

Answers and questions on diabetic retinopathy

What is Diabetic Retinopathy?

It is the alteration of the cytoarchitecture (anatomy) and function of the retinal structures, in response to vascular damage and consequent inflammation, influenced by several factors. Around 25% of diabetics show some form of diabetic retinopathy and of these, 2-10% have diabetic macular edema (prolonged excess of sugar in the blood that provokes edema in the ocular blood vessels).

I have diabetes! Will I eventually develop diabetic retinopathy?

Evolution of complications associated with diabetes in the different organs of the body, varies enormously. The greater the patient's metabolic control, the fewer associated complications. Nonetheless, the incidence of diabetic retinopathy and diabetic macular edema increases with the number of years a person has suffered from the disease. With a 15 years

evolution, 15% of diabetics develop macular oedema, but with a 20 years evolution, more than 90% will suffer some degree of diabetic retinopathy.

If I am diagnosed with diabetic retinopathy, will I go blind?

In industrialized countries, diabetes is considered the principal cause of blindness in the active population. Diabetic macular oedema is the leading cause of loss of visual acuity and proliferative retinopathy (a more serious form of diabetic retinopathy) is responsible for the most pronounced visual impairment. Nevertheless, the most efficient weapon to combat this scenario is early diagnosis (before the appearance of the first symptoms and complications).

How is diabetic retinopathy diagnosed before symptoms and complications arise?

Through careful examination by an ophthalmologist, it is possible

to identify lesions on the retina even in the initial stages of the disease. Generally, after an initial appointment the patient is referred to professionals with experience in managing diabetic retinopathy. The classification of the disease is of utmost importance because it will determine the type of treatment needed.

What diagnostic methods are used in the evaluation and classification of diabetic retinopathy?

In assessing someone who is a diabetic, it is imperative to assess the lesions on the mid and peripheral retina and at the same time rule out the presence of diabetic macular edema (a complication closely related to the loss of visual acuity). The exam known as fluorescein angiography is still one of the essential tests used to identify the number and type of lesions that are present on the retina (especially those that are invisible during an ophthalmic exam). Another basic test, especially used to assess the macula is called an OCT (optical coherence tomography). It has the capacity to analyse the dif-



ferent layers of the retina in high detail, thus permitting an early diagnosis of macular lesions before they are linked with the loss of visual acuity. The most recent generation of OCT with Swept Source technology (OCT-A) produces images similar to those of a classic angiograph, but without the need for intravenous contrast.

What treatments are available?

The best results obtained in the treatment of diabetic macular oedema are intravitreal anti-VEGF therapy or intravitreal corticosteroids, both of which are administered in antiseptic conditions in the operating theatre. Other options include retinal photocoagulation and vitreoretinal surgery.

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