

Preparing for laser treatment for diabetic retinopathy and maculopathy

Information for patients

Preparing for laser treatment for diabetic retinopathy and maculopathy.

This leaflet sets out to answer the questions people with diabetic retinopathy commonly ask about laser treatment. You might want to discuss this information with a relative or carer. Before you have laser treatment, you will be asked to sign a consent form so it is important that you understand why you are agreeing to have treatment.

Summary

At present, laser treatment is the only proven treatment for diabetic retinopathy.

- The benefits of laser treatment greatly outweigh the risks.
- The aim of laser treatment is to stabilise the changes caused in your eyes by your diabetes.
- The treatment does not generally improve your sight, although in some cases it might.
- It is likely that without this treatment you will lose some or all of your sight.

Why am I being offered laser treatment?

An examination of your eyes has shown that your diabetes is affecting the small blood vessels in your retina and that you are at risk of long-term problems with your sight.

What is the aim of laser treatment?

- The aim of laser treatment is to stabilise the changes caused in your eyes by your diabetes.
- The treatment does not generally improve your sight although in some cases it might.

What does laser treatment for diabetic eye disease involve?

- A course of laser treatment may involve one or more visits to the laser clinic before the changes are controlled.
- You will usually receive the treatment at an outpatient clinic.
- Your sight will be checked and eye drops will be used to dilate both your pupils, although you may only have treatment to one eye at each visit.
For this reason, you should not drive - get a lift to and from your laser appointment.
- After the doctor has examined your eyes and you have agreed on the treatment and signed the form giving your permission (consent form), you will be taken through to the laser room.
- Drops will be put into your eyes to numb the surface and then a special contact lens will be placed on the eye to hold your lids open and to focus the laser

beam onto your retina. The lens will be removed after you have had the treatment.

- The laser treatment involves focussing an intense beam of light onto your retina in small spots. The number of spots will vary according to the type of diabetic change you have and how severe the changes are.
- Your eye will get used to the brightness during the treatment but at the end you will be dazzled and your sight will seem darkened for several minutes.
You may like to bring dark glasses to wear to go home after the treatment.

What should I expect after the laser treatment?

- Your sight will normally return to its previous level over the next few hours and you will be able to continue your work or normal activities the next day.
- Rarely, your sight can take longer to return to normal.
- If you have had a lot of treatment, your eyes may ache. You should find that mild painkillers, such as paracetamol and aspirin, ease the pain.

Will I feel any discomfort?

- Usually, the treatment is not painful.
- Sometimes the treatment will cause a sharp pricking feeling when certain areas of the retina are treated. This will happen where nerves run under the retina. The doctor who is giving your laser treatment cannot see these nerves.
- If you have had a number of laser sessions in the past, you may feel some discomfort during the treatment.
- If you have felt discomfort in the past, ask the doctor to give you painkillers or a mild sedative before the treatment starts, or take these yourself an hour before your appointment.

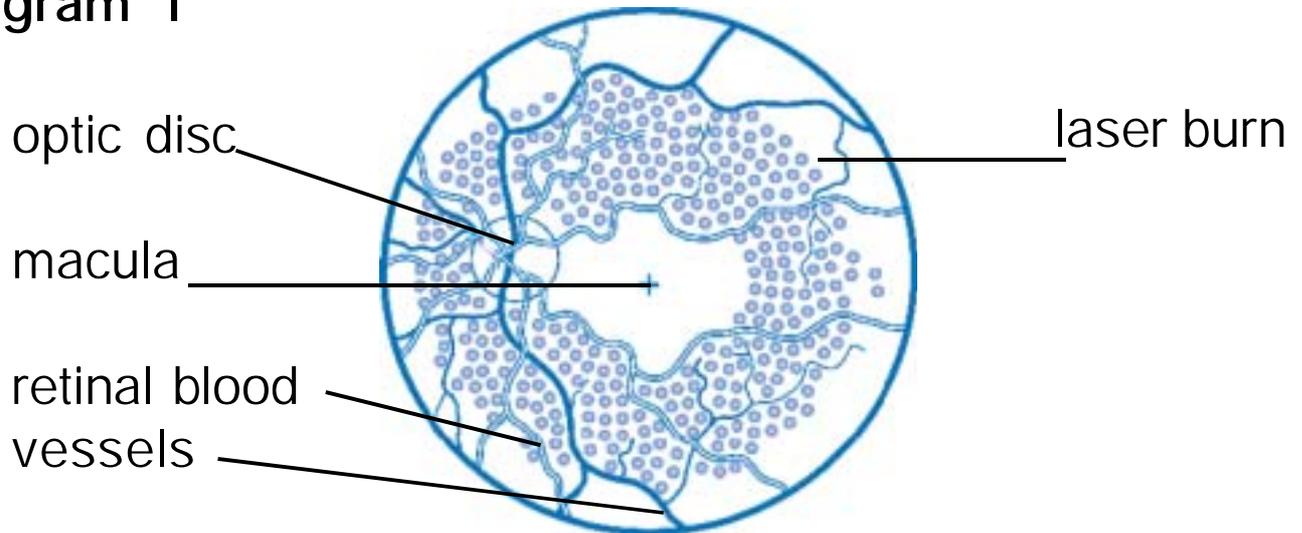
You should get medical advice if you have any new eye problems after your laser treatment.

