

MENU



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Vitreomacular Adhesion: What Happens?



Vitreomacular adhesion (VMA) can be serious, but it's treatable.

It involves two parts of your eye. One is the vitreous, or the "jelly" part that fills the eyeball. The other is the macula, a small area on the retina responsible for the central part of your field of vision.

The macula is important in seeing fine details, such as when you're reading. It's considered the most sensitive part of the retina.

As we grow older, the jelly in our eyes begins to shrink. That's mainly because of age and regular wear and tear. It eventually pulls away from the retina. That's the light-sensitive tissue on the back of your eye that includes the macula.

Sometimes the jelly doesn't completely separate. It sticks -- or adheres -- to the macula. This is vitreomacular adhesion. It can hold on so strongly, it pulls on the macula (your eye doctor may call this "traction"). When that happens, it can affect vision -- what doctors call symptomatic VMA.

VMA usually happens in folks older than 50. It's pretty common for those over 70. It's more likely to happen to women than men and to people who are nearsighted.

It can lead to distorted or blurry vision. It rarely causes a permanent loss of sight.

Symptoms

If you have VMA:

ARTICLES ON

VITREOMACULAR ADHESION

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- Your vision could become less sharp.
- You could have wavy vision, or things could look distorted.
- You also could see things smaller than they actually are, which is called micropsia.

If any of these are happening, see your eye doctor right away.

Diagnosis

Your doctor will give you special eye drops to dilate your pupils and a complete eye exam.

Part of that will be something called optical coherence tomography (OCT). The test uses light to take pictures of your retina and map the layers of your eye.

Treatment

If your eye doctor says you have VMA but your symptoms aren't severe, they may want to wait and see if your vision gets better by itself.

If things become serious, you have treatment options. The goal is to break the adhesion so that the vitreous no longer pulls on the macula.