

# Eye Floaters: When to Panic, When Not To

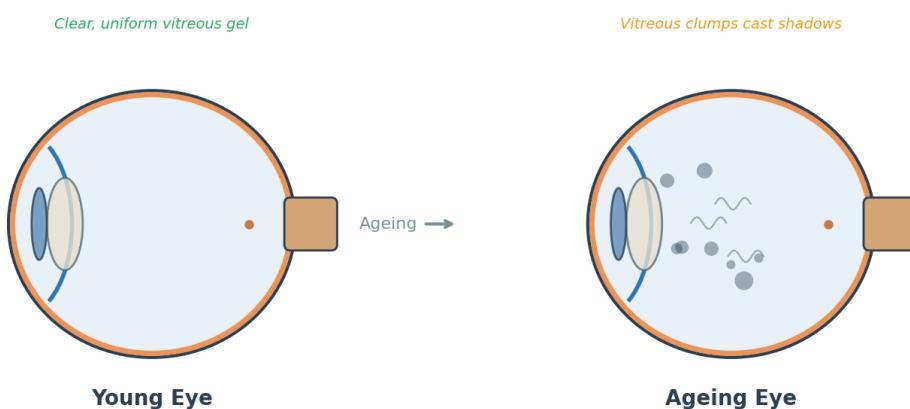
By Dr Chee Wai Wong, Vitreoretinal Surgeon

Few things cause as much anxiety as seeing something strange drifting across your vision. You look up at a clear sky or a white wall and there they are: little specks, threads, cobwebs, or shadowy shapes that float around and dart away when you try to focus on them. These are eye floaters, and they are one of the most common reasons patients come to see me.

The good news? Most of the time, floaters are completely harmless. The not-so-good news? Occasionally, they are a warning sign of something that requires urgent attention. Knowing the difference can save your sight.

## What Are Floaters, Exactly?

### How Eye Floaters Form



As vitreous gel liquefies with age, protein fibres clump together and cast tiny shadows on the retina → floaters

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The inside of your eye is filled with a clear, gel-like substance called the vitreous. In a young eye, the vitreous is a uniform, transparent gel. Light passes through it cleanly on its way to the retina. But as we age, the vitreous gradually undergoes changes. It becomes more liquid in some areas, and the remaining gel forms clumps or strands. These clumps cast tiny shadows on the retina, and those shadows are what you perceive as floaters.

Think of it like a projector: the retina is the screen, and the vitreous clumps are small objects floating in the beam of light. They are actually inside your eye, but you perceive them as though they are floating in front of you.

## The Common, Harmless Kind

Most floaters fall into this category. They develop gradually over months or years, and you may notice them more in certain lighting conditions, particularly against bright, uniform backgrounds. They move with your eye movements, often drifting gently and settling when your eyes stop moving.

These age-related floaters are a normal part of getting older. They can be annoying, but they are not dangerous. Many people eventually stop noticing them as the brain adapts and learns to ignore them. No treatment is necessary.

Floaters are more common and tend to develop earlier in people with high myopia (short-sightedness), because the vitreous in elongated myopic eyes undergoes these degenerative changes at a younger age.

## When Floaters Signal Something Serious

There is one scenario where floaters demand immediate attention: when they occur suddenly and in association with posterior vitreous detachment (PVD).

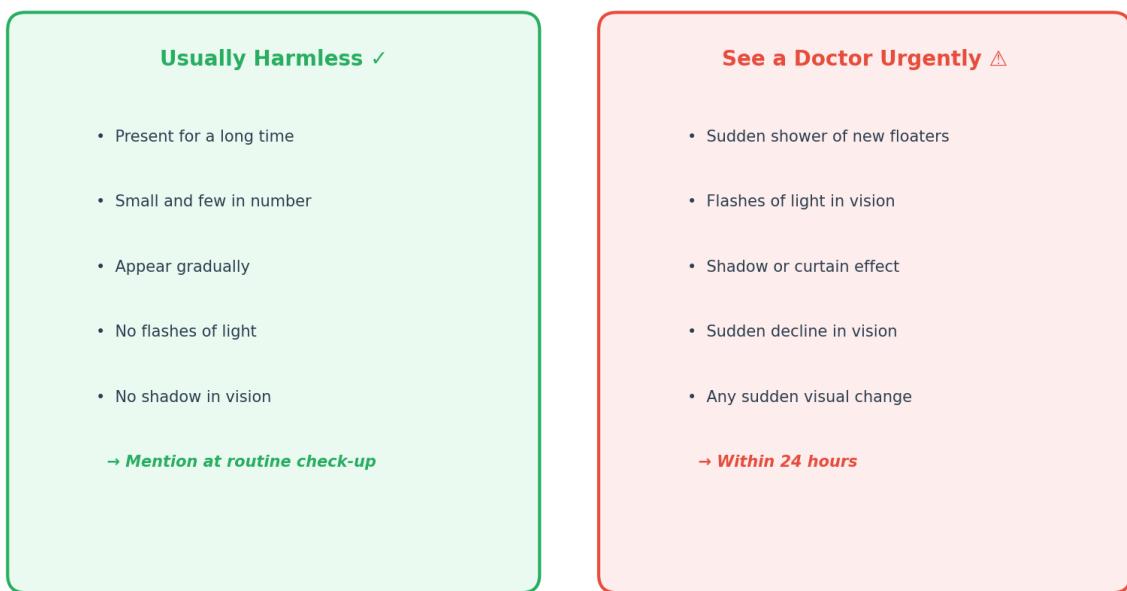
PVD is a normal event in which the vitreous gel separates from the retinal surface. It happens to almost everyone, usually between the ages of 50 and 70. The moment of separation can release a shower of tiny debris into the vitreous, causing a sudden onset of new floaters. You may also notice flashes of light (brief, lightning-like streaks in your peripheral vision) caused by the vitreous tugging on the retina as it pulls away.

