**Title:** “Assessment of Diabetic Retinopathy Screening, Problems & Possible Solutions”

**Principal Investigator / Author:** Dr. Sarah Hayes

**Abstract**

**Background:**

Diabetic retinopathy (DR) is a leading cause of preventable blindness among adults with diabetes. Since the establishment of the Irish National Diabetic Retinopathy Screening Programme in 2013, screening uptake has improved substantially. However, the extent of patient understanding and satisfaction with the current system remains underexplored at Outpatient Clinical Level.

**Aim:** To evaluate patient awareness of DR Screening, engagement, and perceived problems in participating in the Diabetic Retinopathy Screening among individuals attending an outpatient endocrinology clinic.

**Methods:** A prospective audit was conducted between August and October 2025 at the Endocrinology Outpatient Department, St. John’s Hospital, Limerick. 30 Adult patients (>40 years) with type 1 or type 2 diabetes were invited to complete a five-question anonymized survey assessing **(1)** understanding of DR, **(2)** engagement with the screening leaflet, **(3)** willingness to attend screenings despite work commitments, **(4)** adherence to post-screen driving recommendations, and **(5)** satisfaction with screening results. Data were analyzed descriptively and compared with recent Irish and international reports.

**Results:**

One hundred percent of patients reported attending DR screening. Despite this, only 10% accurately described what diabetic retinopathy is, while 90% had limited or incorrect understanding. Eighty-five percent of participants did not read the accompanying DR information leaflet, commonly describing it as “too text heavy” and lacking simple visual explanations. Twenty percent expressed difficulty attending appointments due to work commitments or loss of income. Forty-five percent admitted to driving within 20 minutes of receiving dilating drops, contrary to guidance advising avoidance of driving for up to six hours. Twenty-five percent reported dissatisfaction with “vague” follow-up letters describing “mild retinopathy” without clear explanation or visual reference.

**Conclusion:** Although screening attendance was high, patient understanding of DR and satisfaction with the process were poor. Simplified educational materials, legislative support for paid leave, improved transport access, and clearer result reporting are recommended to enhance engagement and compliance with the National Diabetic Retinopathy Screening Programme.

**Main Paper - Introduction**

Diabetic retinopathy (DR) remains one of the most common microvascular complications of diabetes and a leading cause of preventable blindness among working-age adults. Early detection and treatment are critical for preventing visual loss. The UK established a nationwide DR screening programme between 2002 and 2007, achieving sustained reductions in blindness rates among people with diabetes.

Following this model, the Irish National Diabetic Retinopathy Screening Programme was launched in 2013 under the Health Service Executive (HSE). The programme offers free annual or biennial retinal imaging to all eligible patients with diabetes. Despite strong attendance nationally, limited research has examined patients' understanding of DR, satisfaction with communication, or adherence to post-screening recommendations.

This audit aimed to assess awareness and perceptions of DR screening among patients attending an endocrinology outpatient clinic, identifying barriers and opportunities for improvement twelve years after the programme's roll-out.

**Aims**

1. To assess patients' understanding of diabetic retinopathy and its significance.
2. To evaluate patient engagement with screening information and adherence to safety advice.
3. To identify practical and systemic barriers to attendance, including work-related and transportation issues and driver dependence on other people.
4. To explore patient satisfaction with the clarity and usefulness of screening results.
5. To propose feasible solutions to enhance patient understanding and overall programme effectiveness.

## Methods

### Setting and Participants

The audit was conducted in the Endocrinology Outpatient Department of St. John's Hospital, Limerick, over a three-month period (August–October 2025). Ethical Approval was not required for this Audit, but Patient Consent was gained and full compliance to both the Hospital's Strategy on Audit and Declaration of Helsinki was observed at all stages of the Audit.

Thirty Consecutive adult patients (M&F, >40 years) with type 1 or type 2 diabetes attending for routine follow-up were invited to participate on the Endocrine Appointments at SJH. Patients normally answer a double sided A4 Page Clinic Proforma, about their Diabetes, on entering the clinic. This questions aspects like their frequency of Hypos, Time in Target, diet, other issues known to effect diabetics, like ulcerative feet, decreased kidney function and Diabetic Retinopathy.

The one-line question – "Do you attend the National Diabetic Retinopathy Screening", demanded an Audit, on addressing: exactly how well patients understand the retinopathy screen, how well they are likely to attend, if they were dissatisfied by any parts of the screen and if there after possible solutions could be introduced to improve any problems noted.

### Design

Participants were asked whether they had attended their most recent DR screening. Those who had attended (100% of respondents) were invited to complete a brief, five-question anonymous questionnaire exploring knowledge, engagement, and perceptions of screening.

**Audit Tool**

The survey comprised five core questions:

1. Do you know what diabetic retinopathy is, and can you explain it?
2. Do you read the information leaflet provided before screening?
3. Are you happy to attend screening even if it requires missing work?
4. Do you drive or arrange transport home after receiving dilating drops?
5. Are you satisfied with the clarity of your screening results?

