Understanding Vitreomacular Traction Syndrome

The macula is the center of the retina and usually lies flat against the back of the eye. As the gel that fills the eye ages, it shrinks, pulling away from the retina. In some people, the vitreous may remain stuck to the macula. When that happens, the vitreous pulls on the surface of the macula, causing vitreomacular traction, which can affect vision.

What are the symptoms of Vitreomacular Traction Syndrome?

In most cases, vitreomacular traction is mild and causes few symptoms, most commonly blurriness. As the macula is pulled on, it can begin to swell, and in some cases a hole can develop in the macula. As swelling increases, central vision can become more blurry and distorted. If a hole develops, a small blind spot may develop in the center of the vision. Generally, vitreomacular traction does not cause blindness. Even in the most severe cases, peripheral vision is usually maintained.

How is Vitreomacular Traction Syndrome treated?

If symptoms are mild, treatment is often not necessary. When vision loss interferes with normal daily activities, treatment is recommended. This can come in the form of an intravitreal injection of a drug that dissolves the bonds of the vitreous and the retina, allowing the retina to fall back into place on the back of the eye, or vitrectomy surgery, where the gel is removed from the eye and the vitreous is separated from the back of the eye. If scar tissue has formed over the macula, micro-forceps can be used to gently remove the membrane.

Your retinal specialist will advise you which treatment option is best given your particular case.

What is the long-term impact of Vitreomacular Traction Syndrome on my vision?

The degree of vision loss that remains after treatment for Vitreomacular Traction Syndrome depends on the severity of the traction and how long it was in place before treatment. For most patients, there is less distortion and greater clarity of vision. Your clinician will advise you of what to expect in your case.