Dear Out-Damned-Spot!,

For years, I have been noticing one or more annoying "floating spots" in my right eye. These spots affect only my right eye; when I am reading and they become too much to bear, closing that eye causes them to vanish. A local news report covered "floating eye spot problems" a while back, but their conclusion was that they are normal, and should only be of concern primarily to diabetics (which I am not).

First, were they correct, is this nothing to worry about? Second, and more importantly: Is there anything that can be done to GET RID of this thing?

Signed,
Out-Damned-Spot!

Answer

Dear Out-Damned-Spot!,

Floaters (the technical term for the effect you're describing) can be annoying. Although you're correct that much of the time they aren't a sign of any actual disease, they can sometimes occur with certain serious eye conditions. As such, you might want to check in with your health care provider, who may refer you to an ophthalmologist (an eye specialist) to make sure that your eyes are healthy.

Here's the most common reason for floaters: your eyeball is filled with a jelly-like material called vitreous. As folks age, the jelly-like consistency starts to liquefy and as this happens, the vitreous starts to get smaller and pull away from the inner surface of the eye. The vitreous also becomes more clumpy and stringy as this happens. Interestingly, it's these clumps and strings that can block out some of the light that passes through your eye — resulting in what you see as floaters. You may perceive these as little flashes of light, specks, squiggles, or "cobwebs" in your line of vision. This is considered a typical part of aging, generally tolerated by those who experience it, and not a sign of any serious problem.

Occasionally, floaters occur along with other eye conditions and among folks with certain risk
factors. The use of certain eye medications, having undergone any eye procedures, inflammation in the back of the eye, bleeding within the vitreous, or damage to the retina can all be potential causes for floaters. And as you mentioned, people living with diabetes are at a higher risk for floaters, but so are people over the age of 50, those who are nearsighted, have had recent eye trauma or surgery, or have experienced eye inflammation.

The process of diagnosing some of the underlying conditions is relatively easy: your health care provider or ophthalmologist will put drops into your eyes to dilate the pupils, and then use a lighted scope to peer into your eyes. This will allow the provider to diagnose most of the serious causes for floaters; if these reasons are excluded as causes for your symptoms, they may fall back on a diagnosis of benign vitreous floaters (meaning that you see the floaters, but they aren't due to any serious underlying disease).

Depending on how these spots are affecting your day-to-day at the moment, you may decide that you're interested in investigating further by making an appointment. However, if you experience some additional spot-associated symptoms, it may be indicative of a more serious, vision-threatening condition. It's wise to seek out immediate medical attention if you notice:

- Flashes of light in addition to the floaters
- Loss of peripheral vision (inability to see on a particular side or sides of your vision)
- An increase in the number of floaters (which could be sudden or simply noticing more than normal)

It's possible that the floaters that you see are typical and not associated with any serious condition. This may be frustrating at a time when you're noticing them, but benign floaters aren't typically treated. You may take some solace in that it's been found that many folks who fall into that category end up becoming accustomed to them or are able to ignore the floaters over time. However, if your floaters are interfering with your daily activity or impairing your vision, you may want to start a conversation with your health care provider about options, including any possible procedures to address these eye impediments.

Here's hoping you have some more clarity on this issue,

Alice!

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