



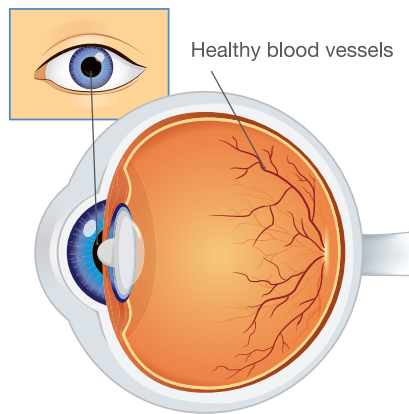
# DIABETES AND EYE CARE

**Aster**  
**HOSPITAL**

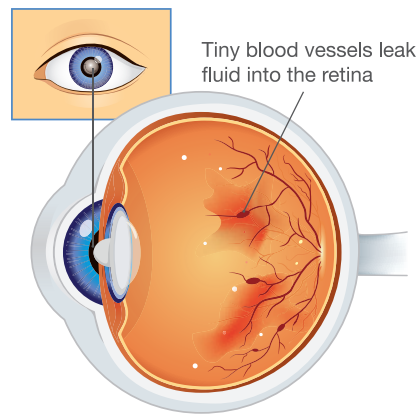
We'll Treat You Well



Digital Version



Normal Eye



Eye with Retinopathy

**I HAVE DIABETES; WHY DO I NEED TO CHECK MY EYES ?**

Many diabetics can potentially develop some damage to the retina (structure at the back of the eye important for vision) over a period of time because of the harmful effects of increased sugar levels in blood. This damage is also known as “diabetic retinopathy” in medical term.

Diabetics have a fourfold chance of developing glaucoma (increased eye pressure leading to eye nerve damage) and early cataracts than normal persons of their age.

**WHAT HAPPENS IN THIS RETINOPATHY ?**

There could be tiny bleeds, swelling and fat deposit in the retina, especially in the central part of retina also called macula, which has the maximum vision. This can lead to reduced vision.

**HOW DO I COME TO KNOW THAT I HAVE RETINOPATHY ?**

It is difficult to know by yourself as many times it could have no symptoms. Sometimes it can manifest as blurry vision. You should regularly check with your eye doctor as recommended.

**IS IT POSSIBLE TO HAVE RETINOPATHY IF MY VISION IS FINE AND I HAVE NO SYMPTOMS?**

Yes, many times, patient has no symptoms and vision is fine. That is why yearly eye examination is highly recommended by most scientific international bodies.

**I HAVE JUVENILE DIABETES. CAN I ALSO GET RETINOPATHY?**

Yes, juvenile diabetics are more prone to diabetic retinopathy as the onset of diabetes is earlier in life with poor control of blood sugar.

**DOES THE RETINOPATHY SET IN IMMEDIATELY AS SOON AS I AM DIAGNOSED TO HAVE DIABETES ?**

No, normally it takes about 10-15 years to appear, but if the control of blood sugar is poor, then onset can even be earlier.

**IF MY DOCTOR SAYS I HAVE RETINOPATHY WHAT SHOULD I DO ?**

Your doctor will explain to you how often you should follow up sometimes every 6-12 months.

But in moderate to advance cases, treatment might be required to control the retinopathy such as retinal injections, laser, and sometimes retinal surgery also.

**HOW CAN I MAKE SURE THAT I NEVER DEVELOP THIS RETINOPATHY ? CAN IT BE PREVENTED ?**

Proper control of blood sugar can delay the retinopathy. But in the long run majority of patients will still develop retinopathy after 25- 30 years of being diabetic.

Maintaining strict blood sugar and blood pressure control helps in delaying its progress.

It might also be important to keep cholesterol levels within normal range.

**HOW DOES THE EYE DOCTOR DETECT MY RETINOPATHY ? ARE ANY BLOOD TESTS INVOLVED, IS IT PAINFUL ?**

Not at all. No blood tests are involved. The doctor will put an eye drop in your eye and after 30 minutes he will examine the retina of the eye with special lenses. It is painless and takes barely few minutes. The patient has absolutely no discomfort during the procedure.

**HOW OFTEN SHOULD I FOLLOW UP WITH MY EYE DOCTOR ?**

Yearly, and once retinopathy is detected, half yearly or as recommended by your eye doctor.

**WHAT IS THE CAUSE OF VISION LOSS ?**

Excessive damage to the central delicate part (macula) of retina, massive bleeding in the retina and retinal detachment in advanced cases can cause vision loss.

**CAN I LOSE MY EYESIGHT SUDDENLY ?**

Sometimes it can happen if you have a vitreous bleeding in advanced cases of retinopathy. It is treatable and vision can be restored.

**IS DIABETIC RETINOPATHY TREATABLE ?**

Yes, very much. There is treatment available which can successfully preserve your vision, but it is very important to seek treatment early by effective screening. Majority of the patients suffering from diabetic retinopathy continue to enjoy good quality of vision provided they are regularly followed up with an eye doctor and maintain optimal blood sugar control.



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THE LOCATION

# Aster HOSPITAL

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