

Eye care

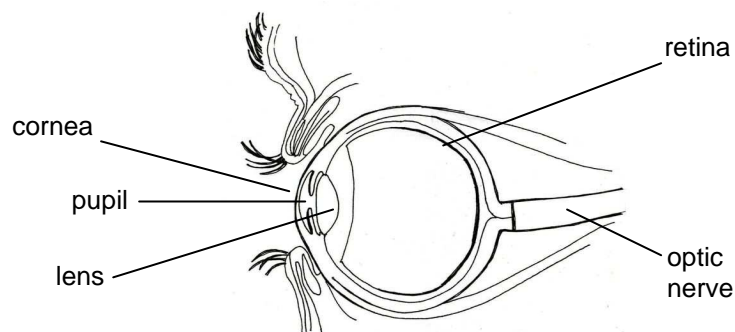
Diabetes and the eye

Diabetes can affect parts of your eye. Fortunately many changes are reversible and early treatment may prevent the progress of eye damage.

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 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. The focus may be affected and vision may become blurred.

This is quite common when people are newly diagnosed with diabetes. Their vision is often blurred but settles down after a few weeks. People should therefore 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 called exudates
- > narrow or block causing reduced or lack of blood supply.





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 often snap or burst. Blood gets into the eye and blocks light and images on the retina.

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. Cataracts may occur whether people have diabetes or not, but people with poorly managed diabetes often get cataracts earlier than people without diabetes.

Early detection of problems

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.

Early treatment

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

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 by a specially made new plastic lens. This operation is often done as day surgery although a few days in hospital may sometimes be required.

What can you do?

Manage diabetes

Keep your blood glucose as close as possible to normal 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 from going high. High blood pressure pushes on the blood vessels and worsens the changes caused by diabetes causing 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

It is recommended that all people with diabetes visit the ophthalmologist or optometrist regularly:

- > people with type 1 diabetes within 5 years of diagnosis
- > people with type 2 diabetes at time of diagnosis.

After that a follow up appointment with an ophthalmologist or optometrist should be made.

All people with diabetes should see an optometrist, general practitioner or ophthalmologist at least every 2 years or more often if there are problems.

Women with diabetes who wish to become pregnant should have extra checks because sometimes pregnancy can increase the risk of diabetic eye problems

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

For more information

Diabetes Outreach

8 Woodville Rd
Woodville South SA 5011
Telephone: (08) 8222 6775

www.diabetesoutreach.org.au



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