

What is diabetic retinopathy?



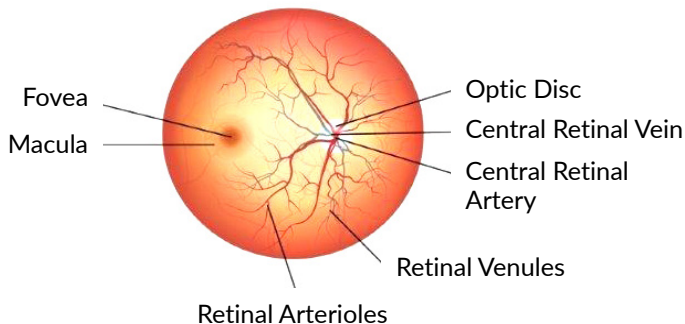
Diabetic retinopathy is a complication of diabetes which can damage the tiny blood vessels inside the retina at the back of your eye. The retina is the light sensitive tissue that sends signals to the brain to create eyesight.

Damage to these tiny blood vessels can cause bleeding and swelling in the retina that can affect your vision. In severe cases, it can even cause blindness.

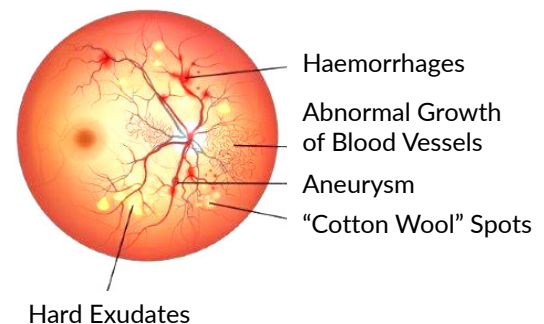
Diabetic retinopathy is a progressive condition. The early stages called NPDR (non-proliferative diabetic retinopathy), can be 'silent', since they might not cause any symptoms.

More advanced stages, which are called diabetic macular oedema (DMO) and proliferative diabetic retinopathy (PDR) can cause both your central and peripheral (side) vision to become blurry or damaged.

Normal Retina



Diabetic Retinopathy



Who is at risk for diabetic retinopathy?

