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Diabetic retinopathy guidelines

URL of this page: Also called: Diabetic retinopathy If you have diabetes, your blood glucose, or blood sugar levels, levels are too high. Over time, this can damage your eyes. The most common problem is diabetic retinopathy. It is a major cause of blindness in American adults. Your retina is the light-sensitive tissue at the back of your eye. You need a healthy retina to see clearly. Diabetic retinopathy damages the small blood vessels in your retina. Maybe you won't notice at first. Symptoms may include blurred or double vision rings, flashing lights, or blank spots Dark or floating spots Pain or pressure in one or both of your eyes Difficulty seeing things from the corners of your eyes Treatment often includes laser treatment or surgery, with follow-up care. Two other eye problems can happen to people with diabetes. A cataract is a cloud above the lens of your eye. Surgery will help you see clearly again. Glaucoma happens when the pressure builds up in the eye, damaging the main nerve. Eye drops or surgery can help. If you have diabetes, you should undergo a full eye exam every year. Finding and dealing with problems early can save your vision. NIH: National Institute of Diabetes and Digestive and Kidney Diseases Eye Symptoms (American Academy of Ophthalmology) Also in Spanish Diabetic Retinopathy, a complication of both type 1 and type 2 diabetes that affects vision, is the most common cause of vision disorders and blindness in adults in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 7 million people have diabetic retinopathy and that prevalence is expected to nearly double by 2050. The condition is the result of damage to blood vessels in the retina-the light-sensitive layer of tissue at the back of the eye. A major risk factor for this condition is poorly controlled levels of glucose (sugar) in the blood. Diabetic retinopathy is the result of damage to blood vessels in the retina. Diabetic retinopathy affects both eyes, usually progressing through four different phases. In the early stages, the condition can produce few or no symptoms. As it progresses, symptoms such as floaters and blurred vision can develop which, if caught early, can be treated with careful treatment of diabetes. More advanced diabetic retinopathy may require laser treatment or surgery. Untreated, diabetic retinopathy can lead to complete vision loss. Diabetic retinopathy progresses through four phases each distinguished by the degree and type of retinal damage. Stages of Diabetic Retinopathy Phase Injury Occur Mild Non-Proliferating Diabetic Retinopathy (NPDR) Small of swelling called microaneurysms from which fluid can leak into the retina Moderate non-proliferative diabetic retinopathy Changes in blood vessels prevent blood from being delivered to the retina, triggering swelling called diabetic macular edema (DME) Severe non-proliferative diabetic retinopathy Increase in increase in the increase in the depriving the retina of blood needed to grow new blood vessels; in the areas where this happens proteins called growth factors appear. Proliferative diabetic retinopathy (PDR) Complete blockage leads to growth of abnormal and fragile blood vessels in the retina and also the vitative (the bright jelly-like substance in the center of the eye). Scar tissue can form, which in turn can cause the retina to pull away from the tissue underneath—a condition called retinal detachment that can lead to permanent blindness. In the early stage of diabetic retinopathy, a person in which the condition develops will not be aware that something is wrong with his or her eyes. As it progresses, however, symptoms will begin to emerge: Floaters (spots, spots, dots, or other forms that seem to float in the field of vision)Blurred vision Focus that goes in and outImpaired color visionVernan (usually due to a large hemorrhage in the eye)Difficulty seeing at night Vision loss Diabetic retinopathy occurs when blood sugar levels are not adequately controlled. This is because the healthy function of the retina - absorbing light and sending signals through the optic nerve to interpret the brain as what we see - depends on a rich supply of blood vessels. High levels of blood sugar (hyperglycemia) weakens the blood vessels, leading to the leakage of fluid in the retina and vitible and the growth of new, weak blood vessels as described above. The longer a person has uncontrolled diabetes, the more likely he or she is to develop diabetic retinopathy. Women with diabetes who become pregnant or develop gestational diabetes are at increased risk, as are people of Hispanic, Indian or African-American heritage. Smoking also increases the risk of diabetic retinopathy. Certain complications of diabetes are associated with the development of diabetic retinopathy and, in particular, high blood pressure (hypertension) and high cholesterol. Ellen Lindner / Verywell The only way to diagnose diabetic retinopathy is with extensive eye examination. According to the National Eye Institute, of several standard tests done during an eye exam, those that will help to get home to a diagnosis of diabetic retinopathy are: Visual acuity, which determines how well a person can see at different distances using an eye diagramTometry, a measure of pressure in the eyeRetinale exam, in which drops are placed in the eye to dilate the pupils, giving the doctor a clear view of the net retina. He or she will be able to see changes in or leakage of blood vessels; warning signs of leaking blood vessels, such as fatty deposits; swelling of the macula; changes in the lens of the eye; and damage nerve tissue. Other tests sometimes performed when diabetic retinopathy is suspected or diagnosed include: Optical Coherence Tomography (OCT), a non-invasive imaging technology used to obtain high resolution cross-sectional images of the retinal Fluorescein in which a fluorescent dye injected into the bloodstream (usually through a vein in the arm) travels through the bloodstream to the blood vessels in the retina. Pictures can then be taken of the retina and used to zero in on specific problem areas. How diabetic retinopathy is treated depends largely on what stage it has reached. Early on, no treatment may be needed apart from closely monitoring eye health and taking steps to improve how well diabetes is managed. Improving blood sugar control can often slow the progression of retinal damage. However, if diabetic retinopathy reaches an advanced stage, one of a number of surgical procedures may be needed immediately. According to the Mayo Clinic, these are: Photocoagulation, also known as focal laser treatment, in which lasers are used to stop or slow leakage of abnormal blood vessels. This treatment, which usually takes place in a doctor's office or eye clinic, is not likely to return blurred vision to normal, but it will help prevent it from worsening. Panretinal photocoagulation, another procedure using lasers that is sometimes called scatter laser treatment. The goal is to shrink abnormal blood vessels. It can also be performed in a doctor's office or eye clinic. It can lead to the loss of a peripheral or night vision. Vitrectomy, in which a small incision is made in the eye to remove blood from the vitreous and scar tissue that can be drawn onto the retina. A vitrectomy is done in an operating center or hospital using local or general anesthesia. Anti-VEGF therapy. This procedure involves the injection of medications called vascular endothelial growth factor (VEGF) inhibitors into the vit fluid in the eye to help stop the growth of new blood vessels. VEGF inhibitors work by blocking the effects of growth signals that the body sends to generate new blood vessels. Sometimes anti-VEGF therapy is used along with panretinal photocoagulation. Although studies of anti-VEGF therapy in the treatment of diabetic retinopathy are promising, this approach is not yet considered standard. As with many complications of diabetes, it is quite possible to head off diabetic retinopathy and other eye problems associated with the disease before measures such as surgery are needed. The most effective thing you do is manage your diabetes according to your doctor's instructions. This means healthy eating, with an emphasis on foods that are low in carbohydrates and calories and rich in nutrients; be physically active; if you smoke, kick the habit; regularly checking your blood sugar levels; and taking insulin or medications that you have prescribed exactly as your doctor tells you. You also need to be proactive about your eye Get regular exams and if you notice any vision changes, see your ophthalmologist right away. Thanks for your feedback! What are your concerns? Verywell Health only uses high-quality sources, including peer-reviewed studies, to get the facts within our Read our editorial process to learn more about how we accurately, reliably, and reliably monitor and maintain our content. U.S. Centers for Disease Control and Prevention. Watch out for diabetic retinopathy. Last reviewed november 5, 2019. American Academy of Ophthalmology. What is diabetic retinopathy? Last reviewed october 24, 2019. Mayo Clinic. Diabetic retinopathy. 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