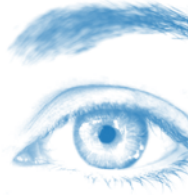
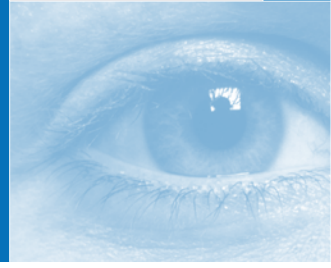


Eye screening for people with diabetes - the facts



This leaflet sets out to answer some of your questions about screening for diabetic retinopathy. You might also want to discuss this information with a relative or carer.

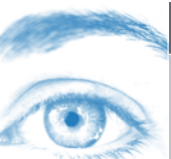




Summary

- Screening is an effective way of detecting diabetic retinopathy as early as possible.
- If we find sight-threatening diabetic retinopathy, we will refer you to an eye department.
- Screening can sometimes – though rarely – miss some changes that could threaten your sight.
- Advanced diabetic retinopathy may cause you to lose some or all of your sight in spite of treatment.

You should not drive yourself to or from your screening appointment.





What is diabetic retinopathy?

When diabetes affects the small blood vessels in the part of your eye called the retina, this is known as diabetic retinopathy. The retina lines the inside of the eye and acts rather like the film in a camera. In the early stages, diabetic retinopathy will not affect your sight. However, if the changes get worse, eventually your sight will be affected.

You are at increased risk of developing retinopathy if:

- you have had diabetes a long time;
- your blood glucose level is poorly controlled;
- you have high blood pressure;
- you are pregnant;
- you are taking insulin.

You may also want to read the leaflet 'Diabetic retinopathy - the facts'.





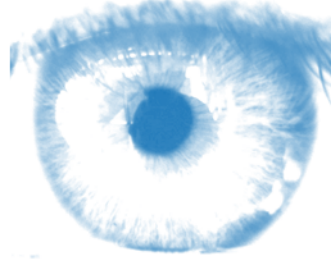
What is the National Screening Programme for Diabetic Retinopathy?

The Department of Health has set up a National Screening Programme for Diabetic Retinopathy. If you are over 11 years old and have diabetes, you will be offered photographic screening every year. You can get more information about the programme on the website at www.nscretinopathy.org.uk.

Screening is only designed to detect diabetic retinopathy and does **not** always detect other eye conditions such as cataracts or glaucoma. However, in some cases these conditions will be detected and you will either be referred to an eye department directly, or to your GP, for more investigations.

Why is it important to screen for diabetic retinopathy?

- Untreated diabetic retinopathy is one of the most common causes of blindness in the working-age population.
- Laser treatment is very effective at reducing loss of sight from diabetic retinopathy.
- Diabetic retinopathy does not usually affect your sight until the changes are quite far gone. At this stage, laser treatment is much less effective.



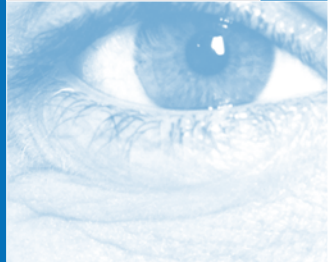
What is screening for diabetic retinopathy?

- Screening means examining your eyes regularly to detect the specific changes of diabetic retinopathy that could soon affect your sight. The name for these changes is **sight-threatening diabetic retinopathy**.
- Screening will detect whether you need to be followed up or treated in an eye clinic for diabetic retinopathy.
- If you do not need to be followed up or treated in an eye clinic, you will be advised to return for screening at least every year.

Do all people with diabetes need eye screening?

Yes. All people with diabetes aged 12 years and over should have eye screening. This is equally true whether you need insulin, tablets or to manage your diet to keep your diabetes under control and whether your GP or a consultant diabetologist helps you to manage your diabetes.





What if I am already going to an eye clinic?

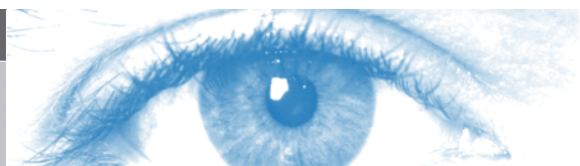
The doctor at the eye clinic will usually take over your eye screening. If you are seeing a doctor for another eye condition, make sure that the doctor is aware that you have diabetes and examines your eyes specifically for diabetic retinopathy each year.

Will I still need to go to my optometrist (optician)?

You will need to see your optometrist every one to two years for a sight test for glasses.

What exactly happens during retinopathy screening?

- Your GP, the local programme and other organisations doing the screening in your area (which may be hospitals, mobile units, or carefully chosen optometrists or private companies supporting the screening service) will have your details. Everyone involved must keep to the same duties of care and confidentiality. Your details will not be passed to private companies or other organisations outside the NHS without your permission.
- You will receive a letter offering a screening appointment. This may be at your GP's surgery, at a local optometrist's, at the





hospital or at another place nearby. The invitation that you receive through the post will tell you where to go.

