

# Diabetic Eye Screening Frequently Asked Questions

## What is Diabetic Retinopathy?

This condition occurs when diabetes affects small blood vessels, damaging the back of the eye (the retina). It can cause the blood vessels in the retina to leak or become blocked. This can affect your sight if it is left undetected and untreated.

## What is the chance of losing your sight from Diabetic Retinopathy?

No screening programme can identify 100% of eye disease but diabetic eye screening is important as it helps to prevent sight loss.

This risk is individual and your GP with their knowledge of your medical history and any associated risk factors would be able to advise you of your risk.

The good news is, since 2003 when the National Diabetic Eye Screening Programme started, the rate of sight loss in people with diabetes has dropped. When you are tested you reduce your risk.

Diabetes is **no longer** the main cause of sight loss in the working population, since the implementation of a national Diabetic Eye Screening Programme. Screening can detect this condition early before you notice any changes to your vision. Unchecked and untreated diabetic retinopathy is still one of the most common causes of sight loss. When the condition is caught early, treatment is effective at reducing or preventing damage to your sight.

## Does using insulin increase the risk of developing diabetic retinopathy?

No. The link with insulin is that it is prescribed for type 1 diabetes where duration of diabetes is more a factor in having diabetic retinopathy. It is also often prescribed for people who are at a stage where insulin helps stabilize rising blood glucose levels.

Stable blood glucose levels reduce the risk of developing diabetic retinopathy. Major international trials have found other risk factors that increases the chances of developing diabetic retinopathy, include:

1. Duration of Diabetes
2. Smoking
3. High cholesterol
4. High blood pressure
5. High glucose levels/HbA1c

## **Where does Screening take place?**

We offer screening at various venues throughout East and West Sussex. These can all be found in the locations section on our website. Just click on the venues tab.

## **What evidence is there to support screening?**

The UK National Screening Committee (NSC) advises ministers and the NHS in all four UK countries on all aspects of screening policy. Decisions are based on research evidence and informed by multi-disciplinary groups including health care professionals and patient representatives.

The following are the main reasons why the UK NSC recommended a screening programme for sight threatening diabetic retinopathy:

1. Sight threatening diabetic retinopathy is an important public health problem. The global epidemic of diabetes (especially type 2) means that diabetic retinopathy will continue to be a public health problem.
2. Diabetic retinopathy can be diagnosed at an early stage in people with type 1 and type 2 diabetes.
3. Laser treatment is an effective treatment for diabetic retinopathy. There is also evidence that diabetic retinopathy can be prevented or the rate of deterioration slowed through better blood glucose and blood pressure control.
4. There is a suitable and reliable screening test available.
5. Screening and treatment are a cost effective use of resources.

More information can be seen on the [PHE screening webpage](#).

## **Why is screening only offered to people with diabetes?**

People who do not have diabetes are not at risk of developing diabetic retinopathy.

## **What screening is offered during pregnancy?**

If you have type 1 or 2 diabetes and are pregnant, you need special care as there are risks to both mother and baby associated with the condition. You will be offered additional screening during your pregnancy in the first and third trimester.

If retinopathy is found we will also screen you during the second trimester. To follow up we will also see you in the three months after delivery.

### **I've got gestational Diabetes. Do I need to be screened?**

No, you do not need a screen if you have gestational diabetes. You are not at risk of the condition. However sometimes women can be diagnosed with diabetes following birth and then would be eligible to start screening.

### **What test is used to screen for diabetic retinopathy?**

The screening test involves taking photographs of the back of the eye. People are given eye drops to make their pupils larger; the pupils are like a window that allows the camera look through the eye to photograph the back wall of the eye (the retina).

The drops usually take 20 minutes but can sometimes take up to an hour to work depending on the individual.

The camera doesn't come into contact with your eyes. A bright flash will go off which illuminates the retina and enables us to obtain clear images to assess later. Usually we take 4 photographs but may take extra if required to ensure the best possible quality screen.

