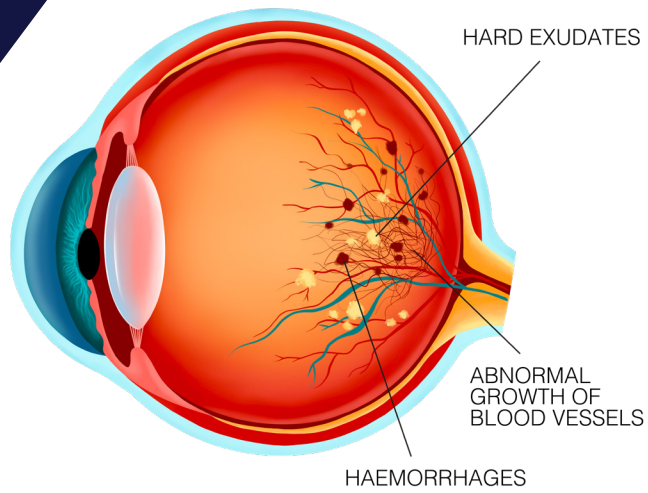
AUCKLANDEYE

DIABETIC RETINOPATHY

Diabetic retinopathy is a disorder of retinal blood vessels which is commonly obseved in patients with diabetes.



WHAT IS DIABETIC RETINOPATHY?

Diabetic retinopathy is a disorder of the retinal blood vessels which affects patients with diabetes. The longer you have diabetes the more likely you are to have diabetic retinopathy. To reduce your risk of diabetic retinopathy the best thing to do is maintain tight control of your blood sugars and have a low HbA1c (long term glucose control indicator).

WHO GETS IT?

Diabetic retinopathy may be mild, moderate or severe. For many people, even severe cases, there are no symptoms. For this reason, if you have diabetes it is important to have your eyes checked regularly to make sure there is no vision threatening diabetic retinopathy.
Diabetic retinopathy that affects the vision is either due to swelling of the central retina (called macula oedema), which causes central blur. Or due to abnormal blood vessels growing and bleeding causing large floaters, scarring or loss of vision within the eye. The macula oedema is usually diagnosed with a scan called an OCT which shows whether there is any retinal swelling or not.

Symptoms of severe diabetic retinopathy include blurry vision, vision loss or extensive floaters.

SIGNS AND SYMPTOMS

Some common symptoms of diabetic retinopathy are:

- Blurred vision (often linked to blood sugar levels).
- Floaters (black or grey spots drifting across your vision).
- Flashes (sudden flashes of light or lightning).
- Sudden loss of vision.

CAN IT BE PREVENTED?

- Regular eye checks, including a retinal examination, are by far the most important preventative measure for avoiding diabetic vision loss.
- Close monitoring of your diabetes by your family doctor is also essential.
- Good control of blood sugars and hypertension will also help to reduce the risk of retinopathy.
- Smoking increases the risk of serious eye disease.

Diabetic retinopathy can often become worse during pregnancy. If you are pregnant, or are thinking of becoming pregnant, it is a good idea to talk to your eye specialist about what extra steps you will need to take to monitor and manage your diabetic retinopathy.

This illustration is a guide only; individual symptoms may vary.

NORMAL VISION

DIABETIC RETINOPATHY VISION

CAN IT BE TREATED?

Diabetic retinopathy that affects the central retina with swelling (macula oedema) is usually treated with a drug that is injected into the eye, called avastin.

Abnormal new vessels that grow in diabetic retinopathy are usually controlled with laser.

Abnormal bleeding into the eye or scarring on the retina is managed with surgery.

In every case, early detection makes treatment options easier and more successful. Managing your diabetes and blood sugars well in the long term helps reduce the risk of vision loss from diabetic retinopathy.

TREATMENTS

INJECTIONS

Macula oedema is most commonly treated with an injection of a drug known as an Anti-VEGF agent into the eye. The most commonly used of these drugs is called Avastin. It stops the abnormal blood vessels from leaking and bleeding and reduces the swelling of the retina.
It is usually given in the clinic using drops to numb the eye. Often multiple injections are required, and they are usually given 1-2 months apart. Ongoing follow up appointments and monitoring with OCT scans are required.

LASER

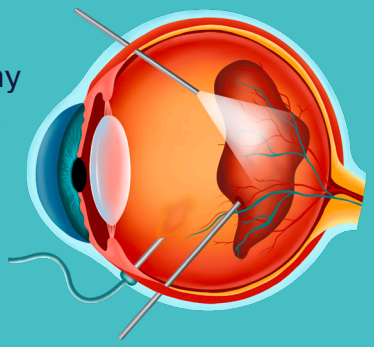
Abnormal new vessels growing within the eye are treated with laser. This is performed in the clinic at the laser machine using anaesthetic drops. The laser may take 2-3 sessions of 20-30 minutes to complete but once the laser is complete, in most cases, further treatment for the abnormal vessels is unnecessary, although sometimes people still require treatment for macular oedema with injections (as above).

TREATMENTS

VITRECTOMY

If there is extensive blood or scarring within the eye then a vitrectomy may be required. This is usually carried out under a local anaesthetic. In a vitrectomy the gel within the eye and the blood is removed and replaced by saline fluid and then, with time, the natural fluid from within the eye. Scarring on the retina is also removed and further laser treatment is applied. In some cases an avastin injection is also given to help stop further bleeding or macular oedema.

Vitrectomy



RECOVERY

The recovery period for a vitrectomy is 2-4 weeks. The eye may be a little scratchy and uncomfortable for the first week. Sometimes there is further bleeding after the surgery but this usually resolves without further treatment. Occasionally a second surgery is required if further bleeding persists.

8 St Marks Rd, Remuera

Oasis Surgical & Dry Eye Clinic,
2 MacMurray Rd, Remuera

3 Fred Thomas Dr, Takapuna

Ormiston Medical Clinic, 211 Ormiston Rd

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Phone 09 529 2480 or 0800 25 53 93
Email: admin@aucklandeye.co.nz
www.aucklandeye.co.nz

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