

What are floaters?

Strands within the vitreous gel clump with age and cast shadows on the retina, seen as specks, threads or a ring. They are common, almost always harmless, and most noticeable against a bright background.

The UK evidence position

NICE has concluded that the published evidence on the safety and efficacy of YAG vitreolysis is insufficient in quality and quantity, and that it should only be used in the context of research. That is a statement about the strength of the evidence, not a finding that it does not work: NICE identified improvement in quality of life and reduction in visual disturbance as key efficacy outcomes, and acknowledged it may be a less invasive alternative to vitrectomy. What is uncertain is how reliably it helps, in whom, and its long-term safety.

This concerns evidence rather than cost. Clinicians are expected to take NICE guidance fully into account, and NICE also states that its guidance does not override their individual responsibility to decide with the individual patient. NICE recommends, in its own words, that the procedure be done by retinal specialists experienced in laser surgery and with expertise in managing vitreoretinal disease.

New floaters are examined first

A sudden increase in floaters, especially with flashes, can indicate a retinal tear; a shadow or curtain can indicate a detachment. Both need same-day assessment and neither is treated with vitreolysis. Every patient has a dilated examination of the whole peripheral retina first.

Most floaters are left alone

Floaters settle out of the line of sight and disperse, and over time many people become substantially less aware of an established floater through neurological adaptation. We normally wait at least six months after an uncomplicated vitreous detachment before considering laser: our own conservative policy, matching the main trial's entry criteria.

Who is suitable

A single discrete floater, most often a Weiss ring, well away from both the retina and the natural lens, in an eye with a stable vitreous detachment, causing genuine difficulty with reading, driving or work, and clearly trackable at the laser.

Who is not

Diffuse floaters or vitreous haze rather than one opacity. Floaters close to the retina or natural lens. Younger short-sighted patients with fine strands and no vitreous detachment, often the most troubled and least suitable. Recent floaters not yet given time to improve.

An artificial lens changes one part of the calculation

In an eye that has already had cataract surgery there is no natural lens to damage, so the risk of causing a cataract does not arise and the safe working distance is greater. That can make some floaters technically more suitable. It does not remove the retinal or pressure-related risks: a pseudophakic eye is not a safe eye, it is an eye with one fewer hazard.

What the evidence shows

The best randomised evidence is a small trial in patients with a Weiss ring, which found significant improvement compared with a sham procedure, but partial rather than complete. Longer-term follow-up of that cohort, 35 of the 52 patients at an average of 2.3 years, reported three delayed retinal tears. Results are much better for a Weiss ring than for other floaters. Any provider claiming this reliably eliminates floaters is going beyond the evidence.

Your alternatives

Observation carries no risk and suits most patients, alongside practical measures such as sunglasses and screen contrast. Vitrectomy is far more effective and definitive but a much larger

operation, carrying risks of retinal detachment, cataract and infection. Living with floaters is a legitimate decision.

On the day

- Drops widen the pupil and numb the eye.
- A contact lens on the eye lets the floater be focused on precisely.
- You see bright flashes and may notice specks or bubbles. It is not painful.
- Your pressure is checked before you leave. Do not drive yourself home.

Judging the result

Fragments settle over weeks, so the appearance immediately afterwards is not the result. Success means a floater that no longer interrupts reading or driving.

Main risks

Raised eye pressure, usually short lived, though rarely substantial or prolonged; refractory open-angle glaucoma has been reported, including delayed presentations. New or different floaters, since fragmenting one opacity can create several smaller ones. Damage to the natural lens causing cataract, if the floater lies close to it. Retinal burn, tear or, rarely, detachment, the most serious risk and the reason a floater close to the retina is not treated. Bleeding and inflammation are uncommon. Some patients gain no benefit.

Warning signs, seek same-day assessment

A sudden shower or substantial increase in floaters, new or increasing flashes, a shadow or curtain across your vision, sudden deterioration of vision, or increasing pain. Do not assume new floaters after treatment are fragments: a retinal tear presents the same way and cannot be told apart without examination.

Costs

Consultation and diagnostic assessment: £325, payable whether or not treatment is recommended. Most patients assessed are not suitable, and paying does not commit you to anything. Pricing is published in [our published price list](#). Treatment of floaters is not normally covered by insurance.

This page is a summary, not a consent document

It does not replace the full YAG Vitreolysis patient information booklet, which contains the complete information on suitability, the evidence, alternatives including vitrectomy, risks and warning signs, and which forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full: [The Blue Fin Vision® Advantage](#)