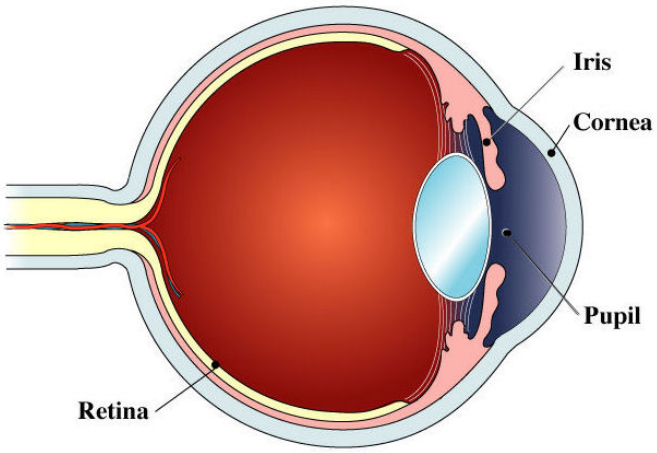
Diabetic Retinopathy (Eye Disease)

Having diabetes for a long time, especially if it is not controlled, can damage the light sensitive membrane that is at the back of the eye (*retina*). The disease of the retina caused by diabetes is called diabetic retinopathy. Diabetes is the leading cause of new cases of blindness each year. Taking good care of your diabetes helps reduce the risk of developing diabetic retinopathy. Have regular eye exams. Early detection is the key to keeping your eyes healthy. Diabetes can also affect other parts of the eye with vision threatening results, such as cataracts and a form of glaucoma that is very difficult to treat.



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SYMPTOMS

In the early stages of diabetic retinopathy, there are often no symptoms. As the condition advances, symptoms may include:

- Blurred vision. This may go away when blood glucose levels are normal. This type of reversible change in vision is usually due to swelling of the lens (the normally clear structure in the eye which can change into a cataract).
- Moving speck or dark spots (*floaters*) in your vision. This can be caused by small amounts of blood (*hemorrhages*) escaping from the blood vessels of the retina.
- Parts of your field of vision are missing. This can be caused by larger hemorrhages within the tissue of the retina itself.
- Poor night vision.
- Poor color vision.
- Sudden drop or loss of vision in one eye. This may be caused by a hemorrhage from retinal blood vessels into the cavity of the inside of the eye.

You should not wait until you have symptoms! An eye care specialist can start treatment before visual impairment occurs and is able to detect early diabetic retinopathy well before you become aware of a problem.

DIAGNOSIS

Your eye care specialist can detect the diabetic changes in your blood vessels by putting drops in your eyes to enlarge the size of (*dilate*) your pupils. This allows a bigger “window” through which the doctor can see the entire inside of your eyes.

TREATMENT

- If you have the type of diabetes that requires you to use insulin, your risk of diabetic retinopathy is very high. You should have your eyes checked at least every 6 months
- If you have diabetes that was diagnosed during childhood, or before the age of twenty, your risk of diabetic retinopathy is very high. You should have your eyes checked at least every 6 months
- If you have diabetes that is controlled by diet, you should have the dilated eye exam when first diagnosed and yearly thereafter.
- If your diabetes is not under good control as measured by you blood sugar levels and other indicators, it is critical that you have your eyes checked even more often.

The most important thing to keep in mind is that your doctor can usually see the problems of diabetic retinopathy developing long before it causes a problem. In many cases, it can be treated to prevent complications.

HOME CARE INSTRUCTIONS

- Keep blood pressure in goal range.
- Keep blood glucose in target range.
- Follow your doctors orders regarding diet and other means for controlling your blood sugar levels.
- Check both your urine and blood levels for glucose (*sugar*) as recommended by your doctor.

SEEK MEDICAL CARE IF:

- You notice gradual blurring or other changes in your vision over time.
- You notice that your glasses or contact lenses do not make things look as sharp as they once did.
- You have trouble reading or seeing small print or details at a distance with either eye.

SEEK IMMEDIATE MEDICAL CARE IF:

- You notice a sudden change in your vision or if parts of the field of vision appear missing or hazy. This may mean that you lost some vision. Get help right away to prevent further vision loss!
- You see the sudden onset of moving specks or dark spots in the field of vision of either eye.
- You gave a sudden partial or total loss of vision in either eye.

Document Released: 12/15/2001 Document Re-Released: 03/14/2011
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