

General Practitioner to make a further appointment for you at the clinic. However the risk of this complication is low.

Will the other eye become involved?

About 10% of people have the second eye involved, but only 25% of these occur within 5 years and only 30% were a complete occlusion. Thus there is an increased risk, but most people will not have the second eye involved and if it is, most people (50%) have only a partial occlusion.

Will glasses help?

Not specifically. However, you should always have the best possible glasses and your Optometrist or Ophthalmic Medical Practitioner can advise you on this.

Should you have any further questions or comments please ask your attending doctor.

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

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If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Retinal Vein Occlusion (RVO)

www.ulh.nhs.uk

Aim of the leaflet

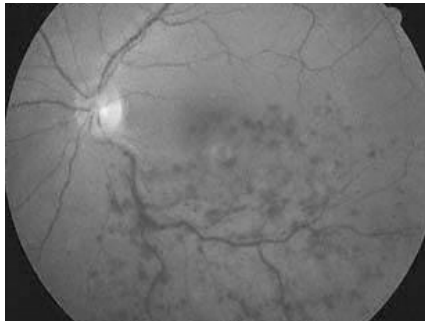
This leaflet is designed to give you some information about the condition called retinal vein occlusion.

What is a retinal vein occlusion?

The veins of the body carry the blood back to the heart and the veins of the eye carry the blood from the tissues back to the heart. These veins can become blocked suddenly and are rather like having a small heart attack in the eye. There are two types of vein occlusions:

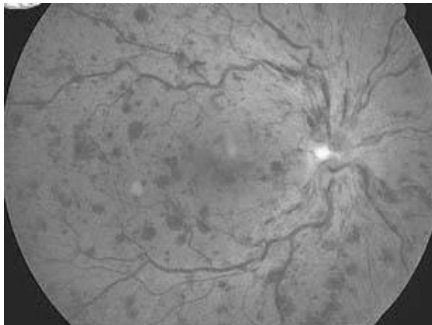
1.Branch Vein Occlusion

This is where one branch of the main vein has blocked and the results of this on the vision can be variable.



2.Central Retinal Vein Occlusion

This is where the main central vein is blocked and the vision is usually drastically reduced.



What is the cause?

Like a heart attack it is often due to a thickening of the vessel walls in the eye which we term arterio-sclerosis and is a phenomenon which happens with age. It can also be related to high blood pressure and also high pressure within the eye (glaucoma). There are also other rarer causes whereby the blood becomes too thick and sludges within the veins of the eye.

Will any tests be undertaken?

The doctor will be able to advise of any specific blood tests that are required to determine if there is a treatable cause. Typically a full blood count will be undertaken to see if the blood is too thick.

What is the treatment?

If there is an underlying cause such as high blood pressure or high eye pressure this will be specifically treated. Commonly, however, it is due to arterio-sclerosis and no specific treatment is indicated.

Will my vision return?

In a central retinal vein occlusion it is very unlikely that this will occur. In a branch retinal vein occlusion some recovery of vision may occur but this varies from person to person.

Is any treatment indicated?

No specific treatment for the vein occlusion is required, but in the event of collecting fluid in the retina (macular oedema), laser treatment can be applied to reduce the risk of further visual loss.

Most recently, a new drug has been approved by NICE (National Institute for Clinical Excellence) to use in this condition based on specific criteria. Please ask your eye specialist for more details.

Are there any later complications?

In certain circumstances the retina can produce a vaso-proliferative factor which causes new blood vessels to grow on the iris (coloured part of the eye). This can then result in high pressure within the eye which can be very painful. The doctor will make an assessment of this risk and also possibly undertake a Fluorescein angiogram if clinically indicated. If the risks of this complication are high then laser photocoagulation treatment to the eye will be undertaken, not to improve the vision but to either prevent or treat the new vessels on the iris and so hopefully reduce the risk or severity of what is termed rubeotic glaucoma. This can be a very painful condition and is why close attention is placed on this particular aspect. This can occur even quite late and should you notice any pain develop in the eye then you should ask your