This policy is designed to clarify the agreements between the commissioners and providers regarding the commissioning of laser vitreolysis for vitreous floaters in circumstances where NHSE commissioning policies do not apply.

It serves to agree the conditions which are automatically commissioned and those that require exception permission before they can proceed.

There is an agreement that for commissioning to proceed, information must be provided by clinicians from levels 2, 3, or 4 (see below). Any requests must come through the IFR route as an exception.

Definitions

There is currently an absence of evidence regarding laser vitreolysis for vitreous floaters from NICE, The Cochrane Collaboration and the Royal College of Ophthalmologists.

Floaters are small shapes that some individuals see floating in their vision and can vary in perceived shape. They are caused by pieces of debris which float in the vitreous humour and can cast shadows on the retina. Prior to a small case series being published in 2000 (Schiff, et al., 2000), these were considered to be a normal consequence of the aging process, or as a complication of another condition (Schulz-Key, et al., 2011).

Vitreous floaters do not lead to blindness and in many cases the individuals complaining of them have normal visual acuity (Stevie Tan, et al., 2011). In the past there has been a question raised around whether vitreous floaters need any treatment due to spontaneous sedimentation (Vandorslaer, et al., 2001). A study undertaken in 2011 explored the impact that floaters have on health-related quality of life (Wagle, et al., 2011). Although floaters are generally not sight-threatening in terms of visual acuity (Stevie Tan, et al., 2011), the authors concluded that patients with symptomatic floaters were on average willing to trade-off 1.1 years out of every 10 years of life remaining, and to accept an 11% risk of death and 7% risk of complete sight loss to remove symptoms completely (Wagle, et al., 2011) suggesting that floaters have a noticeable impact on an individuals’ quality of life.

The surgical interventions carried out for vitreous floaters are vitrectomy or laser vitreolysis (Schulz-Key, et al., 2011). Vitrectomy refers to the surgical removal of some of the vitreous fluid in the eye and the filling of the void with an inert substance. Laser vitreolysis refers to the use of a laser to either disrupt the floater itself or to disrupt the fibres that are maintaining the position of the floater to allow it to float out of the field of view.

The research evidence regarding laser vitreolysis is limited to case series. One case series identified that laser vitreolysis was effective in approximately one third of patients (Martínez-Sanz, et al., 2009), and another case series suggested that a more selective approach to using vitreolysis may be
required with it being more successful in well-suspended floaters (84%) than in ill-suspended floaters (16%) (Vandorslaer, et al., 2001). In this case series, 50% of those with ill-suspended floaters (3 eyes) went on to undergo pars plana vitrectomy (Vandorslaer, et al., 2001). A single-centre retrospective cohort study undertaken in the UK identified that 61.5% (24 eyes) of those treated with Nd:YAG vitreolysis found no improvement in their symptoms and concluded that Nd:YAG vitreolysis was a safe but only moderately effective treatment modality (Delaney, et al., 2002). All of these case series report on relatively small numbers of individuals or eyes treated therefore the certainty that an individual would benefit is low.

Commissioner – Leeds CCGs
Providers – any hospital with a commissioning agreement with NHS Leeds CCGs, (including NHS and independent sector providers).

Level 2 – Primary care
Level 3 – Extended primary care intermediate services
Level 4 – Hospital services

Commissioning position
Not routinely commissioned as there is insufficient evidence to demonstrate clinical and cost effectiveness.

Supporting Evidence


