

YAG LASER FLOATER TREATMENT

Comanagement Guidelines

Our surgeon, Dr. David Gano, treats significant and troublesome floaters using a special YAG laser. He has performed more than 300 of these procedures with good results. Over the course of one to three treatments, floaters are usually reduced to a size and number that no longer impedes vision.

YAG laser floater treatment is available exclusively in our Vancouver and Chehalis, WA facilities. Our guidelines will help determine if patients are candidates—which may be especially important for those traveling from a distance. Patients who meet the following criteria on your exam have a high probability of remaining candidates after our evaluation.

EXAM TECHNIQUES

If you cannot see the problem floater, we may not either. A helpful maneuver is to ask patients to look down, then quickly back to fixation. This often makes the floater come up into the center of the eye, where it can be seen during indirect ophthalmoscopy using a 20, 70, or 90D lens. Keep in mind that posterior floaters are generally more symptomatic.

GOOD CANDIDATES FOR TREATMENT

- You can readily see the floaters on dilated exam
- The floaters are not within 4 mm of the retina or the lens (if phakic)
- There is a vitreous detachment—a helpful but not necessary finding
- The patient is significantly bothered by the floaters (interfering vs. just annoying with daily activities)
- Floaters have been present for at least six months with no real improvement
- Floater type: a small number (less than 10) of high-density floaters, e.g. Weiss rings

POOR CANDIDATES FOR TREATMENT

- You can't see the floaters on your dilated examination
- The floaters are within 4 mm of the retina or the lens (if phakic). For example, the retinal vessels are in good focus at the same time the floater is in focus
- The floaters are far outside of the central visual axis
- The floaters are due to asteroid hyalosis or vitreous hemorrhage
- Floater type: a large number (more than 20) of low-density floaters, a pattern sometimes seen in young myopes
- Patients with glaucoma, treated ocular hypertension, and strong glaucoma suspects
- Patients who have other significant eye disorders, such as cataracts or dry eyes, who believe their problem is all from their floaters
- Patients with previously undetected retinal holes or tears or other diseases requiring referral to a retinal specialist
- Patients who have unreasonable psychological symptoms attached to their floaters
- Patients who have difficulty placing their chin on the slit lamp chin rest for several minutes, e.g. neck issues

IF YOU HAVE QUESTIONS, PLEASE CALL US.

PCLI Vancouver, WA 360.694.2544 or 800.926.7339

PCLI Chehalis, WA 360.748.8632 or 800.888.9903