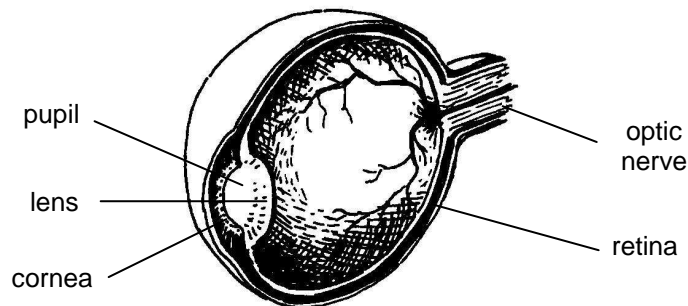


Eye care

People with diabetes are at an increased risk of developing problems with their eyes. Many of these problems are preventable through regular screening and early treatment. Keeping blood glucose levels close to target is also an important part of preventing eye problems.

What causes eye problems?

A normal eye



Diabetes can affect different parts of your eye

Eyes and blood glucose levels

As blood glucose increases, the glucose levels in the eye's fluid increases. This can cause the lens to swell. Your ability to focus may be affected and vision may become blurred temporarily.

Blurred vision is quite common when people are newly diagnosed with diabetes, and usually settles down after a few weeks. People should wait for their blood glucose levels to become stable before buying new glasses. If glasses are purchased while blood glucose levels are high they may not be effective a few weeks later when blood glucose levels have stabilised.

Diabetes and the retina

Diabetic retinopathy is the term used to describe damage to the blood vessels of the retina. The retina is the area at the back of the eye that receives the images that we see.

The damaged vessels become weak and can:

- > balloon out, like an inner tube of a tyre – this is called an aneurysm
- > puncture or blow-out causing bleeding
- > leak fluids and cause spots on the retina called exudates
- > narrow or block causing reduced or lack of blood supply to the retina.

When the blood supply is greatly reduced, the retina becomes starved. New blood vessels attempt to grow to help improve supply but unfortunately these new blood vessels do more harm and never reach the starving area. The vessels float in the eye like seaweed and can snap or burst. Blood gets into the eye and blocks light and vision.

Retinopathy can be treated by a specialist doctor called an ophthalmologist.



Other eye problems

An opaque or cloudy lens is called a cataract. A cataract reduces vision by reducing the amount of light to the retina. People with diabetes tend to develop cataracts at a younger age and more rapidly.

Glaucoma is more common in people with diabetes. Glaucoma happens when pressure builds up in the eye. Treatment involves regular eye checks and daily drops in your eyes.

How do I know if I have an eye problem?

You may not notice any signs or symptoms or you may notice one or more of the signs below:

- > blurry or double vision
- > rings, flashing lights, or blank spots
- > dark or floating spots
- > pain or pressure in one or both of your eyes
- > trouble seeing things out of the corners of your eyes.

Any changes in your vision should be checked by your optometrist, ophthalmologist or doctor.

Your doctor can check your eyes by looking through an ophthalmoscope. However, a more detailed examination will require you to have special drops put into your eyes. This sort of eye examination is usually carried out by an optometrist or ophthalmologist.

What can I do to protect my eyes?

Manage diabetes

Keep your blood glucose as close as possible to your target levels. Studies have shown that if diabetes and blood glucose are well managed, eye damage can be minimised.

Check blood pressure

Keep your blood pressure as close to target as possible. High blood pressure pushes on the blood vessels and worsens the changes caused by diabetes and cause ballooning, blow-outs, leaking and blocking. Ask your doctor to check your blood pressure.

Don't smoke

Smoking causes damage to blood vessels and increases blood pressure.

Eye check ups

You should have your eyes examined when you are first diagnosed with diabetes and then at least every 2 years (more often if there are problems detected or you have other risk factors).

Examination of your eyes involves viewing the back of your eyes. To do this the eye drops are usually used to dilate the eye. If retinopathy is detected you, may need treatment by an ophthalmologist.

Women with diabetes who wish to become pregnant should have a check prior to getting pregnant or as early in their pregnancy as possible then extra checks. Sometimes pregnancy can increase the risk of diabetic eye problems.

What about treatment?

Laser treatment

Modern treatment is very effective. Major advances have been made in the use of laser to treat retinopathy.

The laser concentrates light into one very narrow beam. This concentrated beam is very fine and can be aimed with great accuracy to treat problem areas.

Laser treatment is very successful in preventing further damage.

Cataract surgery

The cataract is removed and is replaced with a specially made plastic lens. This operation is often done as day surgery although a few days in hospital may sometimes be required.

Other treatments

New treatments - eg injection or eye surgery – are also effective for some diabetes related problems.

Key points to remember

You can reduce your risk by following some simple steps:

- > maintain blood glucose as close to normal as possible
- > control blood pressure
- > don't smoke
- > have regular eye checks so that problems are detected early
- > get problems treated as soon as they are detected.

The bottom line is that modern treatment can stop the progression of diabetic eye disease and preserve vision.

Where can I go for more information?

Diabetes Outreach	www.diabetesoutreach.org.au/consumer
Royal Society for the Blind	www.rsb.org.au/index.html
Optometrists Australia	www.optometrists.asn.au
Royal Australian and New Zealand College of Ophthalmologists	www.ranzco.edu/aboutus/faq

Diabetes Outreach

8 Woodville Rd
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www.diabetesoutreach.org.au

Disclaimer: This resource is not a substitute for, nor is it intended to replace, the services of a qualified health practitioner.

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