

Symptoms of Retinal Detachment and Traumatic Eye Injuries After a Car Accident

Flashes, New Floaters, or a Curtain Over Your Vision Can Signal an Eye Emergency After a Georgia Crash

You leave the crash scene with a swollen cheek and a headache, but your vision seems normal. Later that evening, flashes of light start appearing at the edge of one eye. By the next morning, dozens of new floaters drift across your vision. Then a dark shadow begins creeping in from the side. Those aren't symptoms to watch for a few more days. They can be warning signs of a retinal tear or detachment that needs urgent treatment.

[Car accidents](#) can injure nearly every part of the eye, from the cornea at the front to the retina and optic nerve at the back. Blunt force from an airbag, steering wheel, window, or flying debris can damage the eye even when there's no obvious cut. Some injuries cause immediate pain or vision loss. Others become easier to recognize only after swelling subsides or retinal damage progresses.

At [Gary Martin Hays & Associates](#), we represent Georgians whose crash injuries affect far more than what showed up on the first emergency-room scan. A serious [eye injury after a car accident](#) can threaten vision, independence, work, driving, and daily routines, so the medical timeline matters from the first symptom through the last ophthalmology visit.

Why Retinal Detachment Is a Medical Emergency

The retina is a thin layer of light-sensitive tissue lining the back of the eye. It converts light into signals that travel through the optic nerve to the brain. A retinal detachment happens when the retina pulls away from the tissue underneath that normally supports and nourishes it.

The [National Eye Institute](#) describes retinal detachment as a medical emergency because delay can allow more of the retina to detach and increase the risk of permanent vision loss. Trauma is one recognized cause. A blunt impact can create a retinal tear or break, allowing fluid to move underneath the retina and separate it from the back wall of the eye.

Trauma can also cause an exudative detachment, where fluid accumulates behind the retina without a tear. The [National Eye Institute's description of retinal detachment types](#) lists eye injury or trauma as one possible cause of this fluid-related form as well.

The Classic Retinal Detachment Symptoms Can Be Painless

One reason retinal detachment can be easy to underestimate is that it doesn't have to hurt. A person may have no dramatic redness or swelling and still be developing a sight-threatening problem inside the eye.

Warning signs can include:

- **A Sudden Increase in Floaters:** New dark spots, specks, cobwebs, or squiggly lines can appear when changes in the vitreous gel or bleeding inside the eye cast shadows on the retina.
- **Flashes of Light:** Brief flashes, sparks, or streaks at the edge of vision can occur when the vitreous pulls on the retina. After trauma, new flashes deserve prompt ophthalmic evaluation.
- **A Curtain or Shadow in the Visual Field:** A dark area moving across peripheral or central vision is one of the best-known retinal detachment warning signs. It can correspond to an area where the retina has separated.
- **Blurred or Reduced Vision:** Central vision can become blurry or distorted, especially if the detachment approaches or involves the macula, the part of the retina responsible for detailed central vision.
- **Missing Peripheral Vision:** A person may notice that one side of the visual field seems dim, absent, or blocked even if central vision is still relatively clear.

A few longstanding floaters can be normal. What changes the concern level is a sudden shower of new floaters, new flashes, a growing shadow, or new vision loss after trauma. Those symptoms warrant urgent evaluation rather than waiting to see whether they disappear.

A Retinal Tear or Detachment Can Appear After the Day of the Crash

Not every traumatic retinal problem becomes obvious while someone is still in the emergency department. Blunt-force trauma can stretch the globe, pull on the vitreous and retina, and create peripheral retinal breaks. A detachment can then develop as fluid passes through the tear.

A 2026 medical review of [blunt eye trauma](#) notes that delayed rhegmatogenous retinal detachment can occur weeks after the initial injury. That makes the symptom timeline especially important. A person who had no retinal detachment documented on the night of a crash can still develop a trauma-related retinal tear or detachment later.

That delayed presentation also creates an insurance issue. If a crash victim doesn't report new flashes, floaters, or peripheral vision loss when they begin, the insurer may later argue that the eye problem appeared too late to be connected to the collision. Prompt medical care and consistent documentation can help show when the symptoms actually started.

Not Every Post-Crash Vision Problem Comes From the Retina

Blurred vision after a collision is a symptom, not a diagnosis. The eye, orbit, optic nerve, and brain can all produce vision changes after trauma. That is why an ophthalmic examination

matters instead of assuming every visual complaint is a concussion or every floater is a retinal detachment.