### **How long does the screening take?**

You should allow 40 minutes from when you go into the clinic room. This can take longer if you require additional drops to adequately dilate the eyes. If your eyes don't respond well to the eye drops the screener may ask you to wait for an hour for the best effect.

### **What if I don't want to be screened?**

People with diabetes can make an informed choice to opt out of the screening programme. It is always a good idea to discuss this with your GP or healthcare provider who is able to identify any potential risks to opting out of screening. We will ask you to complete an opt out form and will offer screening at 3 yearly intervals. You are able to opt back into screening if you wish at any time.

### **Should I still see my optician?**

Yes, Screening is only designed to detect diabetic retinopathy. It is not an eye test and does not indicate whether you need glasses or are eligible to drive. You still need to see your optician regularly (every 2 years if you have no eye history) for a sight test and to check for other common eye conditions such as glaucoma and cataracts.

<https://www.diabetes.org.uk/guide-to-diabetes/complications/retinopathy>

People with diabetes are entitled to have free regular NHS eye tests if you are taking medications for your blood glucose levels.

## **What are the risks of screening**

The eye drops used to dilate the pupils may cause some stinging for up to a minute. There is blurring for approximately two to six hours afterwards, it will be difficult to focus. We would advise you not to drive after the appointment. These are expected side effects and have no long term side effects.

Very rarely, the drops used can cause a rise in pressure within the front of the eye. This happens in people who are already at risk of developing this problem at some point in their lives.

Symptoms of acute angle closure glaucoma include:

- pain or severe discomfort in your eye
- Redness of the white of your eyes
- Constantly blurred vision

## **Contact your local eye hospital A&E department**

Brighton Sussex Eye Hospital: 01273 696955

East Surrey hospital: 01737 768511 ext 6679

Maidstone and Tunbridge Wells Hospital: 01622 729000/ 016222 226228

Eastbourne District General Hospital: 01323 417400

## **When does my child need screening?**

We invite children over the age of 12 to attend the screening programme.

## **I am not diabetic why have I been referred for this test?**

If you do not have a diagnosis of diabetes you need to contact your GP as soon as possible so they can rectify the error and we can remove you from our screening register.

## **I have reversed my diabetes, do I still need to attend screening?**

Yes, you still need to attend screening as sometimes eye disease can be present or progress as diabetes has affected the blood supply prior to the intervention which has reversed diabetes. Attend your screening so the health professionals can review your current situation and help inform you of your possible risks and the need for continuing screening.

## **I am pre diabetic do I need to come for screening?**

No, if you are pre diabetic you do not need to come for screening. Discuss this with your GP who understands your individual circumstances and potential risks.

### **What should I bring to the screening appointment?**

You need to bring your appointment letter, your distance glasses (ones you wear for TV or driving) and sunglasses for when you return home. During the COVID 19 period you will need to wear a mask throughout the appointment.

### **Why can't I drive after the screening appointment?**

The drops that you will be given at the appointment usually blur the eyes so driving after the appointment is strongly advised against. It can take 4 to 6 hours for the blurring to past. You will need an alternative to driving yourself to get to the appointment.

### **What should I do if I am diagnosed with Diabetic Retinopathy?**

Don't panic, diabetic eye disease is a treatable condition and usually has slow progression over a period of years. Discuss your result with your healthcare professional at your next diabetes review. Undertaking a lifestyle and medication review and monitoring blood glucose levels, BP and cholesterol levels will ensure all steps are taken to reduce your risks.

If your result asks for you to attend another check up with the eye hospital, please attend. There are further tests and possible early treatment which will prevent changes to your sight.

### **What treatment is there for Diabetic Retinopathy?**

Lifestyle and medication are an important part of ensuring diabetes doesn't affect your sight. Laser treatment is the main treatment for changes which have progressed from the early stages of the condition. The laser treatment can be completed as an outpatient and is a very similar procedure to having your eye examination. There are further details on the link below.

<https://www.gov.uk/government/publications/diabetic-retinopathy-monitoring-and-treatment/closer-monitoring-and-treatment-of-diabetic-retinopathy>