

Dorset Diabetic Eye Screening Programme

Your questions answered



This leaflet tells you about the new diabetic eye screening service available in Dorset

Dorset Diabetic Eye Screening Office
Diabetes Centre
Poole Hospital NHS Foundation Trust
Longfleet Road
Poole
BH15 2JB

Telephone: 01202 442637

Fax: 01202 442802

Email: eyescreening.queries@poole.nhs.uk

Website: www.dorsetdiabeticeyescreening.co.uk

Useful facts about Dorset diabetic eye screening

Where can I go to have this done?

In Dorset, diabetic eye screening services are mainly provided in accredited optician practices. The list of practices will be sent with your reminder letter. You may go to any accredited practice on the list. You may find a practice in the next town is offering appointments on days that are more convenient for you than your nearest practice.

Who provides this?

The screening will be undertaken by accredited screeners and optometrists who have taken additional, specialist training.

What will happen at the appointment?

The screener will check your details and explain the procedure. Feel free to ask any questions you have about the screening test. Diabetic eye screening must be provided using digital photography from January 2007 - this is simply taking photographs of the back of your eyes using a special camera. Distance eye sight (visual acuity) will be checked. Your pupils will need to be dilated using eye drops to make them large enough for the photographs. This takes about 20 minutes. The screener will take at least two photographs of the back of each eye. The camera does not come into contact with your eyes. You will see a flash of light each time a photograph is taken. This light is bright but should not be uncomfortable.

What do I need to take with me?

Please take your usual distance spectacles. Some people like to wear sunglasses on the way home, as everything may look very bright.

You should not drive yourself to or from your screening appointment.

Do the drops have any effects?

The drops may cause some stinging for a few seconds. After about 20 minutes, your sight may be blurred and it may be difficult to focus on objects near to you. The blurring lasts two to six hours, depending on which drops have been used. This will affect your ability to drive.

Very rarely, the drops used can cause a sudden rise in pressure within your eye. This only happens in people who are already at risk of developing the problem at some point in their lives. However, when it happens, it needs prompt treatment in an eye unit. The symptoms of an acute pressure rise are:

- pain or severe discomfort in your eye;
- redness of the white of your eye;
- constantly blurred sight, sometimes with rainbow haloes around lights.

If you experience any of these symptoms within 24 hours of the screening test, go to the eye unit or accident and emergency department of your local hospital.

My diabetes is controlled by diet only - do I need my eyes screened?

All people with diabetes aged 12 years and over should have a diabetic eye screening test at least once a year. This is true whether you need insulin, tablets or diet only to keep your diabetes under control and whether your GP or a consultant diabetologist helps you to manage your diabetes.

I have my eyes checked at my optician so why do I need this additional check?

Your optician will carry out an NHS sight test to check your vision and do a general examination of the health of your eyes. This will normally be provided free of charge for people with diabetes every two years. This check does not routinely pick up signs of diabetic eye disease.

What is diabetic eye disease or diabetic retinopathy?

When diabetes affects the small blood vessels in the part of your eye called the retina, this is known as diabetic retinopathy. The retina lines the inside of the eye and acts rather like the film in a camera. In the early stages, diabetic retinopathy will not affect your sight. However, if the changes get worse, your sight will be affected.

You are at increased risk of developing retinopathy if:

- you have had diabetes a long time;
- your blood glucose level is poorly controlled;
- you have high blood pressure;
- you are pregnant;
- you are taking insulin.

You may also want to read the national leaflet 'Diabetic retinopathy – the facts'

Why is it important to screen for diabetic retinopathy?

Untreated diabetic retinopathy is one of the most common causes of blindness in the working-age population in the UK. Laser treatment is very effective at reducing loss of sight from diabetic retinopathy. Diabetic retinopathy does not usually affect your sight until the changes are quite advanced. At this stage, laser treatment is much less effective. Diabetic eye disease is quite common, about 30% of people with diabetes have some signs of diabetic eye disease. For most people, the changes are minor and do not cause problems

with sight. Each year about 2% of people with diabetes will develop sight-threatening diabetic eye disease.

