

Non Diabetic Retinopathy Features...What it means and what to do ...

Non DR Feature	Advice to GPs	Advice to patients
Naevus / Pigmented lesion	Most of these are benign and flat No referral needed; will be monitored at the next screening	Like a birth mark on your skin will be check again next time.
Drusen	Extracellular deposits amongst the retina pigment epithelium	Commonly findings
Myelinated nerve fibres	an unusual appearance but normal	Unusual but normal appearance of nerves
Asteroid Hyalosis	Calcium deposits in the vitreous	Floating debris inside eyes Does not require treatment
Epiretinal membrane	Thin membrane over the macula	A thin layer of scarring; treatment is not needed normally.
Retinal Vein Thrombosis	Thrombosis of a branch or of the main retinal vein Level 3 grader will inform GP whether a referral is needed.	A blockage of small blood vessels at the back of the eyes; you may need to see an eye specialist
Cupped disc	physiological or pathological This finding can be associated with raised intra ocular pressure Refer the patient to a local optometrist	This finding can be assoiated with raised eye pressure and may lead to glaucoma Please make an appointment with a local optometrist
ARM D	Age related macular degeneration Refer to a local Optometrist Dry type of AMD does not require treatment Level 3 grader will inform GP if a treatable wet type is found	Age related changes, most types does not need treatment. Please make an appointment to see a local optometrist
Cataract	Significant cataract detected within the screening system will be referred to Ophthalmology.	An appointment will be sent to see an eye specialist if not see an opometrist
Attending the national Diabetic Retinopathy Screening Programme is NOT a replacement for routine eye examination by the Optometrists. All diabetic patients are advised to attend routine eye examinations.		