

The Quick Summary

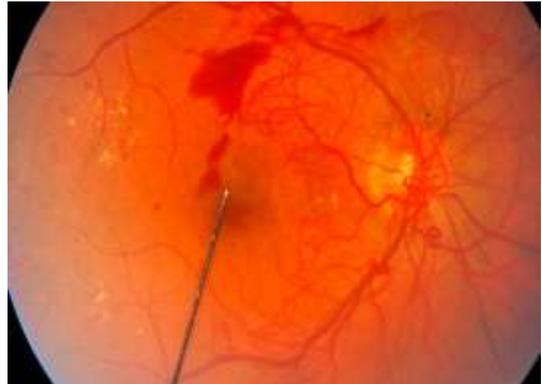
You are okay for now, but make sure you keep working with your doctor to keep your a1c in check.

Diabetic Retinopathy

On Dr. Shalwala's exam, you don't have any diabetic retinopathy. This is a very good thing, because we don't want diabetes to start causing changes in your eye. Once that happens, it can often be a spiral of worsening consequences that can be vision-threatening.

Diabetes starts affecting your eyes by causing little blood spots and changes to the old blood vessels in your retina, which is the "film" in the "camera" of your eye. After that, we worry about two major vision threatening issues.

1. Macular edema - When the old blood vessels in your eye get affected by diabetes, they can start to leak non-bloody fluid. This can lead to swelling or "edema" of the retina, and the center of the retina is called the macula. Since the retina is like the "film" in the "camera of the eye," a swollen retina is not a nice flat "film" for images to focus. This means that the vision will be blurry. Treatment of macular edema can involve injections and lasers.
2. Neovascularization - When diabetes hurts the old blood vessels in your eye enough, the delivery of oxygen to the retina is compromised, and the retina starts "calling out" for new blood vessels to deliver oxygen. New blood vessels are not good for the eye. The problem is that new blood vessels can distort the architecture of the retina, which can ruin retinal function. The new blood vessels can also bleed into the eye and fill the eyeball with blood, which cannot be seen through. Treatment of neovascularization can involve injections but almost always needs a laser for permanent treatment.



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