



Your guide to diabetic retinopathy

Important information about signs of
changes to your eyes caused by diabetes



Overview

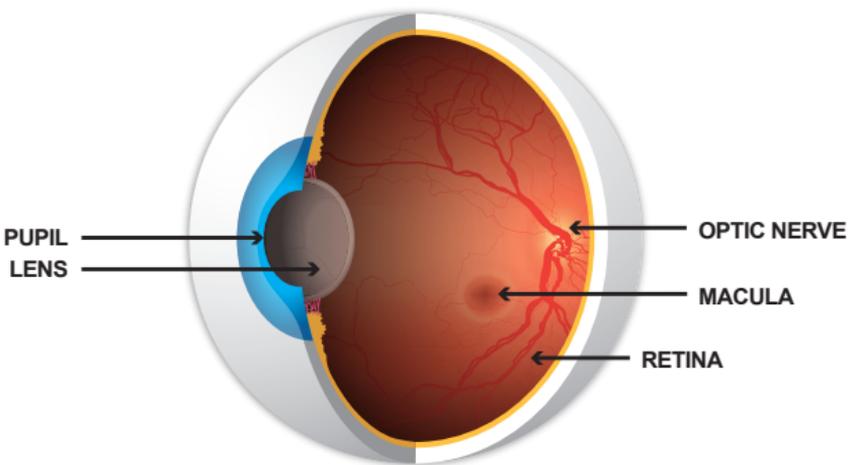
This leaflet is for people who have background retinopathy detected by diabetic eye screening.

It explains:

- 1** → What changes have occurred in your eyes
- 2** → How your condition may progress over time
- 3** → What you can do to reduce the risk of more serious changes

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

Diabetic retinopathy



Diabetic retinopathy is damage to the retina, the part of the back of the eye that converts light into electrical signals. Your brain interprets these signals to produce the images that you see.

Blood vessels bring oxygen and nutrients to your retina. Having diabetes may affect these blood vessels in a number of ways, particularly if it is poorly controlled. If the changes are severe they will affect the health of your retina and can damage your sight.

Untreated diabetic retinopathy is one of the most common causes of sight loss. You are at risk of getting diabetic retinopathy whether your diabetes is controlled by diet, tablets or insulin.

Risk factors

You are at greater risk of diabetic retinopathy if you:

- have had diabetes for a long time
- have poorly controlled diabetes
- have high blood pressure
- are pregnant
- are of Asian or Afro-Caribbean ethnic background

Looking after your diabetes can reduce the risk of your retinopathy progressing and can slow the rate at which any changes happen.

Attending your regular diabetic eye screening appointments is important because diabetic retinopathy does not

cause symptoms until it has reached an advanced stage. Treatment, when given at the right time, is effective at reducing or preventing damage to your sight.

How you can help

You can reduce the risk of your retinopathy getting worse if you:

- continue to attend your diabetic eye screening appointments when invited
- keep your blood sugar (HbA1c) at the levels agreed with your health care team
- see your health care team regularly to check 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
- lose excess weight if you are overweight
- take your medication as prescribed
- exercise regularly

- 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.

Background retinopathy

Background retinopathy is the earliest stage of changes to your retina caused by diabetes. Background retinopathy is common.

At this stage, diabetes has started to affect the small blood vessels in your retina. This means they may:

- bulge slightly (microaneurysms)
- leak blood (retinal haemorrhages)
- leak fluid (exudates)

Background retinopathy does not affect your sight but means there is a greater risk that you will develop more serious changes that may damage your sight.

More advanced stages

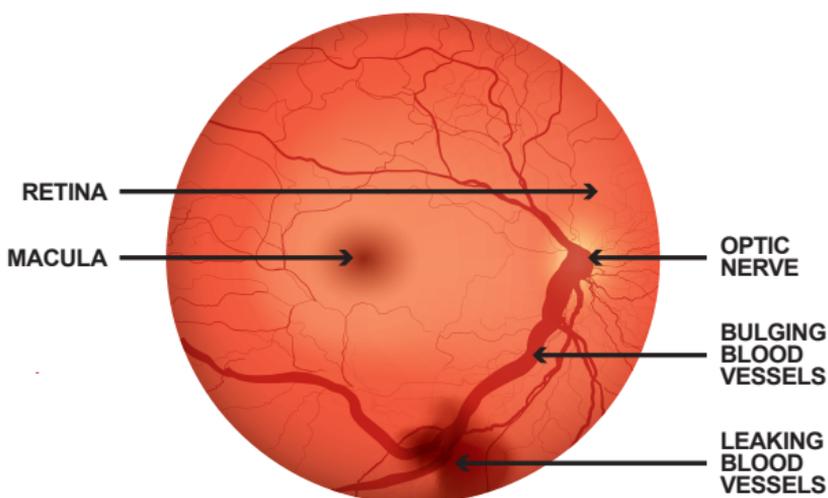
Pre-proliferative retinopathy

Pre-proliferative retinopathy occurs when changes to the retina are more extensive than with background retinopathy. This means you may need to be monitored more closely because of the increased risk of developing changes that may damage your sight.

Proliferative retinopathy

Proliferative retinopathy is more serious and can cause loss of sight. It occurs if your retinopathy progresses further and large areas of your retina are starved of a proper blood supply.

Treatment for proliferative retinopathy reduces the risk of sight loss, particularly if given before your vision has been affected.



Maculopathy

The macula is the small central part of the retina that you use to see things clearly. It is the most used area of the retina and is the part you are using now to read this leaflet.

Maculopathy is when diabetic retinopathy occurs at or around your macula. If you have maculopathy, you may need to be monitored more closely or offered treatment to reduce the risk of sight loss.

More information

- www.nhs.uk/diabeticeye
- www.diabetes.org.uk
- www.rnib.org.uk

Find out how Public Health England and the NHS use and protect your screening information at

www.gov.uk/phe/screening-data.

To opt out of screening, see

www.gov.uk/phe/screening-opt-out.



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We can provide a Braille version. Email: phe.screeninghelpdesk@nhs.net

First published	January 2015
Review due	Review pending
Reference	DES04 PN1293735
Copyright	© Crown copyright 2019
Web address	www.nhs.uk/diabeticeye



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