Evaluation of Available Online Information Regarding Treatment for Vitreous Floaters

Meghana Kalavar, MHS
Miami, FL

Sasha Hubschman, BS, Julia Hudson, MD, Ajay E. Kuriyan, MD, MS, Jayanth Sridhar, MD

Purpose:
To assess the quality, content, and readability of information available online on vitreous floater information.

Methods:
Websites were generated using a Google search of “vitreous floaters treatment” followed by “[State]” for each state in the United States. Websites met qualification criteria if they represented U.S. based institutions, if they provided clinical care, addressed vitreous floater treatment on their website, and if the websites allowed for data mining. A standardized checklist of 22 questions was composed to evaluate each website, and each site was independently evaluated by 2 researchers. Readability was analyzed using the Flesch Reading Ease score.

Results:
Of the 1,065 websites screened, 456 met inclusion criteria. Of these, 89% (n=406) were private institutions, 5.3% (n=24) were academic, and 5.7% (n=26) were a combination of private and academic. The average Flesch Reading Ease score was 55.5, which correlates to a 10th-12th grade reading level. Treatment of vitreous floaters was discussed on 62.1% (n=283) of websites and potential side effects of treatment was discussed on 21.8% (n=63) of websites. Observation was the main treatment recommended (55.8%, n=158), followed by laser treatment (27.6%, n=78), no specific treatment recommendation (11.3%, n=32), and vitrectomy (5.3%, n=15). When evaluating websites from centers without a vitreoretinal surgeon (n=155), 52 (33.5%) recommended laser and only 1 (0.6%) recommended vitrectomy. The odds ratio of a center with a vitreoretinal surgeon to recommend vitrectomy as compared to a center without a retina-trained surgeon was 16.43 (p=0.0003).

Conclusions:
Online information about vitreous floater treatment is variable depending on the source. While treatment was discussed by nearly two thirds of websites, less than a quarter mentioned possible complications, and treatment recommendations varied significantly depending on physician training, suggesting a need for greater standardization of patient-accessible digital resources.