

## Patient information

# Diabetic Macula Oedema (DMO)

### What is Diabetic Macula Oedema?

The macula is the central part of the retina which is crucial for good vision. Swelling in this area can occur with diabetes – known as diabetic macular oedema.

You have been offered an intravitreal injection of a drug called Lucentis because you have been found to have diabetic macular oedema (DMO). Recent scientific advances have shown that a 'growth factor' called Vascular Endothelial Growth Factor (VEGF A) is responsible for the development of abnormal blood vessels in diabetic retinal conditions and that Lucentis (an *anti*-VEGF drug) blocks the action of this growth factor.

The National Institute for Clinical Excellence (NICE) has approved Lucentis for treating DMO. This treatment is based on RESTORE and DRCR.NET trials. These trials have shown that in 95% of patients undergoing intravitreal injections vision will not deteriorate with a two year course of injections, 40% to 50% will gain two lines of vision and 30 % three lines of vision.

Your treatment regime will usually start with a course of three injections, administered at monthly intervals, with a review appointment a month later (this can

vary if you have had previous injection treatment) and further treatment as appropriate.

To read more about the injection treatment including the procedure, risks and benefits, please refer to our 'Eye Injections' information leaflet. Please note that if you are pregnant or planning pregnancy intra-vitreous injection treatment is not appropriate and should be discussed with your ophthalmologist.

## **Managing your diabetes**

It is essential to maintain good control of your blood sugar levels, blood pressure and cholesterol.

Take any medication as directed and manage your diet to aid your diabetes management.

Smoking cessation is also recommended. If you currently smoke and would like some support on stopping, please speak to a nurse or doctor in the department.

## **My vision seems fine — does it matter if I skip appointments?**

You may not notice your eyes have been affected by diabetes but retina damage happens slowly. Tiny blood vessels swell and weaken and can become clogged, this in time can cause loss of vision. Compliance from patients is key to ensure continued and timely treatment is in place.

Effective treatment requires regular attendance in the clinic, as the results of treatment need to be monitored closely. Future treatment is decided on from the clinical outcome of each visit but further injections will probably be required. On an

average a patient receives eight injections in the first year and approximately six injections in second year.

### **If I have lost some vision, will stronger glasses help instead of having treatment?**

Think of your eye like a camera, If the film inside is damaged even if you keep replacing the lens at the front of the camera the photos will still come out distorted/blurred. This is the same with your eyes if DMO affects the back of your eye and is left untreated it cannot be simply fixed by a stronger pair of glasses.

### **Employment**

We understand that having regular visits to the Eye Department may be causing problems for those that work. People with sight conditions may start needing extra time off for appointments or struggle with sight loss at work. Sight loss may have restricted you from driving and you're finding it impossible to get to and from work. Don't panic, we can help.

Employees with a sight condition often are regarded as unable to work or considered a problem for employers. Our Eye Clinic Liaison Officer (ECLO) can refer you to an Employment Adviser who can address this misapprehension, and with the right advice and support, employers can retain skilled and experienced staff, enabling employees to continue in the jobs of their choice.

### **Driving and sight loss**

The first thing you should do is talk to your ophthalmologist (eye specialist). Your ophthalmologist can measure your level of sight and let you know whether this means you can drive or not. The second step is to contact the DVLA.

## **What are the basic eyesight requirements for driving?**

There are two:

1. The 'number plate test'. In good light and with your glasses or contact lenses if you wear them, you must be able to read an 'old style' number plate 20.5 metres away.
2. You must have a good all-round field of vision so that you are aware of approaching vehicles and other hazards.

## **I really need to keep driving and do not want to risk losing my licence**

It is natural to be concerned at the prospect of losing your licence and not being able to drive again. It may feel like you would lose some of your independence and it can be particularly difficult if you are employed as a driver or someone relies on you to drive them about. You may even be tempted to hold back from letting the DVLA know about your condition.

Talk it through with our ECLO who can give information to you in depth, including what this might mean for you if your job involves driving.

Ultimately, if you decide to keep driving and not inform the DVLA, you could face some very serious consequences.

## **Additional information**

If you feel your eye condition has already started to affect your daily living tasks like driving, employment, reading, shopping our ECLO can offer information about the

local and national services that are available to you.

Our ECLO can also offer advice on any support and entitlements that you may be eligible for. No appointment needed just ask at reception or call direct on 01284 712805

### **Useful contact numbers**

Injection Coordinator: 01284 712721

Eye Clinic: 01284 713815

Eye Clinic Liaison Officer: 01284 712805

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)*

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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