

### **Manchester Royal Eye Hospital**

**Acute Services** 

**Information for Patients** 

# **Retinal Vein Occlusion**

Your doctor has diagnosed that you have a retinal vein occlusion. This leaflet will help you understand what has happened in your eye.

#### What is a retinal vein occlusion?

The retina is the light sensitive layer at the back of your eye and is responsible for what we see. The blood is carried to the inner part of the retina through only one artery and is taken back towards the heart by only one vein. They have many small branches inside the eye that help to supply the whole retina.

Blockage of the central vein is called 'central retinal vein occlusion' and blockage of a smaller branch of the vein is called 'branch retinal vein occlusion'. A blockage stops the blood from being fully drained from the eye causing bleeding in the retina and a sudden painless loss of vision. The vision is often worse if fluid that comes from the blocked vein builds up in the centre of the retina, known as macula oedema.

#### What causes it to block?

Many cases of retinal vein occlusion are related to high blood pressure, raised cholesterol levels in the blood, smoking and diabetes, or simply as a result of ageing. Sometimes the cause is not found.





## When is sight affected?

This will partly depend on where the blockage has occurred and partly depend on how severe it is. When the vein blocks some blood leaks out causing bleeding of the retina. Clear fluid also leaks out causing 'water logging' of the retina.

The centre of the retina, known as the macula, is responsible for your sharp vision, such as seeing people's faces or watching television. If this central part of the retina becomes 'waterlogged' your sight will be affected. If the central area of the retina is not affected your vision may be completely normal.

The doctor will discuss this with you following your examination and advise of the likely prognosis and whether treatment is needed.

## Is there any treatment?

The doctor may request a check of your blood pressure and blood tests to check for possible causes such as your cholesterol levels and/or blood sugar levels. Other tests may also be requested depending on your individual case.

Aspirin may be prescribed in some cases to try and prevent a further clot from forming. Laser treatment has a role to control possible complications and it may be used to reduce the swelling in the centre of the retina. New treatment approaches involve certain medicines injected inside the eye to reduce retinal swelling and can improve vision.

Both the laser treatment and the eye injection may need to be repeated.

#### Are there any complications?

It is possible that tiny blood vessels will grow to try to restore healthy blood circulation. However, these vessels tend not to be beneficial and may cause further bleeding or a rise in the pressure within your eye. Because of these possibilities the doctor will arrange a series of further appointments for you to examine your eye for signs of this and recommend treatment if and when it is necessary.





### Can it happen again?

If the risk factors are not dealt with you may suffer more blockages. Maintaining a healthy diet, regular exercise, not smoking and control of high blood pressure will reduce the chance of further blockages.

Please see your family doctor or practice nurse for help and advice with any of these. We will, with your permission, write to your family doctor to provide the information needed in order for them to help you.

Please do not hesitate to ask your doctor about your condition and the possible treatments at any visits you come to.

If you require further advice or do not understand anything contained in this leaflet please contact the macular Treatment Centre on (0161) 276 3859/5543 Monday – Thursday 9.00 am – 5.00pm.

