

Treatment for diabetic retinopathy and diabetic macular oedema

EYE CONNECT



Macular
Disease
Foundation
AUSTRALIA



Treatment options for diabetes-related eye conditions

There are a number of treatment options for diabetes-related eye conditions.

Your treatment options will depend on the type and extent of your condition.

If you're not seeing an ophthalmologist already, you will be referred to one by your health professional (e.g. optometrist, your GP, endocrinologist). Your ophthalmologist will consult with you to determine the best treatment for your particular circumstances.

Here are the most common treatments for diabetic retinopathy and diabetic macula oedema.

Medical management Eye Injections

An eye injection (referred to as an intravitreal injection or IVI) involves injecting a medicine directly into the eye. While this sounds scary, it's a relatively painless procedure that is backed up by evidence and has a track record of good results.

This injection is usually an anti-inflammatory steroid, or anti-VEGF, a treatment that blocks a protein called vascular endothelial growth factor (VEGF). This protein is responsible for the abnormal growth of blood vessels and fluid leakage under the retina and/or macula.

Anti-VEGF eye injections are often used to treat diabetic macular oedema. In many cases, these injections can help stabilise or improve vision.

Anti-VEGF treatments may sometimes be used to treat proliferative diabetic retinopathy.

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Eye injection quick facts

Regardless of which drug is used, the following points apply:



An anaesthetic eye drop and an antiseptic solution are applied to the eye before the injection.



You should experience very little pain, if any, during the procedure.



It's a quick procedure that usually occurs in your ophthalmologist's clinic.



Treatment usually begins with injections at monthly intervals but may be given less frequently once the condition is managed or if a longer acting drug is recommended.



Even if your vision stabilises or improves you may still need to continue treatment until your ophthalmologist recommends stopping.



Treatment depends on your individual medical circumstances. So, it's important to discuss your treatment options and plan with your ophthalmologist.



You should always follow your treatment schedule and only stop treatment when advised by your eye health professional, even if your vision has improved or stabilised.



Report any sudden changes in vision or difficulties experienced after your injection, such as increasing eye redness or persistent pain to your ophthalmologist immediately. Although rare, infection within the eye can occur and this is an emergency. Urgent review by an ophthalmologist can save your sight, if an infection occurs.



You should arrange for someone to take you home after your appointment, because you won't be able to drive after the procedure.

If you have any concerns or you are having difficulties coping with the treatment, discuss these concerns with your ophthalmologist or give us a call.

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Corticosteroids

This is an alternative form of eye injection for diabetic macular oedema.

Corticosteroids help reduce inflammation and blood vessel leakage. They are administered as an injection or implant into the vitreous. One dose can often last up to a few months.

Laser

For most people with the proliferative form of diabetic retinopathy, laser treatment is the most effective treatment. Laser treatment is also known as pan retinal photocoagulation (PRP). This treatment has been shown to halve the risk of severe vision loss in people with proliferative diabetic retinopathy.

Laser spots are applied to the retina away from the macula, usually over several appointments. Laser treatment is performed by an ophthalmologist, usually in an outpatient clinic. Most people tolerate laser treatment very well, but there may be some discomfort.

Drops are needed to dilate the pupils for laser treatment. This can cause blurring of vision for several hours, so you'll need someone to take you home, because you won't be able to drive.

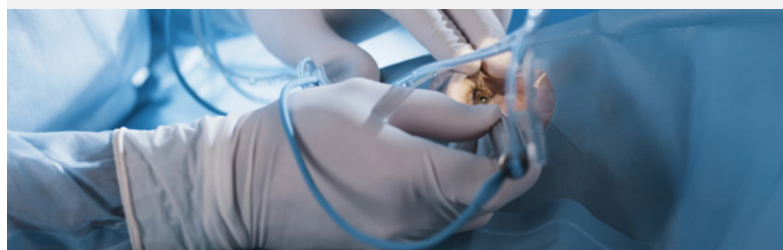
Vitrectomy

A vitrectomy involves the surgical removal of the vitreous - the clear gel that fills the middle of the eye. You will have the procedure in an operating theatre, usually under local anaesthesia.

Your ophthalmologist may recommend a vitrectomy if there is bleeding into the vitreous of your eye also known as a vitreous haemorrhage. The procedure is also recommended for people with other complications of proliferative diabetic retinopathy.

The surgery aims to remove the blood and scar tissue from the surface of the retina. Laser is often applied during the vitrectomy.

Often, at the end of the procedure, the vitreous is replaced with a temporary bubble of air or gas. This bubble may take days or weeks to be absorbed, so your vision may take some time to clear after surgery. Your ophthalmologist will discuss the benefits and risks of surgery and provide instructions regarding postoperative care.



Need more information?

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