



This factsheet at a glance



Exams – Get your eyes checked regularly, even if your vision seems fine.



Your Diabetes – Keep blood glucose, blood pressure, and cholesterol in check.



Early Signs – Watch for changes to your vision such as blurry vision, spots or floaters.



Stay on Track – Take prescribed medications and follow your treatment plan.



Everyday Habits – Eat well, be active, and avoid smoking.

What is diabetic retinopathy?

Diabetic retinopathy is a complication of diabetes caused by damage to the small blood vessels in the retina, the light-sensitive tissue at the back of the eye. Over time, high blood glucose levels can weaken and damage these vessels, leading to vision problems and, if untreated, even blindness.

Diabetic retinopathy is the leading cause of avoidable vision loss in working-age Australians. Most people with diabetes will develop some form of diabetic retinopathy during their lifetime, but the severity and progression of the condition are closely linked to how well diabetes is managed.

DIABETIC RETINOPATHY

There are two main stages of diabetic retinopathy:

- **Non-proliferative diabetic retinopathy:** The early stage, where blood vessels may leak or become blocked. Vision may be unaffected.
- **Proliferative diabetic retinopathy:** The advanced stage, where new, fragile blood vessels grow and bleed into the eye, potentially leading to scarring and retinal detachment.

Some people with diabetic retinopathy can go on to develop sight threatening diabetic macula oedema. Diabetic macula oedema occurs when the damaged blood vessels leak fluid and cause swelling of the macula, the area of the retina that is responsible for detailed central vision.

Symptoms

Diabetic retinopathy can progress to advanced stages before you notice any changes to your vision. Sometimes disease progression can be rapid, leading to sudden vision loss.

The following symptoms could be due to diabetic retinopathy, and should always be checked:

- blurred, distorted, or dim vision.
- frequent changes in glasses prescription.
- sudden onset of haze, shadows or 'floaters' moving across the vision (floaters are dots, circles, lines or cobwebs that move across the field of vision, most noticeable when looking at a white wall or clear sky).
- flashes of light seen repeatedly, often in the peripheral vision.



If you notice any new symptoms or are concerned about changes to your vision, make an appointment to see your eye health professional as soon as possible.

Importance of regular eye examinations

Everyone with diabetic retinopathy should continue regular examinations at least every 12 months, or as often as advised by an eye health professional.

Your eye care provider will want to know:

- When you were first diagnosed with diabetes.
- Your most recent HbA1c result (average blood glucose level).
- Any medicines you're taking.

It is important to stick to your scheduled eye appointments – even if your vision seems fine.



Diagnosis and monitoring

Eye health professionals use a range of tests to diagnose and monitor diabetic retinopathy so you may already be familiar with the following:

- **Visual acuity testing:** Measures how well you see and tracks changes in your vision over time. Bring your glasses or contact lenses to ensure accurate results.
- **Dilated eye examination:** Eye drops are used to enlarge your pupils, allowing a clearer view of the retina to check for signs of diabetic retinopathy. Your vision may be blurred for a few hours afterwards, so avoid driving.
- **Retinal photography:** High-resolution images of the retina that help document and monitor changes related to diabetic retinopathy.
- **Optical coherence tomography (OCT):** A non-invasive scan that provides cross-sectional images of the retina. It can detect swelling or fluid that may indicate disease progression.

- **Fluorescein angiography:** If fluid or leaking blood vessels are suspected, your ophthalmologist may perform this procedure. A dye is injected into a vein in your arm, and a special camera captures images of the retina to highlight areas of leakage or poor blood supply.

Management and treatment

Managing controllable risk factors

Managing your diabetes is the most important step in helping slow the progression of diabetic retinopathy. We'll send you some tips and tricks in the coming months to help you manage your diabetes well.

This includes:

- keeping blood glucose, blood pressure, and cholesterol levels within recommended target ranges.
- quitting smoking: the chemicals in cigarette smoke can cause damage to your blood vessels, including those in the eye, and increase the risk of cardiovascular disease and other health conditions. Talk to your doctor about strategies to quit or call the Quitline 13 78 48.

Monitoring

Regular monitoring of your eyes, as often as recommended by your eye health professional, is an important part of managing diabetic retinopathy and preventing vision loss.

In between check ups it is important to monitor any changes to the macula at home using an Amsler grid (which you will find in this pack).

If you notice any new symptoms or any changes in your vision, make an appointment to see your eye health professional as soon as possible.

Treating diabetic retinopathy

In its earlier stages, your eye health professional may only need to monitor your diabetic retinopathy and encourage you to manage your diabetes as a way to reduce the risk of progression.

Depending on the stage and severity of your diabetic retinopathy, your eye health professional may recommend treatment.

This could include:

- **Laser treatment (panretinal photocoagulation):** Used mainly for proliferative diabetic retinopathy to help reduce abnormal blood vessel growth.
- **Intravitreal (eye) injections:** Anti-vascular endothelial growth factor (anti-VEGF) or steroid eye injections may be used to help reduce swelling and prevent further damage.
- **Surgery:** In advanced cases, procedures like vitrectomy may be needed to remove blood or scar tissue from the eye.

While most of these treatments sound scary, they are effective and relatively painless.

We will provide you with more information on treatments in the future. But if you would like more information before this – or some reassurance about a procedure you've been recommended – please get in contact with our team.

Need more information?

Contact us today.

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