Your Eyes – Your Windows to the World

LOOK AFTER THEM

How is DR treated ?

In mild cases, treatment is not necessary. Regular eye exams are critical for monitoring progression of the disease. Strict control of blood sugar and blood pressure levels can greatly reduce or prevent DR. In more advanced cases, treatment is recommended to stop the damage of DR, prevent vision loss and potentially restore vision.

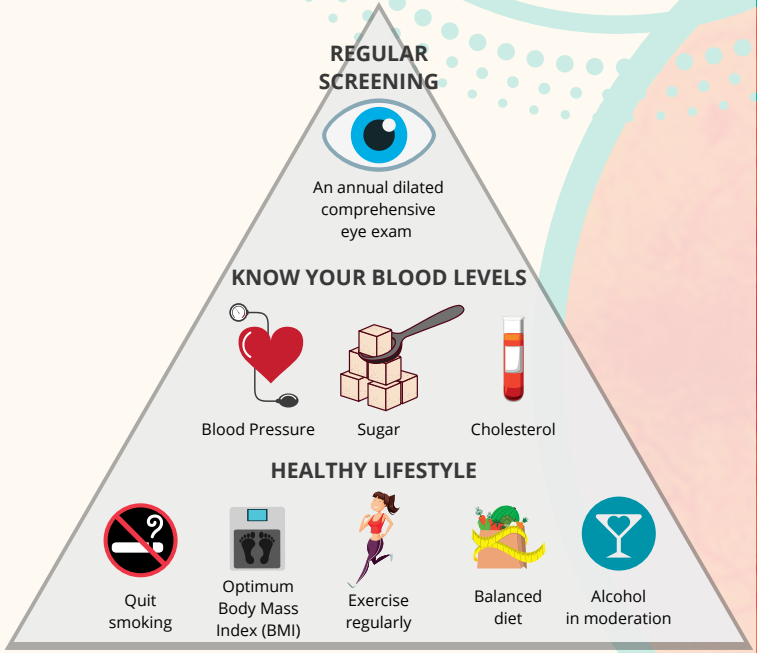
Treatment options include:

- **Intravitreal Anti-VEGF** injections: Anti-VEGF is an antibody designed to remove excess VEGF (vascular endothelial growth factor) in the eye that is causing the disease.

- **Laser Therapy**: Laser is used to make retinal blood vessels shrink and stop leaking, thereby reducing macular oedema and abnormal blood vessel growth.

- **Vitrectomy**: Surgical removal of the vitreous gel, leaky blood vessels and scar tissue is done to improve vision.

What are the best ways to prevent DR?



Diabetic Retinopathy

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OASISEYE SPECIALISTS
PROTECTING VISION | RESTORING SIGHT

What is diabetic retinopathy ?

Diabetic retinopathy (DR) is an important cause of preventable blindness worldwide. DR is a complication of diabetes mellitus (DM) that damages the retina. The retina helps you see by acting as the film projector at the back of your eye, projecting the image to your brain. Diabetes damages the tiny blood vessels that nourish the retina. In its early stages, the vessels in the retina weaken and begin to leak, forming small, dots of bleeding.

Did you know that fluctuations in blood sugar levels have a higher potential to contribute to the development of diabetic retinopathy. It is therefore important to maintain stable blood sugar control.

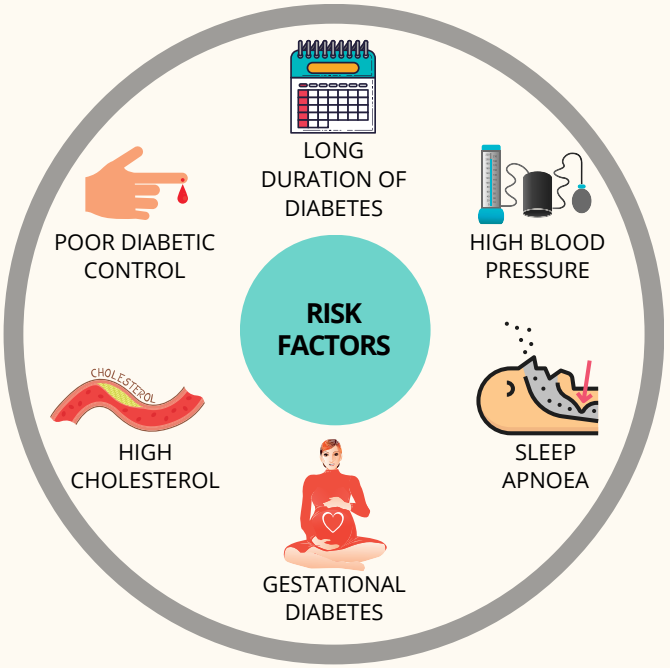
When retinopathy advances, the decreased blood circulation deprives areas of the retina of oxygen. DR can lead to severe visual loss or blindness in two ways.

Diabetic maculopathy: Occurs when the macula (the central part of your retina that provides you with sharp, central vision) becomes swollen.

Proliferative DR: New, abnormal, blood vessels may then start to grow along the retina and surface of the vitreous. These delicate new vessels can bleed easily causing "floaters" (spots that appear to drift in front of your eyes), along with decreased vision. Scar tissue may form which can pull off the retina, causing a tractional retinal detachment (TRD). In later phases of the disease, it may cause a total retinal detachment and glaucoma. Blindness can occur if either problem is left untreated.

The term HbA1c refers to glycated haemoglobin. It develops when haemoglobin, a protein within red blood cells that carries oxygen throughout your body, joins with glucose in the blood, becoming 'glycated'. By measuring HbA1c, clinicians are able to get an overall picture of what our average blood sugar levels have been over a period of weeks/months. Diabetics should aim for a target HbA1c of:

48 mmol/mol (6.5%)



What are the signs and symptoms ?

You may not have any symptoms in the initial stages of the condition. In the more advanced stages, one may experience the following:

- Blurred vision
- Sudden loss of vision in one eye
- Seeing rings or halos around lights
- Dark spots or flashing lights

How can I be tested for DR ?

Dilated retinal examination: To examine and detect the presence of any diabetic changes in the eye. Diagnostic tests to assess the severity of DR and to determine the best mode of treatment include:

- Fundus fluorescein angiogram (FFA)
- Optical coherence tomography (OCT)