



# Closer monitoring and treatment for diabetic retinopathy

Important information about your care

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To see all of our current patient information leaflets please visit  
[www.uhb.nhs.uk/patient-information-leaflets.htm](http://www.uhb.nhs.uk/patient-information-leaflets.htm)

## Who is this leaflet for?

This leaflet is for people who have been referred from diabetic eye screening because they:

- **need to be monitored more closely (surveillance clinic), or**
- **need further investigation or treatment**

Diabetic retinopathy progresses with time. If you want further information on how it can progress, please:

- visit NHS Choices:  
[www.nhs.uk/conditions/diabetic-retinopathy](http://www.nhs.uk/conditions/diabetic-retinopathy)  
or
- ask your local screening team (the contact details are on your screening result letter) for a copy of our separate leaflet

### **Your guide to diabetic retinopathy**

You may wish to discuss this information with your health care team.

## Closer monitoring in a surveillance clinic

We need to monitor your eyes more closely in a surveillance clinic if any of the following applies:

- you have signs of diabetic retinopathy that has progressed but does not yet require treatment (pre-proliferative retinopathy)
- you have previously had successful treatment for sight-threatening retinopathy

- you have diabetic maculopathy that does not yet require treatment
- you are pregnant – as pregnancy increases the risk of rapid progression of diabetic retinopathy

Closer monitoring in a surveillance clinic can be offered every 3, 6, 9 or 12 months depending on the type and progression of the changes to your eyes.

If images of your retina show signs of improvement, you may return to routine annual screening.

If images of your retina confirm signs of serious changes, you may be referred to a hospital eye services clinic for further investigation or treatment.

## **Referral and treatment**

If your diabetic eye screening test shows signs of sight-threatening diabetic retinopathy we need to refer you to a hospital eye services clinic for further tests and possible treatment.

This means you may be at risk of long-term problems with your sight because your diabetes is affecting the small blood vessels in your retina.

An eye specialist, called an ophthalmologist, will examine your eyes. They will make a diagnosis and explain any possible treatments that could help you.

You will remain under the care of the hospital until being discharged back into the care of the diabetic eye screening programme.

## **Possible treatments**

Laser treatment (photocoagulation):

- is the most common treatment for proliferative diabetic retinopathy and is most effective when the condition is detected early
- aims to stabilise changes in your eyes caused by diabetes and prevent further sight loss
- may involve more than one visit to the laser clinic before changes are controlled
- involves focusing an intense beam of light on to the retina in small spots
- can substantially reduce the risk of severe sight loss in people who have proliferative diabetic retinopathy or maculopathy

## **VEG F inhibitors**

Injections of vascular endothelial growth factor (VEG F) inhibitor drugs can reduce the risk of sight loss in some patients diagnosed with diabetic macular oedema. This is a condition that occurs when diabetes causes fluid to build up on or under the macula – the central part of the retina that you use to see things clearly.

VEG F inhibitors can help to reduce the build-up of fluid in macular oedema.

## **How should I prepare for my appointment in a surveillance or hospital eye clinic?**

You should:

- bring your current glasses (spectacles) with you
- bring a list of any medication you are taking
- not drive for up to four to six hours after your appointment as you may be given eye drops that can blur vision
- bring sunglasses with you to wear home, as your eyes may be sensitive to bright light after your appointment

## **What can I do to help?**

You should:

- continue to attend your appointments
- keep your blood sugar (HbA1c) at the levels agreed with your health care team
- see your health care team regularly to check that your blood pressure is not raised
- keep your blood fats (cholesterol) at the levels agreed with your health care team
- get professional advice if you notice any new problems with your sight
- eat a healthy, balanced diet
- try to lose excess weight if you are overweight
- take your medication as prescribed

- exercise regularly
- seek help to try to cut down or stop smoking if you are a smoker

Remember, you should continue to visit an optician regularly for a normal eye examination as well as attending your diabetic eye screening appointment.

## **Where can I find more information?**

- [www.nhs.uk/diabeticeye](http://www.nhs.uk/diabeticeye)
- [www.diabetes.org.uk](http://www.diabetes.org.uk)
- [www.rnib.org.uk](http://www.rnib.org.uk)



# Contact Details

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**Ophthalmology Department, Area 1, Level 0  
Queen Elizabeth Hospital Birmingham**

Mindelsohn Way, Edgbaston  
Birmingham, B15 2GW

Telephone 0121 371 6476

## **Birmingham and Midland Eye Centre: (Out-of-hours)**

Sandwell and West Birmingham Hospitals NHS Trust  
Dudley Road, Birmingham, B18 7QH

Telephone: 0121 554 3801 ask for  
Birmingham and Midland Eye Centre

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The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit [www.uhb.nhs.uk/health-talks.htm](http://www.uhb.nhs.uk/health-talks.htm) or call 0121 371 4323.