

Diabetic Eye Screening

Who should be screened?

All patients aged 12 and over, with a diagnosis of diabetes should participate in the diabetic eye screening programme. This is the best way to ensure that risk of losing your sight is managed.

Patients who have had bariatric surgery or no longer show the symptoms of diabetes should still attend for screening. Recent national guidance has confirmed this position.

What is Diabetic Retinopathy?

When diabetes affects the network of blood vessels supplying the retina at the back of the eye, this is called diabetic retinopathy. Diabetes can cause the blood vessels to become blocked, to leak or to grow incorrectly. There are different types of diabetic retinopathy, and it can be worse for some people than for others, depending on the severity of the changes to the blood vessels

Why?

Diabetic eye screening can detect early signs of diabetic retinopathy
Retinopathy was the leading cause of blindness in people of working age however since screening began, this has changed
Helps detect any risk to your vision
If we find changes, treatment is effective at preventing further damage

Risks to your eyes

Persistent high levels of glucose can lead to damage in your eyes. To reduce the risk of eye problems, blood glucose, blood pressure and blood fats need to be kept within a target range, which should be agreed by you and your healthcare team. The aim of your diabetes treatment, with a healthy lifestyle, is to achieve these agreed targets. Smoking also plays a major part in eye damage so, if you do smoke, stopping will be extremely helpful.

How to reduce the risks

Controlling your blood glucose level (also known as blood sugar level)
Tightly controlling your blood pressure
Controlling your cholesterol levels
Keeping fit and maintaining a healthy weight

Remember...

Have regular eye examinations with your optometrist. Your annual diabetic screening does not replace your eye test. Don't wait until your vision has become worse to have an eye test.
Speak to someone at your diabetic eye clinic or to your optometrist if you notice changes to your vision – it may not mean you have diabetic retinopathy. It may simply be a problem that can be corrected with glasses.

What happens at your appointment

Your personal details will be checked to ensure our information is correct
You will be asked to read the eye chart so that your visual acuities can be recorded
Drops will be administered to make your pupils dilate (this is so we can see into the back of your eyes to check for any changes).
You will be asked to sit out in the waiting area for 10 – 15 minutes to allow the drops to work (this may sting for a few seconds)
You will be called back in and the Screener will take photographs of your eyes. You will be asked to sit at the camera and follow lights (as instructed by the Screener) This doesn't hurt or cause any discomfort
You will not be able to drive for up to 4 hours as your vision will be blurred from the drops

What happens after your eye screening appointment

The images of your eyes will be downloaded onto our computer system and they will be reviewed by qualified and experienced graders who will check for any changes to your eyes
If referable diabetic retinopathy is detected you will be referred to your local Hospital Eye Service
Following an appointment at the Hospital, your Consultant may refer you back to our Eye Screening Programme for more frequent reviews
A copy of your eye screen will be sent to you and your GP within 2/3 weeks of your appointment

Stages of Retinopathy

No referral

Your screening results may say either of the following:

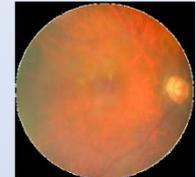
- No retinopathy (yearly recall)
- Background retinopathy (yearly recall)

Referral

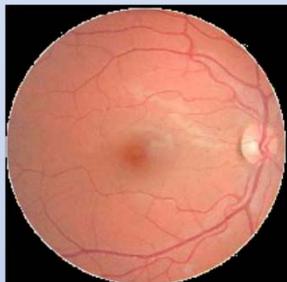
- Pre-proliferative retinopathy (routine referral to Hospital Eye Service [13 – 18 weeks])
- Proliferative retinopathy (urgent referral to Hospital Eye Service [2 – 4 weeks])

Further screening

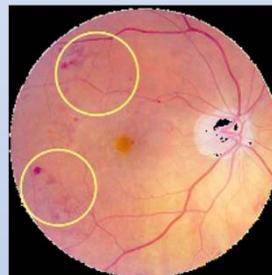
- Unassessable images (referral to further screening using specialist equipment)
- We may need to refer you to a Slit Lamp Biomicroscopy clinic if your images are not clear enough to report a result. This can be because of a cataract making the photographs blurry.



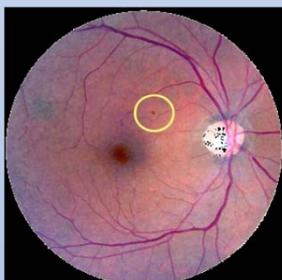
The type of diabetic retinopathy you have depends on how your blood vessels are affected by your diabetes.



No Diabetic Retinopathy
images appear normal



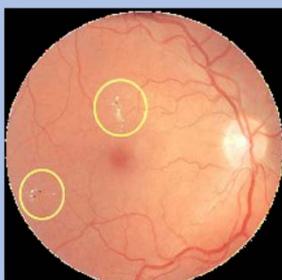
Pre-proliferative Diabetic Retinopathy (Routine Referral) - changes were spotted that need further investigation. We will refer the patient to the hospital eye service.



Background Diabetic Retinopathy - small changes spotted but they aren't of concern. Sometimes features appear and disappear, so it doesn't necessarily mean there is a problem



Sight Threatening Diabetic Retinopathy (Urgent Referral) - large changes were spotted that need prompt further investigation. We will refer the patient quickly to the hospital eye service to ensure no more damage is caused.



Diabetic Maculopathy (Routine Referral) - small changes spotted within the macular area. We will refer the patient to the hospital eye service for further investigation.



Non-Diabetic Eye Diseases - occasionally during the screening test we will find non-diabetic eye conditions. We will refer patients to the hospital if needed and report our findings to your GP as they may already be aware of the condition.

Finding out more from the programmes website: www.edesp.co.uk and social media



Facebook

www.facebook.com/essexdesp



Twitter

<https://twitter.com/essexdesp>