Symptom After a Crash	Possible Eye Injury	Why It Needs Attention
New flashes or floaters	Retinal tear, vitreous hemorrhage, posterior vitreous changes	A retinal tear can progress to detachment and threaten vision.
Curtain, shadow, or missing side vision	Retinal detachment	This is an emergency warning sign for progressive retinal separation.
Blood visible inside the front of the eye	Hyphema	Rebleeding and elevated eye pressure can threaten vision.
Double vision or pain moving the eye	Orbital fracture or muscle entrapment	Restricted eye movement may require imaging and, in selected cases, surgery.
Sudden vision loss or reduced color vision	Optic nerve injury or severe globe trauma	Damage to the optic nerve can produce permanent visual loss.
Burning, tearing, light sensitivity	Corneal abrasion or chemical injury	Surface injuries can worsen without the right examination and treatment.

Hyphema Can Put Blood Where It Shouldn't Be

A hyphema is bleeding into the anterior chamber, the space between the cornea and iris. After blunt trauma, a person may see blood in the eye or experience blurred vision, light sensitivity, aching, or pressure.

The danger isn't limited to the initial bleeding. Hyphemas can rebleed, and pressure inside the eye can rise. The medical approach may include activity restriction, head elevation, eye protection, prescription drops, and monitoring of intraocular pressure. More severe cases can require surgical washout.

This is one of several reasons the old advice to simply “patch the eye and rest” doesn't fit every traumatic eye injury. The treatment depends on what structure was damaged, and some injuries require pressure monitoring or procedures that a simple patch can't provide.

An Orbital Fracture Can Cause Double Vision Even When the Eye Itself Is Intact

The bony socket surrounding the eye can fracture when the face strikes an airbag, steering wheel, dashboard, window, or another object. An orbital floor or “blowout” fracture can allow tissue to herniate into the sinus below the eye and may restrict normal eye movement.

According to the American Academy of Ophthalmology's [orbital floor fracture guidance](#), pain or double vision with vertical eye movement should raise concern after blunt facial trauma. Swelling can temporarily hide enophthalmos, a sunken appearance of the eye, which may become more noticeable days or weeks later as the swelling resolves.

CT is commonly used to define an orbital fracture. Surgery isn't automatic. Some double vision improves as swelling comes down, while persistent function-limiting diplopia, troublesome enophthalmos, or severe entrapment can make repair more appropriate.

A Traumatic Optic Nerve Injury Can Start With Vision Loss and a Normal-Looking Eye

Not every devastating eye injury is visible on the surface. Traumatic optic neuropathy happens when the optic nerve is damaged by direct injury or by force transmitted through the orbit and optic canal.

The American Academy of Ophthalmology notes that [traumatic optic neuropathy](#) can cause decreased visual acuity, reduced color vision, visual-field loss, and an abnormal pupil response. The optic nerve may even look normal at first, with atrophy becoming visible weeks later.

That's a very different pattern from a detached retina, but the patient may describe both conditions simply as "my vision got worse after the crash." A detailed eye examination helps locate the problem and distinguish retinal, optic-nerve, orbital, and brain-related causes.

Concussion-Related Vision Problems Can Overlap With Eye Trauma

A collision can injure the eye and brain at the same time. A [concussion](#) can cause blurred or double vision, difficulty focusing, light sensitivity, problems tracking moving objects, and visual fatigue even when the retina and globe are structurally intact.

That overlap matters when someone has [headaches and vision problems after a Georgia crash](#). A normal retinal exam doesn't prove that the visual symptoms are imaginary, just as a concussion diagnosis doesn't rule out a separate traumatic eye injury. When symptoms don't fit neatly into one category, ophthalmology, neurology, neuro-ophthalmology, or vestibular evaluation may all become relevant.

The same is true when neurological symptoms emerge later. [Delayed brain injury symptoms](#) can include vision changes, dizziness, headaches, and concentration problems, so the medical record needs to separate what is coming from the eye from what may be coming from the brain.

Airbags Can Cause More Than Blunt Trauma to the Eye

Airbags can protect against fatal head and chest trauma while still contributing to an eye injury in some crashes. The expanding fabric can strike the face, debris can cause abrasions, and irritant or alkaline material released during deployment can injure the corneal surface.

Burning, tearing, gritty pain, redness, light sensitivity, and blurry vision after deployment can fit an [airbag-related eye injury](#). Chemical exposure is different from retinal detachment, but both can become urgent when vision changes are involved.

A person who has both blunt trauma and chemical exposure can have more than one eye diagnosis. The emergency record should identify the crash mechanism, whether the airbag deployed, whether glass or debris struck the face, and when each symptom started.

How an Ophthalmologist Checks for Damage After a Crash

An eye evaluation after trauma usually starts with visual acuity and a careful history of what happened. The doctor may check pupils, eye movements, the front of the eye with a slit lamp, and the retina through a dilated pupil. The exact exam changes when an open-globe injury is suspected because pressure on a ruptured eye can make the injury worse.

