

Wendy Haaf answers your questions about health, nutrition, and well-being



What are eye floaters? Are they a sign of something potentially dangerous?

A Caused by tiny bits of debris in the gel filling the back of the eye, “floaters are really shadows of those particles,” explains Andre Stanberry, an associate clinical professor and the clinic director of the School of Optometry and Vision Science at the University of Waterloo, in Ontario. Those shadows are cast on the retina when light enters the eye. (The retina is the thin photosensitive layer of nerves that transforms light into signals that are transmitted to the brain to be interpreted as an image.) These shadows may look like squiggles, threads, cobwebs, or dots that move with your eye, and they’re easiest to see when you’re looking at a plain surface.

Normally, floaters are clumps of collagen that form in the jellylike substance in front of the retina, as the thick fluid condenses over time. “Most floaters are benign, and a lot of people have them from very early ages,” Stanberry says. However, he says, “floaters can also be a sign that something a lot more significant is going on.”

One potential clue that this might be the case is a sudden flood of new floaters. In some instances, this can be caused by inflammation or infection (in which case the floaters are actually composed of globs of white blood cells) or bleeding. “People with hemorrhages, inflammation, or infection tend to have numerous new floaters—50, 80, 100,” says Kirsten North, an Ottawa optometrist and consultant in professional practice and health policy with the Canadian Association of Optometrists.

The abrupt appearance of numerous new floaters, or of significantly larger ones, can also be due to a common condition called posterior vitreous detachment, which occurs in roughly 60 per cent of adults by age 60. What

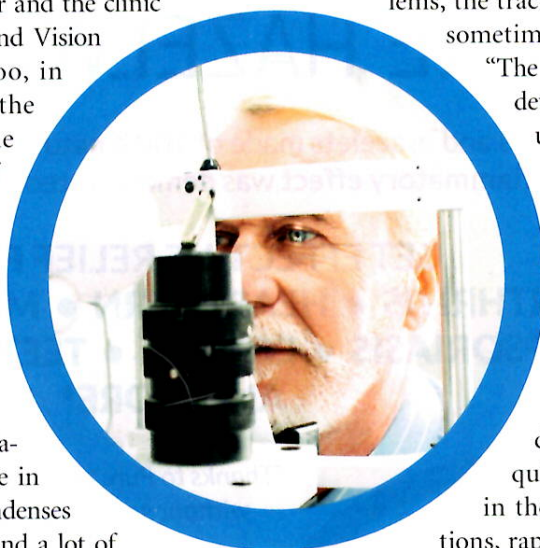
happens is this: as the thick vitreous gel attached to the retina shrinks, it gradually pulls away from the delicate nerve tissue. While this doesn’t necessarily cause problems, the traction on the retina can sometimes cause it to weaken.

“The risk is that you might develop a tear or break—usually within the first three months,” Stanberry explains.

In both of these scenarios, it’s important to see your optometrist as soon as possible for an eye exam. While vitreous detachment may require monitoring only, in the case of other conditions, rapid treatment may prevent or arrest any damage.

Certain symptoms in conjunction with floaters (or alone) warrant even more urgent attention—namely, an immediate trip to your optometrist or the hospital emergency department. “Flashes of light in your vision or a curtain of fog coming over part of your vision would be considered an emergency,” North says. These visual disturbances can signal that the retina has torn or pulled away from its moorings, which can result in permanent vision loss. “That needs to be treated right away,” North says. (This is done by sealing the retina back in place on the eye wall with laser or freezing treatments.)

What if just a few new floaters suddenly appear? That’s still reason enough to see your optometrist. “Any new floaters need to be assessed,” North stresses. “You can’t tell whether they’re normal or not until they’re checked.” ■



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