

always wise to have an up-to-date spectacle prescription which your Optometrist/Optician can organise for you. Up to 50% of people develop disruption to retinal layers which can affect vision to a mild degree in the long term.

What to do if symptoms recur?

About 10% have recurrences. Should this occur then a review is indicated.

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Lincoln County Hospital

Office hours: 01522 307180 then select option 4

Out of hours: Contact the on-call Ophthalmologist via switchboard on 01522 512512

Royle Eye Department, Pilgrim Hospital

01205 445626

Monday to Friday 9.00am to 5.00pm

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

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Central Serous Retinopathy (CSR)

www.ulh.nhs.uk

Aim of the leaflet

This leaflet is aimed at patients who have been diagnosed with Central Serous Retinopathy. It is designed to give you some more information about your eye condition.

What is Central Serous Retinopathy?

This is a condition that affects the retina part of the eye. The retina is situated at the back of the eye and is responsible for converting the light that enters the eye into electrical impulses which return sight. It is this delicate layer of tissue that is affected by CSR. It is a condition that typically affects people between the ages of 30 and 50 years and is due to a disturbance in the retinal pigment epithelial layer. Often there is a pinprick breach of the waterproof membrane at the back of the eye, resulting in fluid leaking from the back of the eye into the retina, causing a bubble like elevation of the retina.

What are the symptoms?

Typically people notice distorted vision, straight lines appearing wiggly as though one is looking through a beer glass. Also the central vision may be blurred. Later on, many years after this condition appeared, it may lead to some wear and tear problems with the retina, causing a gradual reduction in the central vision. It is exceptionally rare to so affect the vision as to require registration as partially-sighted and only ever affects a small amount of vision.

What is the cause?

No-one really knows, but several studies have been undertaken. It is not an infection, it is not caught and it is most likely an auto-immune abnormality which is where the body reacts against itself. Age affected is 20 to 50 years. Male: Female Ratio is 10:1 with Whites and Asians much more commonly affected than Black people.

Steroids

Up to 50% with bilateral central serous retinopathy are found to be taking steroids in some form, e.g. orally for asthma, or for skin conditions or inhalers for asthma. It is thus a common cause that should be looked for.

Current theory on aetiology (the study of why things occur)

A major life stress, either work-related or personal, is present in many people shortly before the development of the disorder. One study evaluated psychological profiles and found that a type A personality profile, particularly a hard-driven and competitive personality, was much more common in patients with central serous retinopathy than in the control group. It has been postulated that higher plasma catecholamine levels in these patients may play a role in formation of the serous detachments. Similar detachments have been produced in monkeys after intravenous injections of epinephrine, suggesting a possible mechanism by which a personality trait may predispose to central serous retinopathy.

What is the treatment?

Generally speaking it is a self-limiting condition which resolves spontaneously (85% in 1 to 6 months) and requires no specific treatment. The only treatment which has been used is laser treatment to seal the leak. This results in quicker resolution and improvement of vision over the short term but makes no difference as to the final vision. Therefore, as this procedure does carry some risks, it is not undertaken routinely but for those people where a quick resolution is imperative, such as airline pilots and train drivers, this may be an option worth considering.

Will glasses help?

Per se spectacles will not improve the condition. However, it is