

Table 1. Comparison of common conditions presenting with acute onset flashes and/or floaters.

Condition	Symptoms/Patient Presentation	Time Course	Reversibility	Urgency
<b>Posterior Vitreous Detachment</b>	<ul style="list-style-type: none"> <li>• Monocular, temporal, white, flashing lights (often described as “a camera flash at the side of my vision”) that are more common in dim illumination.</li> <li>• Monocular floaters.</li> <li>• Blurred vision.</li> <li>• More common with aging.</li> </ul>	<ul style="list-style-type: none"> <li>• Acute onset.</li> <li>• Flashing lights are rapid and short-lived.</li> </ul>	Symptoms persist.	Non-urgent.
<b>Migraine with Aura</b>	<ul style="list-style-type: none"> <li>• Bilateral pattern of colourful lights or jagged lines “marching” through the visual field, sometimes surrounding a central area of visual field loss.</li> <li>• No motor symptoms.</li> <li>• Visual symptoms are followed by headache.</li> <li>• May have known migraine history.</li> </ul>	<ul style="list-style-type: none"> <li>• Gradual onset.</li> <li>• Each visual symptom lasts no longer than one hour.</li> <li>• Headache follows visual symptoms within 60 minutes.</li> </ul>	Symptoms completely reverse.	Non-urgent.
<b>Acephalgic Migraine</b>	<ul style="list-style-type: none"> <li>• Bilateral pattern of colourful lights or jagged lines “marching” through the visual field, sometimes surrounding a central area of visual field loss.</li> <li>• No motor symptoms.</li> <li>• Visual symptoms are followed by headache.</li> <li>• May have known migraine history.</li> </ul>	<ul style="list-style-type: none"> <li>• Gradual onset.</li> <li>• Each visual symptom lasts no longer than one hour.</li> <li>• Headache follows visual symptoms within 60 minutes.</li> </ul>	Symptoms completely reverse.	Non-urgent.
<b>Acute Retinal Tear</b>	<ul style="list-style-type: none"> <li>• Monocular flashing lights and/or floaters that change position with eye movement.</li> <li>• Occasional report of blurred vision.</li> <li>• Assessment of risk factors may reveal high myopia, other retinal pathology like lattice degeneration, family history of retinal detachment, previous retinal breaks, prior ocular surgery or history of trauma.</li> </ul>	Acute onset.	Symptoms persist/progress.	Requires same-day ophthalmology assessment.
<b>Retinal Detachment</b>	<ul style="list-style-type: none"> <li>• Monocular flashing lights and/or floaters.</li> <li>• Progressive monocular visual field defect (“curtain of darkness”) appears in peripheral vision and progresses centrally.</li> <li>• Subjective vision loss (peripheral, central or both).</li> <li>• Assessment of risk factors may reveal high myopia, other retinal pathology like lattice degeneration, family history of retinal detachment, previous retinal breaks, prior ocular surgery or history of trauma.</li> </ul>	Acute onset flashes and/or floaters. Visual field loss often progresses centrally within hours to weeks.	Symptoms persist/progress.	Requires same-day ophthalmology assessment.
<b>Orthostatic Hypotension</b>	<ul style="list-style-type: none"> <li>• Brief flashes or dimming of vision in all or part of the binocular visual field accompanied by light-headedness and/or ataxia.</li> </ul>	Acute onset with postural change.	Symptoms are transient and completely reverse.	Non-urgent.