

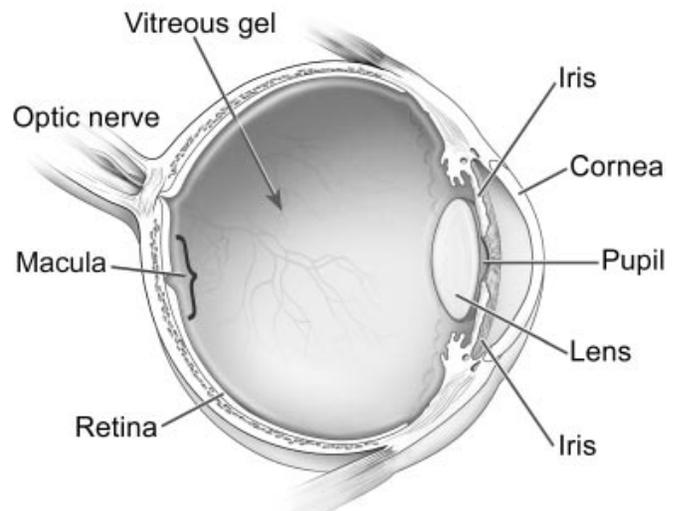


Diabetes and Your Eyes

Diabetes can affect many organs in your body, including your eyes. In fact, almost half of all Americans diagnosed with diabetes will have some level of diabetic eye disease (also called diabetic retinopathy). Most people with diabetes have only minor eye disorders, but diabetic retinopathy can be a serious problem that leads to loss of sight and even blindness. Early detection is the key, and with regular checkups you can often keep minor problems minor. If you develop a more serious problem, treatments are available.

What is diabetic retinopathy?

Damage to the tiny blood vessels inside the retina is the cause of diabetic retinopathy. The retina is the light-sensitive tissue that lines the inside of the eye (see diagram). You can think of the retina as the film in a camera, and a healthy retina is necessary for good vision. Diabetic retinopathy can range from minor to severe. During the early stages, changes to blood vessels are occurring but there may not be symptoms. Over time, vision loss can occur when damaged or fragile blood vessels leak fluid or bleed.



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What are the symptoms?

Diabetic retinopathy has no early symptoms. Your retina can be badly damaged before you notice any changes in vision. Regular screening exams by an eye doctor are the best way to detect early changes when they are more treatable.

Visual symptoms can include trouble reading, blurry or distorted vision, floaters, dark spots, and flashing lights. If you have any of these symptoms you should see an eye doctor immediately.

People with diabetes are also more likely to suffer from glaucoma (high eye pressure) and cataract (clouding of the lens of the eye) than people without diabetes. Regular eye examinations will detect these problems as well.

What can I do?

Keeping your blood glucose (blood sugar) closer to normal is the most important thing you can do to prevent or delay the onset of diabetic retinopathy. People who keep their blood glucose levels closer to normal are less likely to have retinopathy, or to have milder forms. Keeping your blood pressure and cholesterol levels under control are also important. Your health care team will work with you to achieve these goals. Regular eye exams, even if your vision is good, will detect diabetic retinopathy when treatment is more likely to be successful.

How often should I have my eyes examined?

Regular, complete dilated eye exams are the best way to monitor for diabetic retinopathy. Even if you are seeing well, you should have a dilated eye examination once a year. If problems are detected, more frequent eye examinations may be necessary. If you have recently been diagnosed with diabetes, you should have your eyes examined promptly because diabetic retinopathy may be present.

How is diabetic retinopathy treated?

The best treatment is to prevent the development of diabetic retinopathy as much as possible. Laser treatment, injection of medication into the eyes, and surgery are all used to treat diabetic retinopathy. When necessary, there are two types of laser treatment that can be used to treat diabetic retinopathy. Laser

treatment and injections of medications into the eye are unlikely to restore normal vision but they can sometimes improve it. The sooner diabetic retinopathy is diagnosed the more likely the treatments will be successful, and the best results occur when sight is still normal. Rarely, doctors may recommend an operation called a vitrectomy. If you need laser treatment or surgery your eye doctor will discuss the treatment in more detail.

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