



THE COLLEGE
OF OPTOMETRISTS

FLOATERS AND FLASHES

Overview

We have developed this leaflet to help you understand more about floaters and flashes.

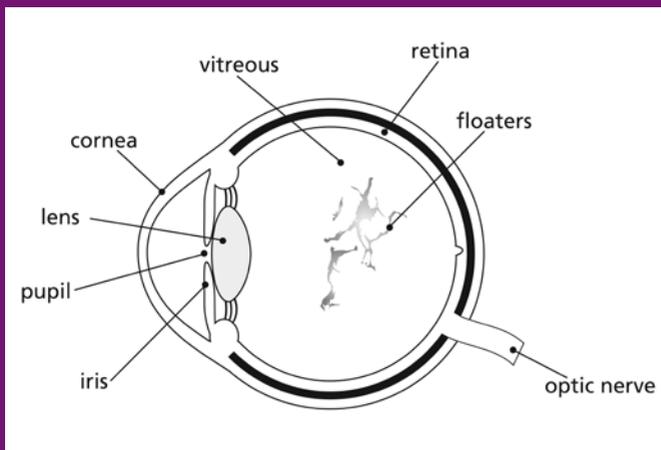
Floaters look like small dark spots or strands that appear to float in front of your eyes.

Floaters are very common and are normally harmless. They are more common if you are short sighted or as you get older.

Some people also notice they see flashes of light. These can be due to movement of the gel inside the eye.

Very occasionally, flashes or an increase in floaters can be a sign of a 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 have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are the eye-health specialists on the high street. An eye examination is a vital health check and should be part of everyone's normal health



If you get the following symptoms, you should get urgent medical attention.

- 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 a direct blow to your eye.
- A shadow spreading across the vision of one of your eyes.

If you notice any of these symptoms, go to an eye casualty department at the hospital.

What are floaters?

Floaters appear as black spots or something that looks like a hair or small pieces of a cobweb. These can be semi-transparent or dark and appear to float in front of your vision. 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.

As they 'float' in the jelly of your eye, you will find that if you move your eye to try to look at a floater, it will move away in the direction you move your eye. You might only see the floater 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 become used to them. They rarely cause problems with your vision.

"Floaters appear as black spots or something that looks like a hair or small pieces of a cobweb"

Why do floaters happen?

Some people are born with floaters. Other floaters occur as you get older when the gel in the eye, the vitreous humour, naturally shrinks. The gel separates into a watery fluid and wavy collagen fibrils. You see the fibrils as line-shaped floaters. Sometimes the gel shrinks enough to collapse away from the light sensitive lining at the back of your eye which is called the retina. Once the gel has collapsed, some people see a large ring-shaped floater.

If the vitreous gel collapses, it can pull on your retina. If this happens, you would see this as flashes of light – see ‘Flashes’, below.

Floaters can also be caused by some eye diseases that cause inflammation. However, this is not very common.

Who is at risk of floaters?

Floaters are more common in people who are short sighted. The floaters may increase if you have had an eye operation such as cataract surgery, or laser treatment after cataract surgery.

What might happen if I have floaters?

Most of the time floaters are harmless. Sometimes they may be annoying, but treatment is not 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 disease such as a retinal detachment”

Occasionally a sudden increase in floaters – either one or more large ones or a shower of tiny ones - may be a sign of more serious eye disease such as a retinal detachment. This is when your retina pulls away from the back of your eye and it may lead to a sudden increase in floaters and possibly a blank spot or shadow in your vision which does not go away. This needs immediate medical attention. If you notice these symptoms, you should get urgent medical attention from an eye casualty department at the hospital. If there is no eye casualty department nearby, you can go to your usual hospital casualty department. However, it is best if you can go to a special eye casualty department. A specialist eye doctor, an ophthalmologist, will need to use eye drops and a special light to look inside your eyes to check if your retina is damaged.

What are flashes?

Some people may see flashes of light in front of their eyes, like small sparkles, lightning or fireworks. You should not confuse these with the shimmering or zig-zag lines that may be part of a migraine. Migraine shimmers are normally in both eyes. You can tell whether the shimmers are in one or both eyes by covering each eye in turn and seeing if the shimmers are still there. Some people may get migraine shimmers even if they do not have a headache afterwards.

Flashes happen when there is a pull on your retina. This might happen as the vitreous gel inside your eye becomes more liquid and collapses. You may experience flashes occasionally, on and off over weeks or months. Flashes can also happen if you are hit in the eye.

Flashes related to a collapse of the gel inside the eye are more likely to happen as you get older.

What might happen if I have flashes?

Sometimes flashes just mean that there is a tug on the retina and nothing more. However, constant flashes may be a sign of a retinal detachment.

A retinal tear or retinal detachment may lead to a sudden increase in floaters as well as flashes. You might notice a shadow at the edge of your vision as well. This needs immediate medical attention from an eye casualty department at the hospital. If there is no eye casualty department nearby, you can go to your usual hospital casualty department. However, it is best if you can go to a special eye casualty department. A specialist eye doctor, an ophthalmologist, will need to use eye drops and a special light to look inside your eyes to check if your retina is damaged.

“Flashes happen when there is a pull on your retina”

“Constant flashes may be a sign of a retinal detachment”

Who is at risk of a retinal detachment?

Some people are more at risk of a retinal detachment. These are people who:

- have had eye surgery, such as a cataract operation or laser surgery after a cataract operation;
- are moderately short sighted (over -3.00D);
- have had a previous eye injury;
- have a family history of retinal detachment;
- have had a previous 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;
- have certain systemic disease such as Marfans syndrome (a rare genetic disease which affects the connective tissues including in the eye).

For more information please talk to your local optometrist.

This leaflet is produced by the College of Optometrists. We are the professional, scientific and examining body for optometry in the UK. People who are our members agree to meet the highest clinical and ethical standards. Look for the letters MCOptom or FCOptom to see if your optometrist is a member.

Please visit www.lookafteryoureyes.org for more information.

This information should not replace advice that your optometrist or relevant health professional would give you.

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