

# DIABETIC EYE DISEASE

## Understanding Diabetic Retinopathy, Maculopathy & The Importance of Early Detection

Diabetic eye disease can affect the retina and macula in people with diabetes. In the early stages there may be no symptoms, but timely assessment and monitoring can help detect problems early and protect sight.



# EDGBASTON EYE CLINIC

Safe, Efficient & Patient Centred Care



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Expert Care



Advanced Technology



Safe, Effective Treatments



Personalised Approach



Short Waiting Times & Flexible Appointments

### 1 CAUSES & RISK FACTORS

- Type 1 or Type 2 diabetes
- Longer duration of diabetes
- Poor glycaemic control (raised HbA1c)
- Hypertension
- High cholesterol / dyslipidaemia
- Kidney disease
- Pregnancy in diabetic patients
- Smoking



**i** Diabetic eye disease may progress silently. Good systemic control and regular retinal assessment are essential.

### 2 WHAT HAPPENS?



- Diabetes can damage the tiny retinal blood vessels
- This may cause leakage, bleeding, ischaemia and abnormal new vessel growth
- The macula may swell, causing diabetic macular oedema



**i** Retinal changes can develop before vision is affected, which is why early detection matters.

### 3 COMMON SYMPTOMS

- Often no symptoms in early disease
- Blurred or fluctuating vision
- Difficulty reading or reduced fine detail vision
- Dark spots or floaters
- Distortion of central vision
- Patchy or reduced vision in advanced disease
- Sudden visual reduction if bleeding occurs



**Sudden visual change in a diabetic patient should always be assessed promptly.**

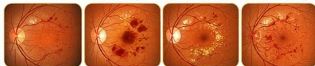
### 4 CLINICAL FINDINGS

Microaneurysms

Retinal haemorrhages

Hard exudates / macular involvement

Neovascularisation / proliferative change



- Cotton wool spots may be present
- Venous changes and retinal ischaemia may occur
- Macular oedema can threaten central vision
- Advanced disease may lead to vitreous haemorrhage or tractional retinal detachment

**i** The severity of diabetic retinopathy is determined by the retinal signs seen on examination and imaging.

### 5 ASSESSMENT AT EDGBASTON EYE CLINIC

- ✓ Full symptom and visual assessment
- ✓ Dilated retinal examination when indicated
- ✓ Keeler digital slit lamp assessment
- ✓ Optos Daytona ultra-widefield retinal imaging
- ✓ OCT imaging to assess the macula
- ✓ Monitoring for progression over time
- ✓ Specialist referral pathway if significant disease is detected

Keeler Digital Slit Lamp

OCT Scanner

Optos Daytona Ultra-widefield Imaging



**i** Ultra-widefield imaging and OCT are valuable for documenting retinal change and assessing macular involvement.

### 6 MANAGEMENT / TREATMENT

#### A Systemic Control



- Optimise blood glucose, blood pressure and cholesterol
- Work closely with GP / diabetes team

#### B Monitoring



- Regular diabetic retinal screening and follow-up
- Earlier review if symptoms change

#### C Eye Treatment



- Some patients require hospital-based retinal treatment
- Laser treatment, intravitreal injections or specialist ophthalmic care may be needed depending on severity

#### D Vision Protection



- Do not ignore changes in vision
- Attend appointments and maintain good diabetes control

Management depends on the stage and whether the macula or proliferative changes are present.

### 7 WHEN TO SEEK URGENT HELP

- ▲ Sudden drop in vision
- ▲ Sudden shower of floaters or new vitreous haemorrhage symptoms
- ▲ Distortion of central vision
- ▲ Rapid worsening of diabetic eye disease symptoms
- ▲ New blind spot or patchy vision
- ▲ Diabetes with a painful red eye or other acute symptoms



**Seek prompt specialist eye assessment if your vision changes suddenly or you are concerned about diabetic eye disease.**

### KEY POINTS



Early diabetic eye disease may have no symptoms



Regular assessment helps protect sight



Macular oedema can affect central vision



Good systemic control reduces risk



Prompt referral is important when disease is advanced



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