

CLINICAL GUIDELINE

Posterior Vitreous Detachment Retinal Tears/ Holes in Eye Casualty Management

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Guidelines for management of Posterior Vitreous Detachment, Retinal Tears/ Holes in Eye Casualty

TYPE OF LESION	MANAGEMENT	FOLLOW UP
Symptomatic PVD with no retinal breaks No tobacco dust.	Meticulous fundus examination; Reassure; PVD leaflet, RD warnings	Discharge if no risk factors (previous retinal breaks in same or fellow eye, RD, F/H of RD, high myopia, lattice degeneration, RPE or blood in vitreous)
Symptomatic PVD with haemorrhage and no breaks	Reassure; PVD leaflet, RD warnings	Follow up in casualty clinic within 2 weeks. If no new pathology-Discharge.
Acute symptomatic/ asymptomatic horseshoe or operculated tear	Treat on the same day as presentation (Laser Retinopexy)	Follow up in clinic in 2 weeks
Asymptomatic atrophic round holes/lattice degeneration	Do not treat	If no other pathology, discharge with RD warnings and appropriate information leaflet

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- 2) Posterior Vitreous Detachment, Retinal Breaks and Lattice Degeneration (Initial and Follow-up Evaluation) www.icoph.org/guide/guidelist.html
- 3) Management of posterior vitreous detachment, retinal breaks and lattice degeneration. San Francisco: American Academy of Ophthalmology, 1998.
- 4) Management of posterior vitreous detachment, retinal breaks, and lattice degeneration. San Francisco: American Academy of Ophthalmology, 2003.
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- .6) Byer NE. What happens to untreated asymptomatic retinal breaks, and are they affected by posterior vitreous detachment? Ophthalmology 1998; **105**: 1045–9.