





English [DOH-7375]

Diabetes and your Eyes

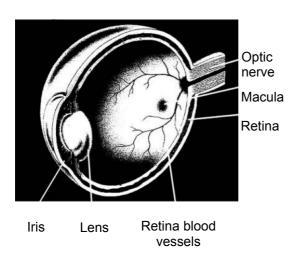
Living with Diabetes

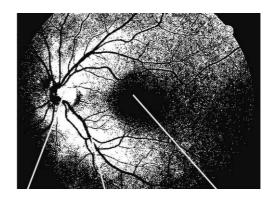
Diabetes is a condition which affects the body's ability to use and store sugar (glucose).

Diabetes can damage your eyes, and if left unchecked and untreated can eventually lead to blindness.

What is retinopathy?

Diabetic retinopathy simply means disease of the retina. It occurs when diabetes damages the very fine blood vessels in the retina.





Optic nerve Retina Vessels Macula

A normal eye

Looking inside the eye - a photograph of a normal retina

Who is at risk?

People most at risk are those:

- who have had diabetes for many years;
- whose diabetes is poorly controlled (high blood sugars);
- with insulin dependent diabetes (Type 1 diabetes) who face a slightly higher risk of developing retinopathy;
- with diabetic kidney damage;
- with high blood pressure, high blood fats (cholesterol)
- who are pregnant. This can make diabetic retinopathy progress faster than usual.

But everybody who has ever been diagnosed with diabetes is at risk, even a person whose diabetes is controlled with diet alone.

Looking after your eyes

Fortunately you can do something to prevent loss of sight from diabetes.

- By achieving good control of your diabetes, your blood cholesterol and your blood pressure.
- By having your eyes checked regularly, signs of eye disease can be picked up early.
- Laser treatment can then be used to prevent retinopathy further damaging your sight.

Have your eyes checked regularly

It is important to have your eyes examined regularly by someone trained to detect retinopathy. This may be an eye specialist (ophthalmologist), optometrist, nurse, diabetes specialist or your general practitioner.

Don't wait until you notice problems

Retinopathy can be quite advanced before you notice anything wrong with your sight. The earlier treatment starts, the better the chance of preserving your sight.

Are there any exceptions?

No. Every person with diabetes should have their eyes checked as soon as diabetes is diagnosed and at least every two years after that.

In addition to regular eye checks, you should see your doctor without delay if your vision worsens.

Treatment

Laser Therapy

Advanced diabetic retinopathy is treated with laser. A laser is simply a very narrow concentrated beam of light which can be used to treat areas damaged by diabetes.

What's involved?

Laser treatment may be carried out over several sessions and can be done in your doctor's surgery or as an outpatient in a hospital. It usually takes about 15 minutes for each session.

During your treatment, you will sit at a machine similar to the one the eye doctor normally uses to examine your eyes. Your head will need to be still for the treatment and may be held.

You may or may not need time off work to complete the laser treatment. Driving your car may also be more difficult during the period of your treatment and afterwards, particularly at night. Your sight may be worse for a few days or weeks after the laser, but it usually recovers fairly well. It is important you discuss this with your ophthalmologist prior to treatment.

New blood vessels

Exudates

New blood vessels

NSW Multicultural Health Communication Service Website: http://www.mhcs.health.nsw.gov.au Email: mhcs@sesiahs.health.nsw.gov.au

Tel: (02) 9816 0347

Acknowledgements

This information was prepared by staff of Sydney Hospital and Eye Hospital in conjunction with Multicultural Communication.

If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 131 450.

You can find more health information in your language on the Multicultural Communication website at http://www.mhcs.health.nsw.gov.au

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.

NSW Multicultural Health Communication Service Website: http://www.mhcs.health.nsw.gov.au Email: mhcs@sesiahs.health.nsw.gov.au

Tel: (02) 9816 0347