What is the treatment for proliferative retinopathy?

- If you have proliferative retinopathy (new blood vessels on the retina), or if the doctor thinks you will very soon have proliferative retinopathy, we will apply a large number of laser burns to the outer part of your retina, the part of the retina that allows you to see to the side and in the dark.

- This treatment is called peripheral scatter laser photocoagulation (please see diagram 1 below).

Diagram 1



What are the risks of laser treatment for proliferative retinopathy?

At the end of a course of treatment for proliferative retinopathy, the following may apply.

- Over half of people treated notice some difficulty with their night vision.
- One in five people notice some loss of peripheral vision (the outer field of vision) in one or both eyes, and three in 100 (3%) people have to stop driving because their peripheral vision has been reduced (tunnel vision).
- If you need an intensive course of laser treatment to control the changes in your eyes, you may notice a temporary worsening of your sight due to the macula (the small, highly sensitive central area of the retina) becoming waterlogged.

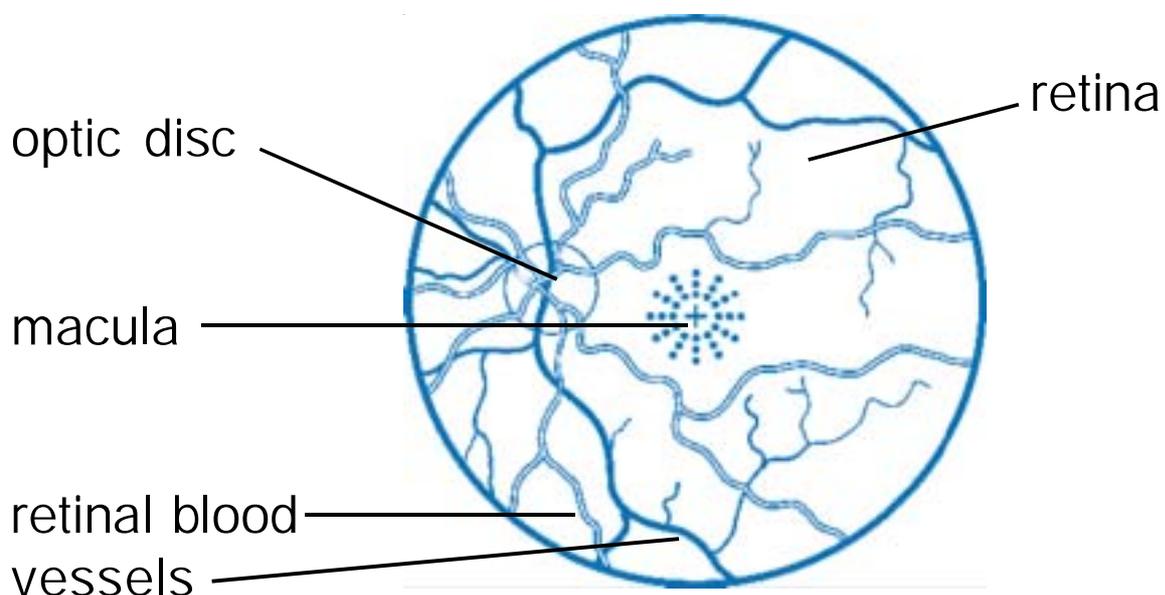
This should sort itself out, but needs treatment in a small number of cases.

- Occasionally, some people have a bleed into the jelly that fills the eye (the vitreous). If you notice a shower of floaters (specks that float across your vision) or your sight gets worse, you should get medical advice.