For a suspected retinal tear or detachment, a dilated retinal examination is central. The National Eye Institute notes that ultrasound or optical coherence tomography, or OCT, may be used when the doctor needs more information about the retina. CT is often more useful when the concern involves orbital fractures, some foreign bodies, or other trauma around the globe.

This is why [hospital care after a car accident](#) can matter even when the injury isn't obvious at the roadside. Vision loss, new double vision, an irregular pupil, blood in the eye, severe eye pain, or new flashes and floaters can point to problems that need prompt evaluation.

Retinal Tears Can Sometimes Be Treated Before the Retina Fully Detaches

If an ophthalmologist finds a retinal tear before a larger detachment develops, laser photocoagulation or cryopexy may be used to seal the area around the break. The goal is to create a scar that helps prevent fluid from passing through the tear and lifting the retina away from the back of the eye.

Once a larger detachment has developed, the treatment can become more involved. The [National Eye Institute's retinal surgery guidance](#) describes three primary surgical approaches: pneumatic retinopexy, scleral buckle, and vitrectomy. The choice depends on where the detachment is located, how much retina is involved, the type of tear, and other features of the eye.

Some patients need more than one technique at the same time, and a retina can detach again after an initial repair. Vision recovery also depends on whether the macula detached, how long the retina was separated, the severity of the original trauma, and whether other structures in the eye were injured.

When Symptoms Start Days After the Collision

Imagine a scenario involving a driver whose face struck the side window during a T-bone crash. The emergency department documents swelling around the eye, but the driver can still read the vision chart and goes home without a retinal diagnosis.

Two days later, flashes begin appearing in the outer edge of the right eye. By that evening, new floaters look like pepper scattered across the visual field. The next morning, a dark area begins moving inward from the side. A dilated retinal exam identifies a tear with a developing detachment, and the patient undergoes urgent retinal surgery.

That medical sequence doesn't mean the crash suddenly caused a brand-new injury two days later. The original blunt trauma may have created the retinal break, with the detachment progressing afterward. The exact causation question belongs to the treating doctors, but the timeline shows why delayed visual symptoms should be documented as soon as they appear.

Permanent Vision Changes Can Affect Work in Ways a Medical Bill Doesn't Show

A retinal detachment or optic nerve injury can leave someone with reduced acuity, peripheral-field loss, poor depth perception, light sensitivity, or difficulty adapting between bright and dark environments. Those limitations can affect driving, reading, computer work, machinery operation, healthcare jobs, construction, and any occupation that depends on precise visual judgment.

When vision loss changes what someone can safely do for a living, [lost earning capacity](#) may become part of the claim. The analysis can involve job duties, visual requirements, work history, medical restrictions, vocational evidence, and the difference between pre-injury and post-injury earning ability.

Serious permanent vision loss can also create future expenses that aren't obvious in the first months. Additional surgery, low-vision rehabilitation, adaptive technology, transportation assistance, and ongoing ophthalmic care may need to be evaluated. In a major injury case, a [life care planner](#) can help organize long-term medical and support needs when the evidence supports them.

Document the Vision Problem in the Language You Actually Experience It

Vision symptoms can be difficult to describe after the fact. “Blurry” may mean hazy central vision to one person and a missing portion of the visual field to another. A clear description can help the medical record show how the condition changes over time.

Useful details can include whether the flashes are in one eye or both, how many new floaters appeared, whether the shadow moves, whether straight lines look distorted, whether colors look different, and whether double vision changes with eye position. A [symptom or pain journal](#) can also record how the visual problem affects reading, screens, driving, stairs, work, and other daily activities.

The goal isn't to diagnose yourself. It's to give the ophthalmologist a clear history and preserve the day-to-day effects that may be hard to remember months later.

A Serious Eye Injury Claim Should Reflect What the Person Can No Longer See or Do

Eye trauma can be deceptive because the injury may occupy only a small part of the body while changing nearly every part of daily life. Losing peripheral vision can make driving unsafe. Double vision can make reading exhausting. Reduced depth perception can affect stairs, tools,

sports, and work. Permanent light sensitivity can make ordinary environments difficult to tolerate.

Gary Martin Hays & Associates has recovered more than \$1 billion for Georgia families, and serious vision-loss claims demand the same kind of long-range evaluation as other life-changing injuries. A claim should account for emergency treatment, retinal or orbital surgery, follow-up care, work consequences, permanent visual limits, and the practical cost of adapting to a changed field of vision.

If you or someone you love developed flashes, new floaters, a curtain over the visual field, double vision, or another traumatic eye injury after a Georgia car accident, [contact us](#) for a free consultation. You won't pay an upfront attorney's fee to have our team review the claim, and attorney's fees are owed only if we recover compensation for you.