What is screening for diabetic retinopathy?

Screening means examining your eyes regularly to detect the specific changes of diabetic retinopathy that could affect your sight. The name for these changes is sight-threatening diabetic retinopathy. Screening is an effective way of detecting diabetic retinopathy as early as possible. If we find sight-threatening diabetic retinopathy, we will refer you to an eye specialist. Screening can sometimes – though rarely – miss some changes that could threaten your sight. Advanced diabetic retinopathy may cause you to lose some or all of your sight in spite of treatment.

What is the National Screening Programme for Diabetic Retinopathy

The Department of Health has set up a National Screening Programme for Diabetic Retinopathy. If you are over 11 years old and have diabetes, you will be offered photographic screening every year. You can get more information about the national programme on the NSC website. The address is given under “More Information” at the end of this leaflet.

Other eye conditions

Screening is only designed to detect diabetic retinopathy and does not always detect other eye conditions such as cataracts or glaucoma. However, in some cases these conditions may be found and you will be referred to an eye department directly, or to your GP, for more investigations.

How often do I need to go?

You should normally have your eyes screened annually and you will receive a letter from the screening office asking you to contact the optician practice of your choice to book an appointment. If you need

to be seen more often, a reminder letter will be sent to you more frequently.

What if I am already going to an eye clinic?

If you are attending the eye clinic because of diabetic eye disease, the doctor at the eye clinic will undertake your diabetic eye screening tests until such time as the hospital refers you back to the optician service. If you are seeing a doctor for another eye condition, you will still need to have the annual diabetic eye screening test at the optician practice. This is because the diabetic eye screening test needs to be done with digital photographs.

How will I get my result?

At the end of the screening procedure, the screening staff cannot give you the final result of the screening test, as the photographs may need to be examined by another grader. However, they will tell you approximately when you will receive your final written result. Graders are professionals who have been trained to detect and grade diabetic eye disease.

Who else will receive my screening test results?

The screening staff will send the result of your screening test to your GP. In Dorset, the result will be available to the local specialist diabetes team and the optometrist or screener who undertook the test. Nobody else will receive your result unless you give permission. You may want to discuss the results with your healthcare team.

Each year, the Dorset diabetic eye screening programme is required to produce a report for the national programme. The statistical information required for national reporting is anonymised.

What happens if the screening test detects signs of diabetic eye disease?

If there are signs of diabetic eye disease on the photographs, the images will be checked by two separate graders and be given a grade. The next step depends on the grade of diabetic eye disease found.

Grade 1 or background diabetic retinopathy is not sight-threatening, so the recommendation is to monitor the condition usually at 12-month intervals but sometimes at a shorter interval. The screening result letter will explain this and let you know when the next test should be done. You will receive a reminder nearer the time.

If the signs of diabetic eye disease are worse than grade 1, the photographs will be looked at by a specialist. If they are sight-threatening, this will be an eye specialist. The specialist will decide what action needs to be taken and you will receive a letter explaining the next step.

You will be called back for further assessment if:

- there are signs of sight-threatening retinopathy which need follow-up or treatment in a hospital eye clinic;
- the photographs are not clear enough to give an accurate result; or
- other eye conditions are detected by chance and they need more investigations.

What should I do if I have problems with my eyes between screening appointments?

If you have a problem with your vision that you are worried about, such as;

- sudden worsening or loss of vision;

- blurring that is not temporary or related to a change in blood glucose level;
- distorted vision;
- a sudden increase in floaters in your vision; or
- a part of your vision is missing or obscured.

Do not wait for your next screening appointment.

Get professional advice from your GP or optometrist.

What happens to my photographs after screening?

The screening unit will keep your photographs for at least eight years. It can be useful to compare your most recent photograph with your previous photographs. A percentage of all photographs are graded (checked and examined) more than once to make sure they are being graded properly.

What does it mean if the digital photographs are ‘ungradeable’?

