Flashes of Light

A Symptom That Should Never Be Ignored

When patients describe seeing sudden sparks, streaks, or lightning-like flashes in their vision — even briefly, even in a well-lit room — it is a symptom that demands attention. Unlike many eye complaints that can be safely watched for a while, flashes of light require a prompt, thorough retinal examination.

What Causes Flashes?

Flashes occur when the retina is irritated or pulled. The retina is a delicate, light-sensitive layer — and when something tugs on it, it responds by generating a signal that the brain interprets as light, even when no light is actually there.

The most important cause to rule out is a **retinal tear**. As the vitreous jelly separates from the retinal surface — a process called posterior vitreous detachment — it can pull firmly on areas where it is tightly attached, tearing the retinal tissue. This tearing triggers flashes. If a tear is present and left untreated, fluid can seep through it and lift the retina, leading to retinal detachment — a sight-threatening emergency.

> Flashes may also be accompanied by a sudden increase in floaters or a shadow appearing at the edge of vision.
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> If you experience any combination of these symptoms, treat it as urgent.

Could It Be Migraine?

Yes — flashes of light are also a recognised feature of migraine, particularly the visual aura that precedes a migraine headache. Migraine-related flashes tend to have a distinctive character: they are often zigzag or arc-shaped, may shimmer or expand across the visual field, and typically last 20–30 minutes before resolving.

However, **retinal disease must always be ruled out first**. The two can occasionally be difficult to distinguish — and the consequences of missing a retinal tear are far more serious than missing a migraine.

A useful pointer: if the flashes are followed by a headache, migraine becomes more likely. If there is no headache, or if the flashes are accompanied by floaters or a shadow in vision, retinal pathology is the primary concern.

What Happens at the Examination?

Your doctor will dilate your pupils with drops and carry out a detailed examination of the retina using slit-lamp biomicroscopy and indirect ophthalmoscopy — allowing the full retina, including the far periphery, to be inspected carefully.

If a retinal tear is found, it can usually be treated immediately in the clinic with **laser photocoagulation** or **cryopexy** (freezing treatment). These procedures seal the edges of the tear, preventing fluid from getting underneath the retina and causing detachment. When treated at this stage — before detachment occurs — the outcome is excellent.

If no tear is found, you will be reassured and given clear instructions on what to watch for — and asked to return promptly if symptoms change or worsen.

When Should You Seek Help?

Any new onset of flashes — particularly if sudden, persistent, or associated with floaters or a shadow in your vision — warrants same-day or next-day assessment.

Please do not wait for a routine appointment. Contact our clinic promptly or attend your nearest eye emergency service.