

Photographic Screening for Diabetic Retinopathy

Introduction

People with diabetes are more likely to develop eye problems that can lead to blindness than people without diabetes. Diabetic retinopathy is a disease that affects the eye's retina. It is caused by diabetes.

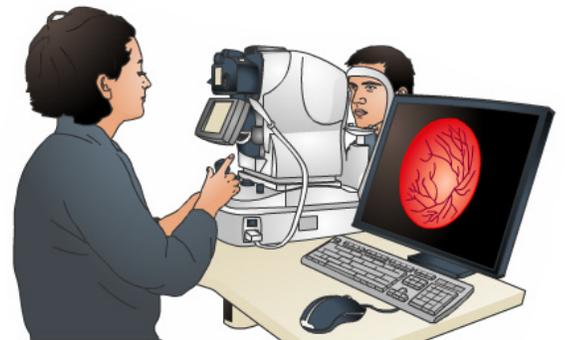
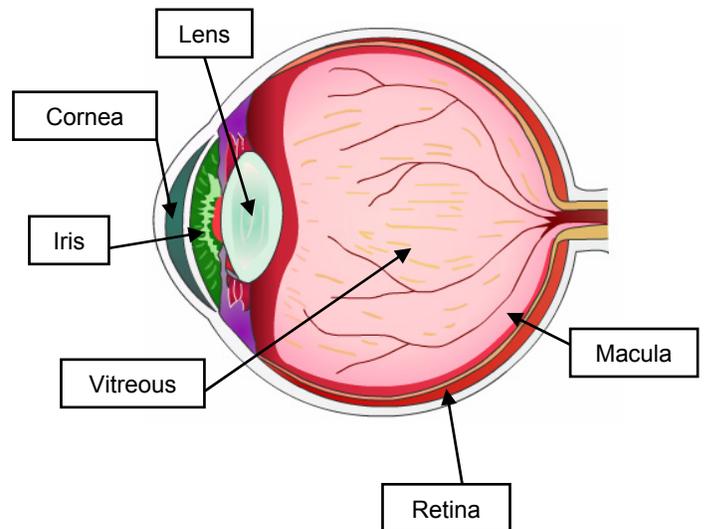
If discovered early, diabetic retinopathy can be treated easily. Your health care provider may ask you to have a photographic screening for diabetic retinopathy. Photographic screening is a medical test that helps detect diabetic retinopathy.

This reference summary explains how diabetic retinopathy can be discovered early through photographic screening.

Why Photographic Screening?

The screening test for diabetic retinopathy is called photographic screening. Recent advances in wide-angle cameras have made photographic screening possible. While the wide-angle cameras cannot photograph the entire retina, they can photograph the areas that are most likely to develop early signs of diabetic retinopathy.

Photographic screening can detect retinopathy. But it does not replace a regular eye exam by an eye doctor. During a complete eye examination, the eye doctor uses equipment to check for other diseases in addition to screening for diabetic retinopathy.

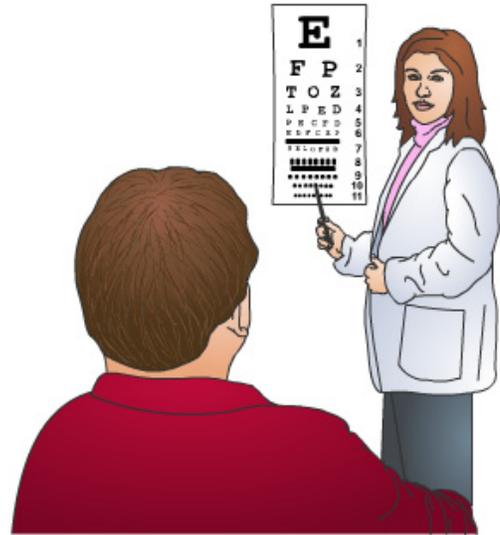


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If you are a candidate for photographic screening, you can schedule a screening once per year and an eye exam every 2 to 3 years.