In a few patients, digital photography is unsuccessful because the images are ungradeable. This means the photographs of the back of the eyes are not clear enough to detect diabetic eye disease. 5-10% of diabetic patients have one or more photographs that are ungradeable. If a clear picture cannot be obtained, a slit lamp examination will be needed. This involves the patient sitting at the slit lamp and the trained optometrist looking through a special lens with a bright light to see the back of the eye. This can sometimes be done at the same appointment but may require a separate appointment. In the event you require a separate appointment, the screening office will write to you about this.

Practices providing a “capture only” service

A few practices are only taking the photographs and the images are graded (checked and examined) elsewhere. In the event the images are ungradeable and a further examination by slit lamp is

required, you will be asked to book a separate appointment, probably at another practice, which is providing this slit lamp and grading service. Further information will be available at the practice if this applies.

I have been told digital photography cannot be used for my diabetic eye screening in the future. What will happen next year?

All patients will initially be screened using digital photography. Some patients will have ungradeable images and if the reason for this cannot be treated, they will need screening regularly by slit lamp biomicroscopy (SLB). When we send you a reminder letter in future years, we will make you aware that you need to be screened using SLB and send you a list of practices providing this service. Please inform the optician practice you need the SLB test when you book the appointment.

Ungradeable images may be due to a variety of eye conditions. Cataract is a common cause and removing the cataract means digital photography may be possible in the future. However, the decision to have a cataract extraction needs to be carefully considered and should be discussed with the optometrist and your GP.

What do I do if my usual optician is not providing diabetic eye screening?

You will need to select a different practice for your annual diabetic eye screening test.

There is no reason to change from your usual practice for your NHS sight test, which will normally be every two years. Your current practice will continue to send you a reminder for the NHS sight test.

How can I reduce my risk of getting sight-threatening eye changes?

Aim to control your blood glucose levels as well as possible.
Make sure your blood pressure is regularly monitored.
Go for regular eye screening.
Go for regular diabetes checks.

Does minor diabetic eye disease progress to sight-threatening diabetic retinopathy?

Minor diabetic retinopathy can progress to a sight-threatening problem but it can also improve or remain stable. Good blood sugar control and strict blood pressure control can reduce the risk of deterioration. If the eye screening test found signs of diabetic eye disease, please see your GP or diabetes specialist and make sure your diabetes and blood pressure are as well controlled as possible.

How does my name get on the list?

The list of patients with diabetes is being taken electronically from each Dorset GP practice and combined with the lists of patients with diabetes in the three Dorset hospital trusts to form a register of patients. In this way, we ensure nobody is missed. All the staff involved in the Dorset diabetic eye screening programme respect the confidentiality of the register and the screening information. Your details will not be passed to anyone outside the NHS without your permission. Our programme is not connected to the National IT programme.

What happens if I am housebound or have difficulty in sitting still at the camera?

If you think you will be unable to participate in the diabetic eye screening test, please see your GP to discuss how screening can be arranged. It is recognised that some people will be excluded from the screening programme but this can only be done after careful consideration of all the possible options.

Non participation

You may choose not to take part in the screening programme but it would be a good idea to discuss this fully both with your GP and with the screening programme. You should understand the risks before you make the decision. If you decide that you do not want to take part, you should let your GP and the screening programme know as soon as possible in writing. A form is available for you to complete and sign for this purpose. You can obtain the form by ringing the Screening Office or speaking to your GP.

More Information and Support

If you have any questions about eye screening, please either:

Ask	Your doctor or nurse
Look at our website	www.dorsetdiabeticeyescreening.co.uk
Contact	Dorset Diabetic Eye Screening Office (contact details on front cover)

Other useful websites: www.nscetinopathy.org.uk
www.diabetes.org.uk
www.nhsdirect.nhs.uk
www.rnib.org.uk

Large Print

If you would like a copy of this leaflet in large print format or in another language, please contact the Dorset Diabetic Eye Screening Office

This leaflet has been produced using information from the national screening programme leaflet "Eye screening for people with diabetes – the facts" and relevant local details

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