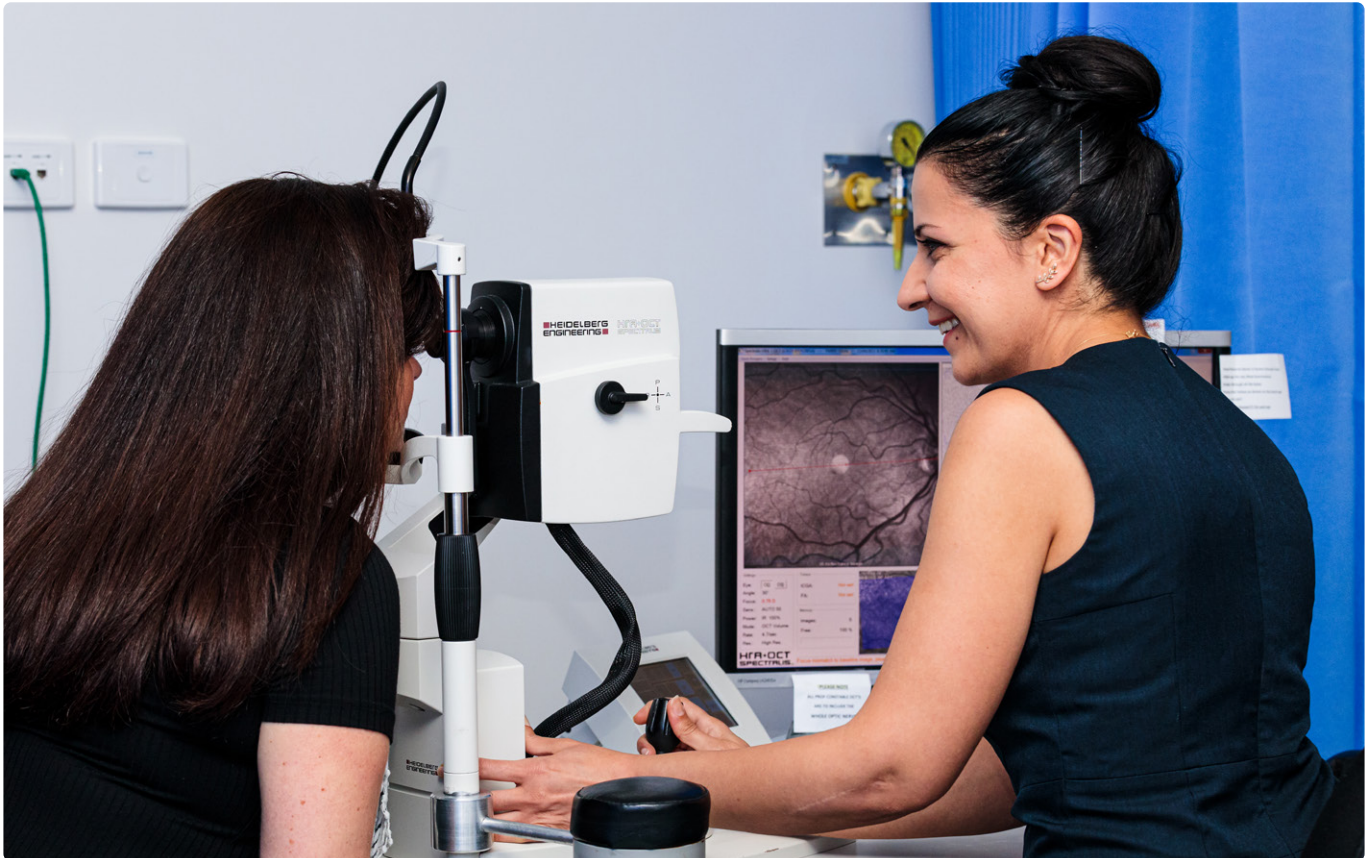
- People with both type 1 and type 2 diabetes
- People who have had diabetes for ten or more years
- People whose diabetes is poorly controlled – poor control of blood sugar is the most critical risk factor
- People with kidney damage
- People with high blood pressure
- People with high blood cholesterol

What are the symptoms of diabetic retinopathy?

You can have diabetic retinopathy and not know it because there are often no signs or symptoms in the early stages.

But, as your diabetic retinopathy progresses, it can cause the following symptoms:

- Blurry or distorted central vision
- Blurred vision which can not be corrected with glasses
- A rapid change in your glasses prescription
- Difficulty seeing at night
- Blank or dark areas in your field of vision
- Colours seeming faded or washed out
- Limited peripheral vision
- Sudden loss of vision.



How is diabetic retinopathy diagnosed?

The only way to detect diabetic retinopathy is through an eye check or full eye examination. An eye exam can show early signs of damage from diabetes even before you notice your vision is affected.

Early detection of sight-threatening retinopathy by **regular eye exams is the key** to avoiding low vision and blindness from diabetic retinopathy.

Everyone with diabetes should be screened at least every two years by an ophthalmologist and more frequently if retinopathy is found.

Annual eye examinations are recommended for Aboriginal and Torres Strait Islander people with diabetes because they are known to experience a higher rate of diabetic retinopathy.

How is diabetic retinopathy treated?

Treatment will depend on what your ophthalmologist finds in your eyes.

In the early stages you might not need any treatment other than regular monitoring.

There are several effective treatments to prevent or minimise vision loss associated with advanced diabetic retinopathy, including **laser treatment, eye injections, surgical procedures** and **some medications**.

However, the best way to prevent or slow down diabetic retinopathy is to optimise your general health. This means working with your doctors to control blood sugar, blood pressure, blood lipids, haemoglobin level and to maintain optimal kidney function.

**Need to
know more?**

Please contact the Lions Eye Institute to make an appointment with one of our ophthalmologists.
Phone: (08) 9381 0777; email: carecentre@lei.org.au; or see our website: lei.org.au