

## Treatment for Chronic Vitreous Floaters

### Exceptional Funding Request

**Treatments for Chronic Vitreous Floaters are not routinely commissioned.**

This includes:

- Vitrectomy.
- Laser Vitreolysis.
- Eye drops and medications.

#### **Red flags**

The following findings are of particular concern and should be referred for assessment without the need for an EFR funding application in line with Remedy guidance:

- Sudden onset of floaters **or**
- Sudden onset of flashers **or**
- Sudden onset of floaters and flashes of light.
- Loss of vision, diffuse or focal (visual field defect).
- Recent eye surgery or eye trauma.
- Eye pain.
- Loss of red reflex.
- Abnormal retinal findings (Brady, 2017).

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssgccg.nhs.uk/](http://www.remedy.bnssgccg.nhs.uk/)) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option

## **Vitreous Floaters– Plain Language Summary**

Floaters are small shapes that some people see floating in their field of vision. They can be different shapes and sizes and may look like:

- Tiny black dots.
- Small, shadowy dots.
- Larger cloud-like spots.
- Long, narrow strands.

Patients may have many small floaters in their field of vision or just one or two larger ones. Most floaters are small and quickly move out of the field of vision. Floaters are often most noticeable when looking at a light-coloured background, such as a white wall or clear sky.

They are caused by pieces of debris which float in the vitreous humour and can cast shadows on the retina.

Floaters sometimes occur without a person noticing them. This is because the brain constantly adapts to changes in vision and learns to ignore floaters so they don't affect vision. In most cases, floaters don't cause significant problems and don't require treatment. Vitreous floaters do not lead to blindness and in many cases the individuals complaining of them have normal visual acuity (Tan, Mura, Oberstein, & al, Jun 2011).

### **This policy has been developed with the aid of the following:**

1. [Floaters and flashes in the eyes - NHS \(www.nhs.uk\)](http://www.nhs.uk)

## Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

## Document Control

<b>Document Title</b>	Vitreous Floaters
<b>Author(s) job title(s):</b>	Commissioning Policy Development Team
<b>Document version:</b>	2324.02.00
<b>Supersedes:</b>	
<b>Discussed at Commissioning Policy Review Group (CPRG):</b>	24.10.23
<b>Approval Route (see <u>Governance</u>):</b>	Level 2
<b>Approval Date</b>	12.12.23
<b>Date of Adoption:</b>	01.02.24
<b>Publication/issue date:</b>	01.02.24
<b>Review due date:</b>	Earliest of either NICE publication or three years from approval.

## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

<b>Policy Category</b>	<b>Approval By</b>
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

## **OPCS Procedure codes**

Must have any of (primary only): C791,C792

## **Support**

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [\*\*BNSSG.customerservice@nhs.net\*\*](mailto:BNSSG.customerservice@nhs.net).