What is the treatment for maculopathy?

- If you have macular changes, we will apply gentle laser burns close to the central part of the retina - the part that you use for seeing clearly.
- You need much less laser treatment than for proliferative retinopathy.
- We may apply laser burns in a grid pattern over the area (please see diagram 2 below) or they may be aimed directly at the leaking areas.

Diagram 2



What are the risks of laser treatment for maculopathy?

- Complications are very rare for maculopathy treatment.
- Some people can still 'see' the laser grid pattern after treatment. Usually, this continues for up to two months and, very occasionally, for up to six months after treatment.
- In a national survey, around one in 10 people reported seeing a small but permanent blind spot close to the centre of their sight.
- The chance of you completely losing your central vision after laser treatment for maculopathy is around one in 300 (0.3%).
- We cannot completely avoid accidental laser burns to the very centre of your vision. You may find it difficult to keep still or may accidentally look at the laser if it fires. If we feel that the risk of this happening is too high, we will stop your treatment.
- Occasionally, a laser burn to your retina may result in new blood vessels growing that may bleed and cause scarring to the central vision resulting in permanent loss of your central vision.

How successful is laser treatment?

- If laser treatment is given when the changes are at the correct stage, it is very effective.
- Laser treatment for early proliferative retinopathy will prevent severe sight loss in over 90% of cases. In most cases we will be able to save your reading and driving vision.
- Laser treatment for macular changes is not as successful as that for proliferative retinopathy but prevents serious sight loss in 60% to 70% of cases.

Is there any other treatment available for diabetic retinopathy?

- At present, laser treatment is the only proven treatment for eye changes caused by diabetes.
- Injections into the back of the eye have also been found to be useful for diabetic maculopathy, however, they are not available on the NHS.

What will happen if I don't have laser treatment?

- The benefits of laser treatment greatly outweigh the risks.
- It is likely that without this treatment you may lose part or all of your sight.

Why might laser treatment not work for me?

In some cases the damage to the very small blood vessels in the retina may already be so far gone that the laser treatment does not work. In some cases, we will suggest that you have a special intravenous dye test to allow us to assess the circulation in your eyes. This test is known as 'fundus fluorescein angiography'.

If your diabetic eye disease is very aggressive, the changes may be moving on too fast for the laser to control them. It is very important that you make sure that your blood glucose and blood pressure are at the best levels you can achieve, as this can help to slow the process. You should be seeing your general practitioner or diabetes physician regularly to monitor this.

If laser treatment does not work for you, it may be possible for you to have an operation on the eye or regular injections into the eye. We will refer you to a vitreoretinal surgeon to discuss these options if we feel that they may help you.

If you have any questions after reading this leaflet, we suggest that you write them down and discuss them with your eye specialist before you agree to treatment.

Who should I contact for further help and advice?

Before you telephone for advice please read through your leaflet again very carefully as this may answer your query. However here are some useful contact numbers;

In the first instance please contact the Day unit where you had your surgery.

If your operation was at Pinderfields Day Unit: telephone 01924 541854.

The unit is open Monday - Friday, 7.30am – 7.30pm

If your operation was at Pontefract Day Unit: telephone 01977 747547

The unit is open Monday - Friday, 7.30am – 7.30pm

If your operation was at Boothroyd day unit: telephone 01924 816132.

The unit is open Monday - Friday 7.30am – 7.30pm

During working hours the Eye Condition advice line is: 01924 816027

If you have a problem out of these hours please telephone the main hospital number 0844 811 8110 and ask for Pinderfields, Pontefract or Dewsbury Accident & Emergency Department **depending upon where you had your operation.**

Waiting List office (operations)

01924 214152

Alternatively you can seek advice from your own optician or GP.

www.nhsdirect.nhs.uk

More information and support

If you have any questions about laser treatment for diabetic retinopathy and maculopathy:

- 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;
- visit www.rnib.org.uk.

Reference

1. Photocoagulation for Diabetic Macular Edema. Early treatment Diabetic Retinopathy study report no.1 Arch Ophthalmology 1985; 103 (12); Arch 1796 - 806

2. Photocoagulation Treatment of Proliferative Diabetic Retinopathy. Diabetic Retinopathy study research group. Ophthalmology 1981; 88(7): 583-600

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: 01924 542972 or email: pals@midyorks.nhs.uk

To contact any of our hospitals call: 0844 811 8110
To book or change an appointment call: 0844 822 0022

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