Diabetic disease

Diabetic retinopathy is the most common eye disease affecting people suffering from diabetes. It is a leading cause of blindness, brought about by a rise in glucose (sugar) in the blood which damages the retina's blood vessels. A retina is the light-sensitive tissue at the back of the eye. All diabetic sufferers are vulnerable to this disease, and the longer a person has diabetes, the more likely he or she will develop retinopathy. The affects of diabetic retinopathy is more severe among pregnant women.

Diabetic retinopathy usually affects both eyes. There are two types of retinopathy. Nonproliferative diabetic retinopathy occurs when tiny blood vessels in the retina leak fluid. The fluid causes the macula (the centre of the retina) to swell, resulting in macular edema and blurred vision . Proliferative retinopathy occurs when delicate, abnormal blood vessels grow on the retinal surface and onto the vitreous gel that fills the inside of the eye. These vessels may bleed, clouding a person's vision or dislodging the retina.

All diabetic patients should undergo a thorough eye examination at least once a year, because diabetic retinopathy symptoms may not be felt initially. If the disease is detected, more frequent eye examinations may be needed.

Macular edema can be dealt with through a form of surgery called laser photocoagulation which uses laser beams to seal leaking blood vessels. Some patients may need more than one treatment to control the leaking fluid. In some cases, injecting steroid or other drugs into the eye may reduce the macular edema. Laser photocoagulation can also be used to treat proliferative retinopathy. But if the bleeding is severe, vitrectomy surgery may be needed to remove the blood from the eye.
Early detection and timely treatment can reduce vision loss. Better control of blood glucose, blood pressure and cholesterol may slow the onset and progression of retinopathy, and reduce the risk of blindness.