

Management of Patients with Flashes and Floaters

For urgent referral (within 24 hours)

Patients with flashes or floaters with the following should be referred urgently:

- Retinal detachment
- Retinal Tear
- Vitreous Haemorrhage
- Pre-retinal haemorrhage
- Profound loss of vision
- Pigment/Tobacco dust (Schaeffer's sign) in the vitreous.

The James Paget Hospital Eye clinic does not see 'walk-in' patients. Optometrists and GPs should call the clinic to arrange an emergency appointment on 01493 452594 during office hours or via switchboard to speak to the on-call doctor (out of hours) Monday 0900 – Friday 1700.

Managing Patients within your Practice

Patients with recent onset flashes/floaters of less than 4 weeks duration may be managed in the community if ALL of the following apply:

- Symptoms are NOT worsening
- The patient does NOT report a veil or curtain effect across their vision
- Visual acuity has not deteriorated
- There is no Pigment/Tobacco dust (Schaeffer's sign) in the vitreous.
- There is no evidence of retinal tear or detachment on dilated fundal examination using either slit-lamp biomicroscopy with at least 90D condensing lens, 3-mirror contact lens biomicroscopy, or indirect with scleral indentation.

If you are not confident of the above, referral is advised. Guidance on follow-up intervals is available on 'Examining the patient who complains of flashes and floaters' at www.college-optometrists.org.

Patients with high myopia, positive family history, or who are post cataract surgery, are at particular risk and should be treated with caution. Patients should be counselled to urgently report any new or worsening symptoms, particular new floaters, flashes, or a visual field defect.

All of the above should be recorded accurately in the notes, including positive and negative findings.

Triaging

If none of the red-flag symptoms or signs above are present, routine appointment of new patient referrals can be made into the surgical retina clinic. Otherwise an urgent appointment should be sought within 2 days or same-day eye casualty clinic if there is a visual field defect.

Follow-up

All patients should have a documented assessment of the state of the vitreous, including a statement of the presence or absence of pigment in the gel. A complete

fundal examination should be performed through a dilated pupil, preferably with scleral indentation and indirect ophthalmoscopy, although 3-mirror contact lens is acceptable. If pigment is present and no tear detected, a consultant opinion is required. If no pigment and no break seen, patient should be discharged with a retinal detachment warning.

All patients must leave clinic with a “flashes and floaters” information leaflet and this must be documented as have been given in the notes, together with a “retinal detachment warning”.

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