

Vitreous Floater Solutions Consultation & Research Group Inc

Dear Doctor,

Your patient is interested in the YAG Laser Photodisruption Vitreolysis of their vitreous floater(s). Because it may require significant travel and time commitments as well as expense to travel to my office, we are asking for your help in evaluating their ocular condition and assessing their candidacy for this procedure.

Briefly, the use of the YAG laser for treating floaters has been around for almost 20 years, but few doctors have seen the procedures performed or the results of treatment. Compared to a surgical vitrectomy, we believe it to be much safer and very well tolerated. Recovery is rapid with no apparent intraocular inflammation and low risk for eye pressure elevations (0.25% incidence).

The physics of the laser treatment are well described on our web site, but simply put, the goal of treatment is not JUST to break up the floater into small pieces but to actually vaporize the material with resultant less mass and perception and awareness of the floater for the patient.

Have the patient draw a picture of the floater to help correlate what they see with what you see. Here are some hints we think might be helpful in evaluating this dilated patient:

- Slit lamp examination without lenses allows you to see into the anterior 1/4/ to 1/3 of the vitreous
- The 90 diopter lens is fine for the posterior pole retinal exam, but not as good for floaters
- The 20 / 28 diopter indirect lens is good for good wide angle stereo view, but will tend to overwhelm and wash out the fine, small vitreal strands and threads. Small side-to-side motions of the hand-held lens will cause the shadows from prominent floaters to wiggle back and forth.
- Switch your indirect ophthalmoscope to red-free (green) and examine again. Usually the smaller and wispiers floaters will be enhanced and the light isn't as bright for the patient.
- Ideally, the use of a flat-faced contact lens(like the Goldmann lens) with some voluntary eye movement should be used. This will allow even smaller floaters to be seen and is probably the best way to assess the Antero-posterior location of the floaters in question.

Best Regards



James H. Johnson, M.D.
Medical Director