

Somerset ACES Flashes and Floaters Flowchart

Patient presents with flashes, floaters or both. Either of recent onset or longer term

- Signs**
- Tobacco dust
 - Retinal tear/hole
 - Pre-retinal haemorrhage
 - Vitreal haemorrhage
 - Operculum
 - Retinal detachment

- Optometrist Undertakes**
- Careful History and Symptoms
 - Best corrected Visual Acuity
 - Intra-ocular pressures
 - Pupil reactions, both afferent and efferent
 - Dilated fundus exam using slit lamp biomicroscopy and volk lens

- Uncomplicated Posterior vitreal detachment
- Weiss 'Ring'
- No other positive signs

Urgent referral to Hospital Eye Service

- No need for referral to secondary care
- ACES follow-up appointment only if indicated

Optometrist undertakes any other procedure if deemed appropriate e.g. Visual fields, peripheral, central or both

- History and symptoms or findings of more concern**
- Increasing flashes or floaters or both
 - Recent onset within 6 weeks
 - Reduced VAs that are lower than expected
 - Visual field reduction
 - Veiled or cloudy vision
 - Increasing loss of visual field
 - Lattice degeneration
 - High Myopia

- History and symptoms or findings of less concern**
- No significant head/ocular trauma (recent or previous)
 - Symptoms for more than 2 months
 - Stable or decreasing flashes and floaters or both
 - Expected VA's recorded and full fields of vision

Note: Always give the patient the information leaflet on flashes and floaters. If you have concerns or are unsure of anything refer to Secondary Care as an emergency appointment