- The procedure will be explained to you when you arrive. Feel free to ask any questions you have about the screening.
- They will make a record of your details and your level of sight.
- You will usually need eye drops to make your pupils large enough for the photographs.
- They will take photographs of your retina. The camera does not come into contact with your eyes. You will see a flash of light each time a photograph is taken. This light is bright but should not be uncomfortable.

What do I need to bring with me?

- Please bring all your usual spectacles. You may like to bring sunglasses to wear to go home, as everything may look very bright.

Do the drops have any effects?

- The drops may cause some stinging for a few seconds.



- After about 15 minutes your sight will be blurred and it will be difficult to focus on objects near to you.

The blurring lasts two to six hours, depending on which drops have been used. This will affect your ability to drive.

You should not drive to and from your screening appointment.

Very rarely, the drops used can cause a sudden, dramatic rise in pressure within your eye. This only happens in people who are already at risk of developing this problem at some point in their lives. However, when it happens, it needs prompt treatment in an eye unit. The symptoms of an acute pressure rise are:

pain or severe discomfort in your eye;

redness of the white of your eye; or

constantly blurred sight, sometimes with rainbow haloes around lights.

If you experience any of these symptoms after screening, you should return to the eye unit or go to an accident and emergency department.





How will I get my result?

At the end of the screening procedure, the screening staff will not be able to give you your final result, as the photographs may need to be examined by more than one person. However, they will tell you approximately when you will receive your final written result. Make sure that you have this information before you leave.

Professionals who have been trained to detect and grade diabetic retinopathy will examine your photographs.

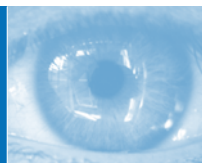
Who else will receive my screening result?

The screening staff will also send the result of your screening test to your GP and to the co-ordinators of the National Screening Programme. Nobody else will receive your result unless you give permission. You may want to discuss the results with your healthcare team.

What does it mean if I am called back?

You will be called back for further assessment if:

- they find sight-threatening retinopathy which needs a follow-up or treatment in a hospital eye clinic;



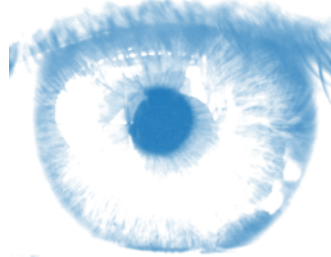


- the photographs are not clear enough to give an accurate result;
- the degree of retinopathy needs monitoring more often than every year; or
- other eye conditions are detected by chance and they need more investigations.

What should I do if I have problems with my eyes in between screening appointments?

If you have a problem with your vision that you are worried about such as:

- sudden worsening or loss of vision;
- blurring that is not temporary or related to a change in blood glucose level;
- distorted vision;
- a sudden increase in floaters in your vision; or
- part of your vision is missing or obscured.



**Do not wait for your next screening appointment.
Get professional advice.**

What happens to my photographs after screening?

The screening unit will keep your photographs for at least eight years. This can be useful in order to compare your most recent photograph with your previous photographs.

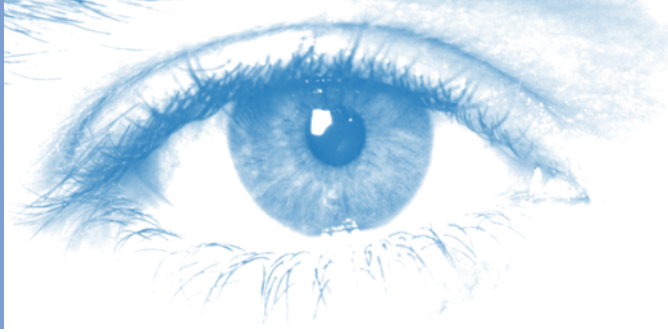
A percentage of all photographs are graded more than once to make sure they are being graded properly.

How can I reduce my risks of getting sight-threatening eye changes?

- Aim to control your blood glucose levels as well as possible.
- Make sure your blood pressure is regularly monitored.
- Go for regular eye screening.
- Go for regular diabetes checks.

For your health in general, you should also have your blood lipids and cholesterol checked and not smoke.





More Information and support

If you have any questions about eye screening:

- ask your doctor or nurse;
- contact your local screening office;
- visit www.nscoretinopathy.org.uk;
- visit www.diabetes.org.uk;
- visit www.nhsdirect.nhs.uk; or
- visit www.rnib.org.uk.

You may choose not to take part in a screening programme but it would be a good idea to discuss this fully, together with any other concerns about how your information is used or shared, both with your GP and with the screening programme. You should understand the risks before you make the decision. If you decide that you do not want to take part, you should let your GP and the screening programme know as soon as possible in writing. Say whether or not you would want to be included in the programme in later years.

Other leaflets available in this series

- Diabetic retinopathy - the facts
- Preparing for laser treatment for diabetic retinopathy and maculopathy