To be a candidate for photographic screening, you need to:

- Have had normal results of your eye examinations in the past 2 years.
- Have no known eye problems.
- Be able to see 20/20 in both eyes.
- Have no new eye symptoms.
- Have no family history of glaucoma.

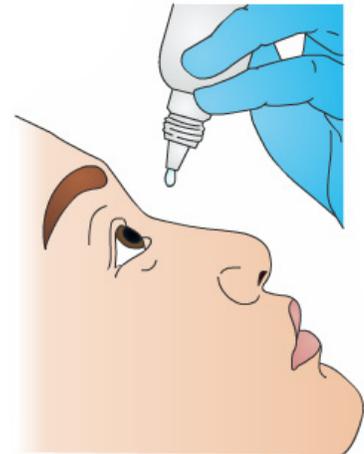


The Photographic Screening Test

A nurse or technician who is trained to use the photographic screening equipment takes the photographs. First, your health care provider will ask if you want your eyes dilated with a mild dilating eye drop. Even though dilation of your pupils is not required for this test, dilation improves the quality of the photographs and makes it easier for your health care provider to pick up slight changes in your eyes.

If you drive yourself to your appointment or know that you need to drive or see to do a job or care for another person within eight hours of your appointment, you should not have your eyes dilated.

The process of taking the photographs is not painful. You will be asked to place your chin on a chinrest and look at a target while a photo is taken. You may notice that you see a spot for a few minutes after the flash. The spot is only temporary and will disappear. The light used is no brighter than one a photographer would use if you were having your picture taken.



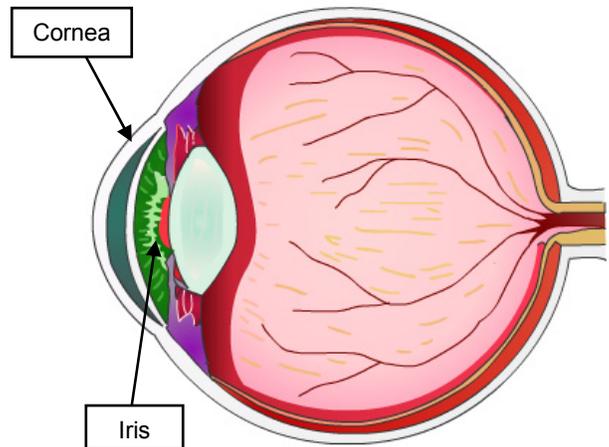
If your eyes were dilated, you will need to wear sunglasses until the drops wear off. Someone at the health care facility may offer you disposable sunglasses. Pupil dilation with the weak drops used for this type of screening should wear off in several hours.

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Risks

A photographic screening test is very safe. The only risks associated with photographic screening are those that can occur if the eyes are dilated. Although dilation of the eyes improves the quality of the photographs and increases the likelihood of detecting retinopathy, dilation does pose risks in a small number of people. Very rarely, dilating drops bring out a hidden condition called narrow angle glaucoma. Glaucoma refers to a high pressure in the eye.

Narrow Angle Glaucoma, or NAG, occurs in people who don't have enough space between the cornea and iris. The cornea is the clear part of the eye and the iris is the colored part of the eye. NAG usually remains hidden until something causes the space to close off further, leading to high pressure. Dilating eye drops and some oral or IV medications can bring out Narrow Angle Glaucoma.

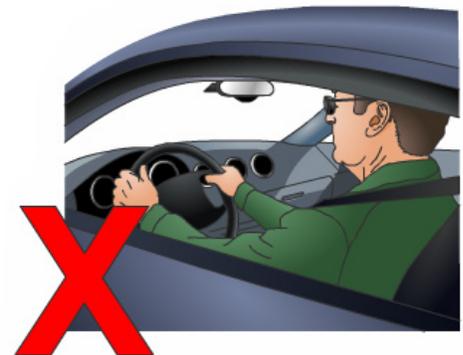


If someone has a tendency to have narrow angle glaucoma, he or she is going to develop it eventually. The drops may just bring it out sooner than it would develop on its own.

