THE ROYAL VICTORIA EYE AND EAR HOSPITAL DUBLIN

LOOKING AFTER THE NATION'S EYES AND EARS SINCE 1897

Clinical Guideline for the treatment of

DIABETIC RETINOPATHY AND DIABETIC MACULAR OEDEMA

DESCRIPTION

Diabetic retinopathy and diabetic macular oedema result from chronic damage to the neurovascular structures of the retina.

HOW TO ASSESS

HISTORY

Complete history to include symptoms, diabetes type, duration, glycaemic control, systemic risk factors, screening history and previous laser/intravitreal therapy /VR surgery and ask re pregnancy.

EXAMINATION

Check relative afferent pupillary defect, IOP, neovascularisation of iris (NVI) +/- gonioscopy for neovascularisation of angle (NVA) before dilation.

Dilated examination and imaging

1. Grade retinopathy as proliferative diabetic retinopathy (PDR), very severe/severe/moderate/mild non-proliferative diabetic retinopathy as per 4:2:1 rule.
2. Determine if diabetic macular oedema (DMO) is present and if centre-involving or not.
3. Obtain Optos Images and OCT macula both eyes
4. B scan if dense vitreous hemorrhage with no fundal view

IOP management in EED

1. Manage high IOP in EED

INVESTIGATIONS

1. Check BP and capillary blood sugar in A&E and refer uncontrolled BP or blood sugar appropriately for medical management.
2. **Request GP** to perform HbA1c, fasting lipids, U & E & 24-hour BP in presence of elevated BP.

Consider Differential Diagnosis

1. Retinal vein occlusion
2. Ocular ischemic syndrome: vascular risk factors, asymmetric DR, mid peripheral haemorrhages.
3. Hypertensive retinopathy.

TREATMENT

If patient is already under care of the Diabetic Treatment Centre in RVEEH, they should be discussed and referred back to the DRT.
ED to email pamela.williams@rveeh.ie, Clinic Co-ordinator DRT with timeline for review and NCHD to confirm that appropriate follow up has been arranged.

FOLLOW-UP

If not already under the care of DRT:

Proliferative DR

PDR with rubeosis and raised IOP or corneal oedema:

- Urgent direct appointment with glaucoma *and* MR Service within 1 week. Discuss with relevant teams

PDR with vitreous haemorrhage obscuring view/poor view or traction and no prior pan-retinal photocoagulation/prior photocoagulation:

- Discuss with VR

PDR with no VH or traction and **no** prior pan-retinal photocoagulation:

- Urgent direct MR referral within 2 weeks

PDR with no VH and prior pan-retinal photocoagulation

- Urgent direct MR referral within 2-4 weeks

Non-proliferative DR

Centre involving DMO with visual acuity 6/12 or worse:

- Direct MR referral within 4 weeks
- If pregnant direct MR referral within 2 weeks

Centre involving DME visual acuity 6/9 or better & non-centre involving DMO:

- Letter of referral to MR for triage
- If pregnant direct MR referral within 4 weeks

Severe NPDR:

- Letter to MR service for triage
- If pregnant direct MR referral within 2 weeks

Mild/Moderate NPDR no DMO

- Letter to GP to refer to DRS

DISCHARGE INSTRUCTIONS

For all patients not registered with the National Screening Service request that GP register the patient with Diabetic Retina Screen in the discharge letter.