Posterior Vitreous Detachment, Retinal Breaks and Lattice Degeneration (Initial and Follow-up Evaluation)

Initial Exam History (Key elements)

- Symptoms of PVD *(II+, GQ, SR)*
- Family history of RD, related genetic disorders *(II–, GQ, SR)*
- Prior eye trauma *(III, GQ, SR)*
- Myopia *(II+, GQ, SR)*
- History of ocular surgery including refractive lens exchange and cataract surgery *(II++, GQ, SR)*

Initial Physical Exam (Key elements)

- Confrontation visual field examination, and assessing for the presence of a relative afferent pupillary defect *(III, GQ, SR)*
- Examination of the vitreous for hemorrhage, detachment, and pigmented cells *(II+, GQ, SR)*
- Examination of the peripheral fundus with scleral depression. The preferred method of evaluating peripheral vitreoretinal pathology is with indirect ophthalmoscopy combined with scleral depression. *(III, GQ, SR)*

Ancillary Tests

- Optical coherence tomography may be helpful to evaluate and stage the PVD *(II+, MQ, DR)*
- Perform B-scan ultrasonography if peripheral retina cannot be evaluated. If no abnormalities are found, frequent follow-up examinations are recommended. *(III, IQ, DR)*

Surgical and Postoperative Care if Patient Receives Treatment:

- Inform patient about the relative risks, benefits, and alternatives to surgery *(III, GQ, SR)*
- Formulate a postoperative care plan and inform patient of these arrangements *(III, GQ, SR)*
- Advise patient to contact ophthalmologist promptly if they have a substantial change in symptoms such as floaters, visual field loss, or decreased visual acuity *(II+, GQ, SR)*

Follow-up History

- Visual symptoms *(III, GQ, SR)*
- Interval history of eye trauma or intraocular surgery *(III, GQ, SR)*

Follow-up Physical Exam

- Visual acuity *(III, GQ, SR)*
- Evaluation of the status of the vitreous, with attention to the presence of pigment, hemorrhage, or syneresis *(III, GQ, SR)*
- Examination of the peripheral fundus with scleral depression *(III, GQ, SR)*
- Optical coherence tomography if vitreomacular traction is present *(III, GQ, SR)*
- B-scan ultrasonography if the media are opaque *(III, GQ, SR)*

Patient Education

- Educate patients at high risk of developing retinal detachment about the symptoms of PVD and retinal detachment and the value of periodic follow-up exams *(III, GQ, SR)*
- Instruct all patients at increased risk of retinal detachment to notify their ophthalmologist promptly if they have a substantial change in symptoms such as increase in floaters, loss of visual field, or decrease in visual acuity *(II+, GQ, SR)*

Care Management

Management Options

Type of Lesion	Treatment*
Acute symptomatic horseshoe tears	Treat promptly
Acute symptomatic operculated tears	Treatment may not be necessary
Acute symptomatic dialyses	Treat promptly
Traumatic retinal breaks	Usually treated
Asymptomatic horseshoe tears (without subclinical RD)	Often can be followed without treatment
Asymptomatic operculated tears	Treatment is rarely recommended
Asymptomatic atrophic round holes	Treatment is rarely recommended
Asymptomatic lattice degeneration without holes	Not treated unless PVD causes a horseshoe tear
Asymptomatic lattice degeneration with holes	Usually does not require treatment
Asymptomatic dialyses	No consensus on treatment and insufficient evidence to guide management
Eyes with atrophic holes, lattice degeneration, or asymptomatic horseshoe tears where the fellow eye has had a RD	No consensus on treatment and insufficient evidence to guide management

PVD = posterior vitreous detachment; RD = retinal detachment

*There is insufficient evidence to recommend prophylaxis of asymptomatic retinal breaks for patients undergoing cataract surgery.