

Correspondence: P Shah
Birmingham and Midland Eye Centre
Dudley Road
Birmingham, B18 7QU
UK
Tel: +44 121 507 6808
Fax: +44 121 507 6791
E-mail: p.f.shah@talk21.com

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Sir,

Nd:YAG vitreolysis as a treatment for vitreous floaters

The option of Nd:YAG vitreolysis as a strategy to attenuate troublesome floaters, as proposed by Larry Benjamin and colleagues,¹ is an attractive proposition. Posterior vitreous detachment in particular is an exceedingly common presentation, and notably for some patients the symptoms are of considerable inconvenience.

It is interesting that in their study the conventional fears of cataract, retinal detachment, and cystoid macular oedema associated with Nd:YAG were not realised over a relatively protracted follow-up. Although the technique is described as being selectively successful, it may serve as an accessible management option in the small group of patients who are inordinately obsessive about their vision, or those who simply have a high visual demand.

As with all iatrogenic procedures, following an assessment of the severity of the symptoms and the ocular anatomy, it would be possible to discuss the risks and benefits of the intervention before obtaining consent and arranging treatment via dexterous hands. With regard to actual efficacy, perhaps the closest analogy is that of cataract extraction in the context of concurrent age-related macular degeneration, where the surgeon cannot invariably guarantee visual improvement. Since Nd:YAG equipment is ubiquitous in eye units and significant vitreous floaters (eg Weiss ring on funduscopy) common, the above approach could potentially and selectively be a useful addition to the application of laser in outpatient ophthalmological practice.

References

- 1 Delaney YM, Oyinloye A, Benjamin L. Nd:YAG vitreolysis and pars plana vitrectomy: surgical treatment for vitreous floaters. *Eye* 2002; **16**: 21–26.

JS Gandhi
Central Eye Service
The Eye Centre
Central Middlesex Hospital
Acton Lane

Park Royal
London NW10 7NS, UK

Correspondence: JS Gandhi
Tel: +44 20 8453 2241
Fax: +44 20 84532404
E-mail: jag_gandhi@hotmail.com

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Sir,

Reply

In response to the comments made by Jagdeep Gandhi regarding the paper you published on YAG laser vitreolysis, I would like to make one or two comments. I am grateful for Mr Gandhi's comments on this paper, and would add that the probable reason why we did not witness any cataract formation in our patients was the low energy used and the avoidance of lasering any floaters that were close to the crystalline lens.

The cited complications of retinal detachment and cystoid macular oedema perhaps relate more to YAG laser capsulotomy rather than vitreolysis. However, most, if not all, of our patients had already sustained a posterior vitreous detachment and this perhaps, more than anything, overcame the risks of these complications. In a paper recently submitted for consideration of publication in *Eye*, we looked at the 10-year follow-up of retinal detachment in YAG laser capsulotomy keeping the energy levels very low for each laser shot. The outcome of this study also showed a nought per cent retinal detachment rate in these patients.

I would agree that some patients with vitreous floaters may be somewhat obsessive about their vision, but the majority of our patients had waited a long time before presentation and were finding that their floaters actually interfered with their daily activities. As the complication rate is low, the YAG laser vitreolysis technique is worth trying as a first option in patients with troublesome floaters.

L Benjamin

Stoke Mandeville Hospital
Mandville Road, Aylesbury
Buckinghamshire HP21 8AL
UK

Correspondence: L Benjamin
Tel: +44 1296 315000
Fax: +44 1296 315037
E-mail: larrybenjamin@compuserve.com

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