Eye dilation may also make it difficult to drive and increase the risk of having a car accident. Therefore, if your eyes are dilated, it is your responsibility to take the necessary precautions. Do not drive until the dilation has worn off.

The symptoms of narrow angle glaucoma include:

- Eye pain or pressure.
- Eye redness.
- Blurred vision.
- Tearing.
- Halos around lights.



In some people, the eye pain causes nausea and vomiting. If you have signs of narrow angle glaucoma within 48 hours after your eyes are dilated, you should call your eye doctor immediately. Only an eye surgeon can diagnose and treat this condition.

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If you go to a local emergency room, tell the emergency room doctor that you need to be examined by an eye doctor. Most emergency room doctors do not have the training or experience to diagnose glaucoma. If you develop symptoms and you wait too long before you receive medical care, irreversible damage may be caused by high pressure. If NAG is detected and treated promptly, however, there are usually no permanent vision problems.

Results

After the photographs are taken, an eye doctor will read the photographs and report the results to your health care provider. Your health care provider will contact you regarding the results and recommended follow-up. Ask your health care provider how long this process takes.

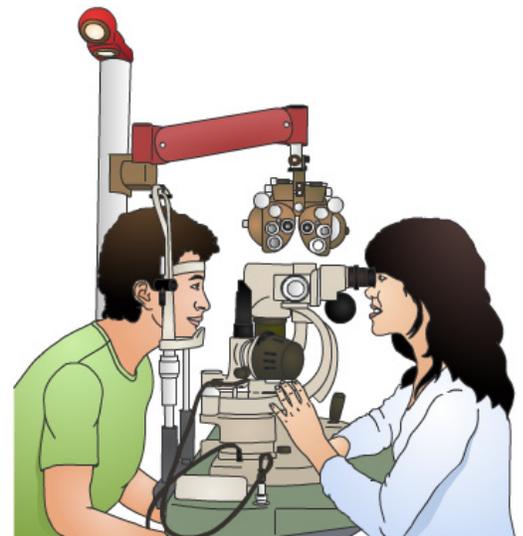
If you have signs of retinopathy, you may need to see an eye doctor for further evaluation. If you have no signs of retinopathy, your health care provider will probably suggest that you have a photographic screening again in one year.



Photographic screening for diabetic retinopathy is not designed to detect other eye problems. But sometimes eye problems other than diabetic retinopathy may be found. If this is the case, your health care provider will let you know. He or she will recommend that you see an eye doctor for a complete examination.

Sometimes other eye conditions, such as cataracts, prevent the technician or nurse from taking a good picture. In this case, you will also be referred to an eye doctor to determine the problem.

The photographic screening test can diagnose diabetic retinopathy where it mostly occurs, in the back 1/3 of the eye. If retinopathy is not diagnosed, it is your decision whether to have a full eye examination by an eye doctor to check for other eye diseases. A full eye exam could also check for retinopathy in other parts of the retina that weren't examined by a photographic screening.



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Summary

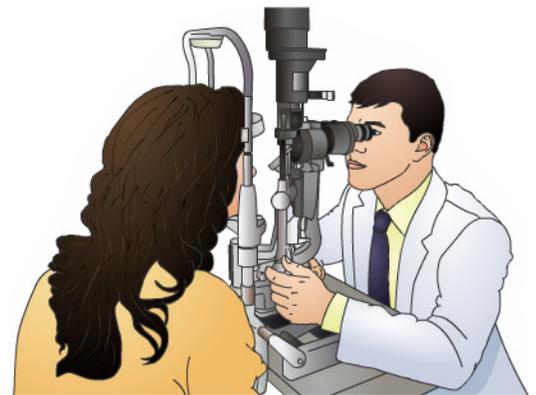
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