

Contact information

Diabetes centre
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Please listen to all the options and select the one that you feel most suits your needs.

Diabetes and your eyes

Why it is important to attend your annual eye screening

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك. إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق

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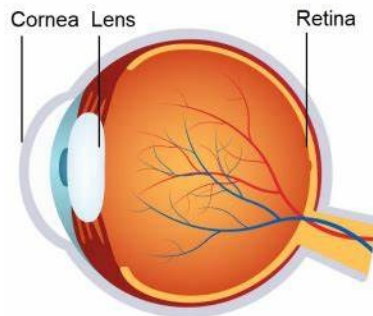
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How can diabetes affect the eye?

High levels of sugar in the blood can damage the small blood vessels in the back of your eye (the retina). This is known as diabetic retinopathy. This can happen over time in stages, eventually causing sight loss.

Background retinopathy:

The first changes are small swellings on the blood vessels, showing as tiny red dots (Microaneurysms). The larger swellings can leak (bleed) like bruises on the back of the eye. These do not damage sight at this stage, but are a warning that things may get worse.



Proliferative retinopathy:

Over time the blood vessels narrow, causing less blood to get to the retina. This causes new blood vessels to form, which can bleed and scar. The scarring can pull the retina away from the back of the eye, causing a “tractional retinal detachment” which can affect sight and requires surgery (vitrectomy).

Maculopathy:

The macula is the area of detailed vision on your retina. Maculopathy is when blood vessels are damaged in this area. The new blood vessels leak, causing blurring of vision or the vessels can narrow, stopping blood and oxygen from getting to the macula (ischaemic maculopathy).

Diagnosis and treatment

Treatment is most effective when started early. Once some sight loss has occurred treatment is less effective and retinopathy may still progress to blindness.

Early changes can be picked up during screening, which is why it is important to attend screening every 1-2 years from the diagnosis of diabetes or more often if advised.

Screening:

Everyone with diabetes mellitus should attend eye screening with their local screening service, which is arranged with the GP. Sometimes screening needs to be more often (in pregnancy or if retinopathy is deteriorating).

How to keep your eyes healthy:

- Keep your blood pressure in normal range
- Keep your sugar levels within target range
- Attend regular screening appointments
- Have your cholesterol levels monitored
- You are advised not to smoke.

Treatment:

If you are found to have retinopathy changes, there are treatments to help to improve your sight or prevent sight loss, including:

- Injections into the eye to slow down blood vessel growth
- Laser treatment to stop growth of blood vessels
- Vitrectomy to help if the retina is very damaged.