In most cases, PVD occurs without any complications. The vitreous separates cleanly, the floaters gradually become less noticeable over weeks to months, and no treatment is needed.

But here is the critical point: in about 10–15% of cases, the vitreous does not separate cleanly. Instead, it pulls hard enough to tear the retina. A retinal tear, if left untreated, can lead to a retinal detachment (a sight-threatening emergency where fluid seeps through the tear and lifts the retina away from the back of the eye).

## The Warning Signs You Must Not Ignore

## Floater: When to Worry vs When Not To



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See an eye doctor urgently (ideally within 24 hours) if you experience any of the following:

- A sudden shower of new floaters: many more than you normally see, appearing all at once
- Flashes of light in your peripheral vision, especially if they are new or have increased in frequency
- A shadow, curtain, or veil spreading across part of your visual field
- A noticeable decline in vision accompanying the new floaters

These symptoms suggest that a PVD may have caused a retinal tear, or that a retinal detachment may be developing. This is a true time-sensitive situation. The earlier a retinal tear is detected, the simpler the treatment. A tear can often be sealed with laser treatment in the clinic in a few minutes, preventing it from progressing to a full retinal detachment that would require surgery.

## What Happens When You See the Eye Doctor

If you present with new floaters and flashes, your eye doctor will perform a dilated eye examination. Eye drops are used to widen your pupils, allowing the doctor to carefully inspect the entire retina, including the far periphery where tears are most likely to occur.

If a retinal tear is found, laser retinopexy (laser treatment) is usually performed on the same day. The laser creates a ring of small burns around the tear, which forms a scar that seals the retina to the underlying tissue and prevents fluid from getting under it.

If no tear is found, you will typically be asked to return for a follow-up examination in four to six weeks, as retinal tears can occasionally develop in the days following a PVD. During this period, you should remain vigilant for any worsening of symptoms.

## FloaterS That Won't Go Away: Treatment Options

For most people, floaters become less bothersome with time. The brain is remarkably good at filtering them out, and the floaters themselves often drift out of the central line of sight.

However, some patients have large, dense floaters that persistently affect their quality of life, interfering with reading, driving, or work. For these individuals, two treatment options exist:

Vitrectomy is a surgical procedure in which the vitreous gel is removed from the eye and replaced with a clear saline solution. This effectively eliminates the floaters. However, vitrectomy is a real surgical procedure with real risks: cataract formation, retinal tears, retinal detachment, and infection. For this reason, it is generally reserved for severe cases where the floaters are truly debilitating.

YAG laser vitreolysis is a newer, less invasive option where a laser is used to break up large floaters into smaller, less noticeable fragments. It works best for specific types of floaters: typically large, isolated ones that are located away from the retina and lens. It is not effective for diffuse, small floaters.

## A Simple Guide

Here is a practical way to think about floaters:

Do not panic if your floaters have been present for a long time, are small and few in number, appear gradually, and are not associated with flashes or any shadow in your vision. These are likely age-related and benign. Mention them at your next routine eye check-up.

Do see a doctor promptly if you experience a sudden onset of many new floaters, flashes of light, a shadow or curtain in your vision, or any sudden change in your visual field. These symptoms warrant an urgent dilated eye examination, ideally within 24 hours.

## The Bottom Line

FloaterS are one of the most common eye complaints, and the vast majority are harmless. But they can occasionally herald a retinal tear or detachment. This is a condition where early intervention makes all the difference between a simple laser treatment and major surgery. When in doubt, get it checked. A brief, painless eye examination is all it takes to give you peace of mind or to catch a problem before it becomes serious.

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