

## DIABETIC EYE CARE

### Common diabetic eye diseases and treatments:

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- **Diabetic retinopathy** - the most common form.  
Diabetic retinopathy occurs when diabetes damages the tiny blood vessels in the retina. In background retinopathy, the retinal blood vessels swell and leak fluid. In proliferative retinopathy, abnormal, weak new vessels grow on the retina's surface.

Treatments:

- 1) Laser treatment—by making small burns on the retina (photocoagulation), blood vessels of the eye (focal photocoagulation) or a pattern of burns (scatter photocoagulation), blindness may be prevented.
- 2) Vitrectomy—this surgical procedure removes cloudy fluid and scar tissue from the eye after the retina has already detached or excessive bleeding has occurred.

- **Cataract** - The lens of the eyes become cloudy leading to blurry vision.  
Treatments: wear sunglasses; use glare-control lenses in the glasses; or surgical removal of the clouded lens and replacement with an artificial lens as soon as poor vision begins interfering with your quality of life.
- **Glaucoma**—An increase in fluid pressure inside the eye leading to optic nerve damage and loss of vision.  
Treatments: Drugs, like prescription eye drops, or surgery.

### What are the symptoms of diabetic retinopathy?

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- In the early stages of retinopathy - no symptoms, no pain, and no vision change. Some people may notice blurred vision,

loss of central vision, or a change in color vision.

- In the later stages of retinopathy - retinal detachment leading to severe vision loss or even blindness.

Report to your doctor if there is a sudden loss of vision, sudden onset of floaters, the appearance of a shade or curtain coming across the vision field, eye pain and photophobia.

### Diabetic eye diseases can be prevented by:

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- Excellent blood glucose control
- Annual dilated eye exams
- Laser treatment as required.

### Exercise precautions for those with active diabetic retinopathy

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#### Avoid

- Bending over
- Activities that increase blood pressure or involve holding of breath, e.g. heavy weight lifting, straining during bowel movement
- Vigorous bouncing
- Rapid head movements
- Extreme changes in atmospheric pressure, e.g. sky diving or scuba diving

American Diabetes Association (ADA) recommends that a dilated eye exam be done:

- Within 3 to 5 years after diagnosis of diabetes for people ages 10 to 29.
- For people 30 and older, the first eye exam should be done very shortly after diagnosis.
- After that, ADA recommends that eye exam be done annually.