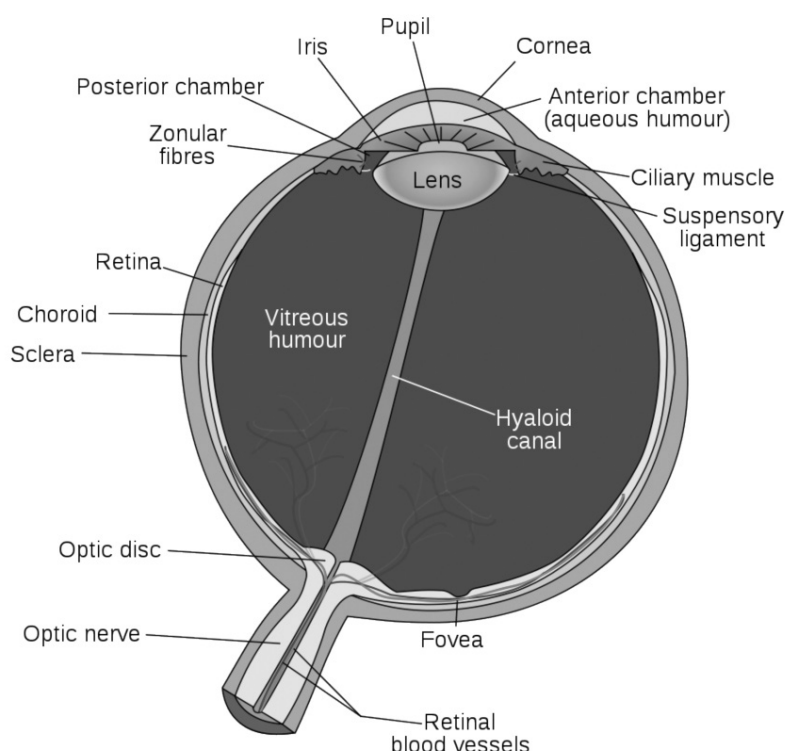


Diabetic Retinopathy – Frequently Asked Questions

Ophthalmology

This leaflet is intended for people whose diabetes has affected the eyes.

What is diabetic retinopathy?



The retina lies at the back of the eye and acts as the film of the eye by transmitting images to the brain. The blood vessels that supply oxygen and nutrients to the eye can be damaged as part of diabetes.

Diabetic retinopathy (DR) results from damage to these small blood vessels. This may affect the eyesight if it remains untreated. There are two forms of “sight-threatening” DR:

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Diabetic macular oedema (DMO) is collection of fluid near the centre of retina (macula) due to leaky blood vessels that have been damaged by diabetes. This “waterlogging” (oedema) damages cells lining the back of the eye resulting in a slow progressive loss of sight.

Proliferative DR (PDR) is growth of abnormal blood vessels on the retina as a result of retina getting starved of blood due to diabetes. These abnormal vessels may bleed resulting in a sudden loss of sight.

Who can get diabetic retinopathy?

Anyone with diabetes can get DR. The risk of developing sight threatening DR increases the longer someone has had diabetes. Co-existing diseases such as anaemia, high blood pressure, kidney disease may worsen DR. In women, pregnancy may sometimes result in rapid worsening of DR.

My diabetes is under good control. Can I still get diabetic retinopathy?

Although good control of blood sugar is very important, it does not always prevent DR.

How is diabetic retinopathy diagnosed?

An eye care professional needs to put in eye drops to dilate the pupil and examine the back of the eye to look for any DR changes. Your optometrist may also take photographs of the central part of the retina to look for any DR changes.

Special tests such as an OCT scan and fluorescein angiography (dye test) may also be needed in diagnosing DR.

Can diabetic retinopathy be prevented?

Anyone with diabetes is at risk of developing DR during their lifetime. The risk of “sight-threatening” DR may be reduced by good blood sugar control especially if this is achieved early in the course of the disease. Adequate control of blood pressure and cholesterol and cessation of smoking may also slow down any progression of DR.

Can diabetic retinopathy be cured?

Although there is no cure for DR, significant vision loss may be avoided with good care and timely treatment.

The choice about which treatment is best for you will be made together with your doctor.

This will be based on the risks and benefits of the treatment and your individual circumstances.

I have diabetes. What can I do to look after my eyes?

- Have the back of your eyes examined for DR at least once a year by a trained eye care professional
- If you are referred to the hospital eye service, please ensure you keep all your appointments.
- Remain in regular contact with your diabetes doctor and / or nurse practitioner
- Know your HbA1c – this gives an indication of the long-term blood sugar term control and is more useful than a single measurement of blood glucose level
- Know your BP (blood pressure) and cholesterol and ensure these are under good control.

Where can I get more information?

We are here to help, please do not hesitate to contact us if you need any further information or advice:

Eye Referral Unit

01902 695805

Monday to Friday: 8am-5pm

Weekends: 8am-3pm

Mary Jones Ward

01902 695801

Monday to Friday: 7am-7.30pm

Outpatients Department:

01902 695831

Monday to Friday: 8.30am-4.30pm

Outside these hours, please attend the main Emergency Department or contact NHS Direct on telephone number 111

If you have any personal access needs or require wheelchair access and wish to talk to a member of staff please get in touch using our contact details.

For further information on this subject, please check the following websites:

- www.diabetes.org.uk
- www.nhsdirect.nhs.uk
- www.rnib.org.uk
- www.rcophth.ac.uk
- www.patient.co.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。