

DIABETIC MACULAR OEDEMA

Diabetes is a condition in which there are increased levels of sugar (glucose) in the blood. Consistently high blood sugar levels can begin to damage the blood vessels in the retina. The retina is a layer of light sensitive cells that line the back layer of the eye and the macular is the most sensitive part of the retina.

Damage to the fine retinal blood vessels in the macula area leads to leakage of proteins and fluid into the retina, and a reduction in vision. This is diabetic macular oedema (DMO). If left untreated, irreversible vision loss can occur due to anatomical damage.

What is the treatment?

1. Control risk factors

It is important to ensure that your blood glucose levels, cholesterol and blood pressure are as well controlled as possible. This will reduce the risk of your condition deteriorating and may even improve it.

2. Anti-VEGF intravitreal injections

Anti-VEGF injections can be offered to patients whose macular oedema has reached a required thickness to be eligible for treatment. This has shown to be the most effective treatment in improving vision. Please refer to the anti-VEGF treatment leaflet.

3. Macular Laser Treatment

Laser therapy can be used to stabilise vision but not necessarily improve it. It involves placing small laser burns in the area of leakage in the retina to slow the leakage.

For the procedure, a local anaesthetic drop is applied to minimise the discomfort of a lens, which is placed on your eye to allow the doctor to see your macular. The procedure lasts 5 to 10 minutes and there is very little discomfort.

Worsening of vision can occur due to an inability to halt the disease. Rarely, it is possible that your vision may decline as a direct result of laser treatment.

After the laser treatment you may feel slightly dazzled as your eyes will take time to return to normal after the treatment. We advise you to wear sunglasses after your laser appointment as your eyes may be more sensitive to bright light for a while and arrange for someone to drive you home, because the dilating drops will temporarily blur your vision

4. Steroid therapy

Intravitreal steroid injections are licensed to treat DMO, however are generally reserved for cases that have persistent diabetic macular oedema despite other therapies. They have a risk of cataract formation and raised pressure in the eye.