



TREATMENT OF DIABETIC MACULAR OEDEMA BY INTRAVITREAL INJECTION

You have been diagnosed with diabetic macular oedema (DMO) in youreye. This leaflet provides information about the eye condition DMO. DMO is treated with injections into the back of the eye (known as an intravitreal injection).

WHAT IS DIABETIC MACULAR OEDEMA?

Diabetic macular oedema (DMO) is a complication of diabetes, which occurs when the tiny blood vessels inside the retina become damaged as a result of the diabetes. These damaged blood vessels leak fluid, which causes swelling in the macula, the part of the eye where sharp, straight-ahead vision occurs. This swelling can cause blurred vision and worsening eyesight.

HOW IS DMO TREATED?

The medication used is an anti-vascular endothelial growth factor (anti-VEGF) drug which works by slowing or stopping the growth of the abnormal blood vessels and leakage that cause DMO. Injections for DMO stabilize or improve the vision in more than two thirds of patients.

HOW IS TREATMENT GIVEN?

The eye is numbed with anaesthetic drops and washed with iodine. The medication is injected into the vitreous humour, which is the jelly-like substance in the back chamber of the eye. Injections are repeated into your eye once a month for at least three months and later as needed at regular intervals. Your ophthalmologist (eye doctor) will tell you how often you will receive the injection, and over what length of time. It is often necessary to attend for eye examinations and or injections on a monthly basis and perhaps for several years.

WHAT CAN I DO TO REDUCE THE RISK OF DMO?

It is important not to smoke and maintain good blood sugar control. This reduces the risk of DMO getting worse or recurring after treatment. Ensuring that your cholesterol and blood pressure are well controlled is also important in reducing the risk.

WHAT OTHER TREATMENT OPTIONS ARE AVAILABLE?

Laser is a treatment option for DMO not involving the central retina and may prevent your vision getting worse. It unfortunately cannot make your vision better. In some people laser is not successful and the vision can continue to get worse. This is because we cannot laser the centre of the vision where fluid can be. Laser in this area would damage your vision.



You do not have to receive treatment for your condition. Although DMO hardly ever causes complete blindness, it can reduce the vision to the point where it is only possible to see outlines (known as peripheral vision) or movement but no fine detail because of loss of central vision.

WHAT ARE THE RISKS OF TREATMENT?

The healthcare team will try to reduce the risk of complications. The possible complications are;

- Pain (risk 1 in 20). This is usually mild and controlled with simple pain killers. You should let staff know if it is severe.
- Bleeding on the outside of the eye during or after the injection (risk 1 in 5)
- Bleeding inside the eye (risk 1 in 1000) which may take months to improve or cause permanent loss of vision
- Infection (risk 1 in 1000) which may cause permanent loss of vision
- Raised pressure in the eye (risk less than 1 in 100). This can usually be treated with eye drops.
- Retinal detachment (risk 1 in 5000) which is lifting off of one of the layers at the back of the eye and requires surgery.
- Damage to the lens that causes a cataract requiring surgery (risk 1 in 1000)
- Stroke/ heart attack- this is very rare.

The treatment might not be effective for you. Your condition may not get better or may become worse despite these injections. Any or all of the complications described above may cause decreased vision and/or have a possibility of causing blindness. Additional procedures may be needed to treat these complications. However in most cases, this injection treatment does work well to stabilise your vision and there are no complications.

If you notice any severe pain or loss of vision after your injection telephone: 01383 674130 or 01383 623623 ext 28394.

If after 5pm or at weekends contact the on-call ophthalmologist via switchboard

If you would like further information on DMO there are many sources of advice available. Brochures from relevant patient support groups are available in the eye outpatients or the cataract unit. Please ask if you have any questions.