

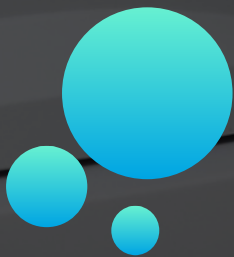
MEDICAL RETINA
PATIENT INFORMATION LEAFLET



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MEDICAL RETINA





DIABETIC RETINOPATHY

What is diabetic retinopathy?

Diabetic retinopathy is a condition that people with diabetes can get in their eyes. Your eyes have tiny blood vessels that help keep them healthy and let you see well. If your blood sugar or blood pressure gets too high, it can damage these tiny blood vessels.

When these blood vessels get damaged, they might get blocked, leak, or grow in an abnormal way. This means your eyes do not get the nutrients they need, and that can make it hard for you to see clearly.

TYPES OF DIABETIC RETINOPATHY

Retinopathy is a term used to describe the damage caused to the retina. In diabetes this is classed in stages.

Stage 1: Background Retinopathy

This is an early stage of retinopathy. Your vision is not affected, although you are at higher risk of developing vision problems in the future

Stage 2: Pre-Proliferative Retinopathy

There are more widespread changes seen at the retina; they can be moderate or severe and there is a high risk your vision may be affected in the future

Stage 3: Proliferative Retinopathy

Blood vessels can be damaged or new blood vessels grow; there is likely going to be changes to your vision

THE RISK OF DIABETIC RETINOPATHY

If someone has Type 1 or Type 2 Diabetes, their risk of diabetic retinopathy may be higher if:

- They have been living with diabetes for a long time
- Their blood sugar levels are always high
- They have high cholesterol or high blood pressure
- They are pregnant
- They smoke
- They come from certain ethnic backgrounds, such as Asian or Afro-Caribbean

PREVENTING DIABETIC RETINOPATHY

Eye Screening: People with diabetes who are over 12 should have their eyes checked every 1-2 years. Photographs of the retina are taken to look for problems before vision changes are noticeable.

Early detection and treatment of diabetic retinopathy can help protect your eyesight. Contact your GP if you are currently not attending a screening clinic.

Control your blood sugar: can help prevent diabetic retinopathy and slow progression.

Manage blood pressure and cholesterol: Your GP may prescribe you medication it is important to follow the advice given.

Stay active: Regular exercise can improve your overall health and help manage diabetes.

Quit smoking: This is beneficial for your eye health and overall well-being.

Monitoring your vision: If you notice your vision getting worse, a sudden loss of vision, new floaters or specks, or if your vision seems dimmer or harder to see in the dark contact your clinician, GP, or diabetic screening team.

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TREATMENT

Treating diabetic retinopathy varies based on how serious the condition is. Treatment plans are customised for each person and may involve laser therapy, surgery, or injections. Preventing the condition from getting worse is crucial, so regular eye exams are important for keeping track of eye health.

OTHER MEDICAL RETINAL CONDITIONS

MACULAR HOLE

A macular hole occurs when there is a small break in the macula, the part of the retina responsible for sharp central vision. In the early stages, it can cause your vision to appear wavy or slightly blurry. If the macular hole worsens, these symptoms may become more severe.

Your clinician will closely monitor the condition using photographic imaging. In some cases, if the macular hole significantly affects your vision, surgery may be recommended.

CHOROIDAL NAEVUS

A choroidal naevus is a pigmented, mole-like spot that forms beneath the retina in the choroid, a layer of blood vessels at the back of the eye. It appears dark in colour and is similar to the moles you might have on your skin.

Most choroidal naevi are harmless and are typically discovered during routine eye exams. However, they are monitored over time to ensure they do not grow or show signs of becoming a more serious condition, such as melanoma.

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EPIRETINAL MEMBRANE

An epiretinal membrane (ERM) is a thin layer of scar tissue that forms on the surface of the retina, specifically over the macula, which is responsible for central vision. This membrane can wrinkle the retina, leading to distorted or blurred vision.

Some people with an epiretinal membrane may not notice symptoms, while others may experience visual disturbances, such as wavy or blurred vision or difficulty reading small print.

In more severe cases, surgery may be required to remove the membrane and improve vision.

CENTRAL SEROUS CHORIORETINOPATHY

Central Serous Chorioretinopathy (CSCR) is when fluid builds up under a part of the eye called the retina, which helps us see. When the fluid collects, it can make your vision blurry or wavy, and things might look smaller or further away than they really are.

Most of the time, CSCR is monitored over several months and gets better on its own without needing any treatment. If there is no improvement after this time you may be referred on for treatment.

HYPERTENSIVE RETINOPATHY

Hypertensive retinopathy is caused by high blood pressure (hypertension). When blood pressure is too high for a long time, it can damage the tiny blood vessels in the retina, the part of the eye that helps you see clearly.

This damage can lead to problems like blurred vision, double vision, or even vision loss if it gets worse.

In severe cases, it can cause bleeding or swelling in the retina.

Managing high blood pressure with medication and a healthy lifestyle is the best way to prevent or treat it.

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RETINAL VEIN OCCULSION

A retinal vein occlusion (RVO) happens when a vein that carries blood away from the retina gets blocked. This blockage can cause blood and fluid to leak into the retina, leading to blurry vision, dark spots, or sudden vision loss.

There are two main types:

- Central Retinal Vein Occlusion (CRVO): a blockage of the main vein in the retina, affecting a large area of vision.
- Branch Retinal Vein Occlusion (BRVO): a blockage of a smaller vein branch, affecting a specific part of the retina with less widespread vision problems.

RVO can be caused by conditions such as high blood pressure, diabetes, or glaucoma. Treatment may involve medications to reduce swelling, laser therapy, or injections to help improve vision and manage symptoms.

CYSTOID MACULAR OEDEMA

Cystoid macular oedema (CMO) is a condition where fluid builds up in the central part of the retina called the macula. The macula is crucial for sharp, central vision.



CMO can be caused by various conditions, such as diabetes (diabetic macular oedema), eye surgery, retinal vein occlusion or inflammation.

It can also occur after cataracts surgery. Treatment options may include medications, injections, or laser therapy to reduce swelling and improve vision.

Regular eye checks are important and recommended every 1-2 years.

If you notice a change to your vision, you should contact your clinician to have your eye health checked sooner.

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