Vitreolysis FAQS

Do You Have Floaters? Ask Your Physician about Vitreolysis Treatment.

According to data from the National Institutes of Health (NIH), vitreous floaters affect up to 4% of the global population, which equates to over 300 million people worldwide. “Floaters” are due to opacities in the vitreous gel in the posterior section of the eye. They are uncommon in youth but occur with aging of the vitreous gel. While most floaters are not considered an ocular disease, their presence may significantly affect quality of life and prevent enjoyment of common life activities.

Many doctors observe floaters and reassure patients that they may become less symptomatic over time. Prior to laser vitreolysis, the only treatment for persistent floaters was vitrectomy, an intraocular surgery to remove the vitreous opacities.

Nearly 90% of patients bothered by their floaters are unaware of laser treatment options, or they are discouraged by the invasive nature of a vitrectomy. Patient education regarding YAG Laser Vitreolysis may facilitate an enlightened discussion with your doctor to assess your candidacy for a painless and less invasive solution. We offer vitreolysis with LIGHTMED’s LIGHTLas YAG-V laser. Ask your doctor for details.

FAQS

1. What is vitreolysis?

Laser vitreolysis is a highly effective outpatient procedure that can eliminate the visual burdens caused by floaters and remarkably enhance a patient’s quality of life, comparable to that of cataract or refractive surgery. The procedure offers a high level of patient satisfaction with a higher degree of safety and a lower rate of complications when compared to its invasive alternative, a vitrectomy.

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2. How does it work?

Laser vitreolysis involves application of ultra-fast pulses of low Nd:YAG laser energy to evaporate the vitreous opacities and sever vitreous strands. The end-point of the procedure is that the floater is removed or reduced to a size that no longer significantly hinders vision.

3. Which floaters can be treated? How do I get qualified for the treatment?

Certain floaters can be effectively treated with vitreolysis. It is absolutely necessary to undertake proper preoperative evaluation with your eye doctor to determine your suitability for treatment.

The most important factors to consider are the type of floater and the presence of other potential ocular diseases which could lead to complications.

Types of floaters:

- **Microscopic floaters:** most common in younger patients (<45), these opacities are located too close to the retina (1-2 mm) to be safely treated.
- **Weiss Rings / PVD floaters:** abrupt onset of a dense central floater due to a posterior vitreous detachment (PVD) is very treatable with laser vitreolysis. However, other pathological causes such a retinal tear or detachment can pre-sent with similar symptoms and must always be ruled out. A timely comprehensive evaluation with an eye doctor is always necessary whenever there is a change in floaters.
- **Diffuse sheets of vitreous with strands and cobwebs:** these floaters are less likely to respond to laser vitreolysis and may also be located too close to the native intraocular lens to be amenable to treatment.
- **Pathologic floaters:** the presence of hemorrhage or inflammatory cells can significantly impair vision, but these types of floaters are not treatable with laser vitreolysis. An eye doctor can make this diagnosis by careful inspection of your vitreous opacities on dilated exam.

Q: What are the side effects of the procedure?

Complications and side effects are rare and include:

1. **Inadvertent retinal laser application.** This is minimized by careful selection of which floaters to treat by your physician who is experienced in the laser procedure.
2. **Retinal detachment.** This complication is very rare and the risk is decreased by a thorough preoperative exam performed by your physician to make sure you are a good candidate for the laser. Patients with untreated retinal holes or tears are not candidates for vitreolysis unless their breaks have been previously treated and are stable.
3. **Traumatic cataract.** Patients may experience a rapid onset of blurred vision if there is inadvertent laser to the lens. Cataract surgery may then need to be performed urgently and may be more complicated than if there had not been trauma.
4. **Increased intraocular pressure (IOP).** Although rare, this is more likely in older patients with pre-existing glaucoma. An increase in IOP is usually temporary and is treated with glaucoma eyedrops.
5. **Intraocular inflammation (uveitis).** This very rare side effect is usually temporary and responds well to anti-inflammatory eyedrops. Patients with a history of uveitis are not good candidates for laser vitreolysis. The types of floaters in posterior uveitis (vitritis) are not appropriate for treatment with laser vitreolysis.