of a retinal detachment if you:

- ↘ Have had eye surgery, such as a cataract operation or laser surgery after a cataract operation
- ↘ Are short-sighted (with a prescription particularly if over -3D)
- ↘ Have ever had an eye injury
- ↘ Have a family history of retinal detachment
- ↘ Have already had a retinal detachment in that eye or the other eye
- ↘ Are over the age of 50 have certain retinal diseases such as lattice or other retinal degeneration, or
- ↘ Have certain diseases such as Marfan syndrome.

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This information should not replace advice that your optometrist or other relevant health professional gives you.

For more information, please talk to your local optometrist.

If you have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are eye health specialists. An eye examination is a vital health check and should be part of everyone's regular health care.

Visit lookafteryoureyes.org for clear and helpful information on vision and eye health issues and keeping your eyes healthy.

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Summary

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Flashes of light are less common, and are often due to the movement of the gel inside the eye. Very occasionally, flashes or noticing more floaters than usual, can be a sign of a more serious condition called retinal detachment, which needs treating as soon as possible.

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For clear and helpful information on vision and eye health issues and keeping your eyes healthy, visit:

<https://www.nhs.wales/sa/eye-care-wales/professionals/wgos/member-of-the-public/patient-resources/>

This information is produced collaboratively between NHS Wales and The College of Optometrists.



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