**Data Collection and Analysis**

Responses were collected confidentially in a private clinical setting. Verbal explanations were permitted to clarify questions. Quantitative data were summarized as percentages, and qualitative comments were analyzed for recurring themes. Findings were compared with 2023 national market research on DR awareness and with international screening attendance data from New Zealand and the UK.

**Results**

**Demographics and Screening Uptake**

All 30 participants reported attending the national DR screening. This attendance rate (100%) was notably higher than reported rates in the 2023 [1]“ Appendix A: Diabetic RetinaScreen Market Research March 2023 J.224165”, which noted 72% attendance of at DR Screening in 2023, comparable international studies: for example, New Zealand’s two-year uptake of 62.1%.

[1] Appendix 1: Research_DRS_B+A_Behaviour +Attitudes Survey final_Mar 23.pdf, pg. 399, stating 72% attendance.

**Knowledge of Diabetic Retinopathy**

Only 10% of respondents could accurately describe DR as a microvascular complication of diabetes involving 'leakage' or 'blockage' of retinal blood vessels. The remaining 90% either misunderstood the condition or had no knowledge of its pathophysiology, often describing it in vague or incorrect terms (e.g., "dots in the back of the eye or when you go blind" or "seeing floaters").

**Engagement with Screening Information**

Eighty-five percent of respondents admitted they did not read the Information letter provided with Appointment date for patients.

[2]**Appendix B: Information Leaflet over past 13 years sent to Diabetic Patients.**

The majority cited Seeing excessive text, [3] **Appendix C: Text Laden DR Patient Leaflet**

lack of visual explanation, and "medical jargon" as deterrents. Some stated they were too preoccupied with logistical preparations for the appointment to read lengthy materials. Only 15% reported reading the leaflet fully.

**Work and Attendance Barriers**

Twenty percent of patients indicated that taking time off work posed difficulties, particularly for those without paid leave or who were self-employed. While a freephone number allows rescheduling, many respondents noted that financial and occupational constraints discouraged engagement or created stress surrounding appointments. 25% Patients have had to reschedule in the past. The Free phone-line facilitates easy rescheduling on quoting you name, address and DOB.

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[2] DR Leaflet – Your Guide to DR Screening. The National Diabetic Retinal Screening Programme 2025
[3] DR Leaflet – Your Guide to DR Screening. The National Diabetic Retinal Screening Programme 2025

**Post-Screening Driving Practices**

Forty-five percent of participants reported driving within 10–20 minutes of receiving dilating drops, despite guidance advising against driving for up to six hours. Reasons included lack of transport alternatives and perceived recovery of vision. One individual patient stated, they did order a Taxi for the first screening but self-drive now, due to cost and convenience. Other patients stated their families were busy working and they did not wish to inconvenience them by requesting a lift. Other stated they did not wish to be Driver Dependant". Patients were not aware that driving is hazardous and in fact their Car insurance may be invalidated if vision was found to be impaired after dilation, if they collided with another road user.

The booklet uses the Modal verb, Patient should not drive post Dilatation, which should be changed to 'can not' drive post dilatation, as this is a serious road hazard.

[4] **Appendix D: "Tips to Help with your Appointment" Advices one 'should' not drive or operate heavy machinery, not you "Can not" Drive.**

**Satisfaction with Screening Results**

A quarter (25%) of participants expressed dissatisfaction with the clarity of follow-up letters, particularly those receiving the result "mild retinopathy." Patients found this terminology ambiguous and anxiety-provoking, uncertain whether "mild" implied reversibility or progression risk. Many suggested the inclusion of images or labelled diagrams to illustrate retinal changes and clarify disease stage.

**Discussion**

[4] Diabetic Retinopathy Tips for Successful Screening Appointment: Patient advised they 'should' not drive or operate heavy machinery post pupillary Dilation. It does not clear say Do Not Drive post Dilation.

This audit identified significant gaps in patient understanding and communication within the Irish National DR Screening Programme, despite near-universal attendance.

Awareness of DR was strikingly low compared with published reports. While the 2023 national survey found that approximately (Average 68.25%), aged U35 – 65+% of Irish adults with diabetes or affected family members had a reasonable understanding of DR, this audit found that only 10% of screened patients could accurately define it. This discrepancy suggests that existing educational materials may not be effectively engaging patients in real clinical settings.

The poor uptake of educational leaflets reflects a broader literacy and accessibility issue. Patient feedback emphasized the need for concise, visually guided information written in plain language. Similar findings have been observed in ophthalmic health literacy studies, where illustrated materials significantly improve patient comprehension and retention.

Practical barriers such as work commitments and transportation further limit access. Legislative or employer-supported paid leave for essential medical screening: particularly for chronic diseases such as diabetes could substantially improve equity of participation.

Driving after [5]Appendix D[i]dilation poses both safety and medicolegal concerns **Appendix E(i): Consent Form Outlining the ASE of the DR Procedure – using the Dilator Drops.**. Motorist should not Drive after Dilation of pupils, it is simply put a driving risk and poses risks to self and other motorist using public roads. Consent forms clearly state DR Patients should not drive after dilation and why is this not made illegal by the Irish Driving Authority?.

[5] Appendix E(i): National Diabetic Screening Programme, DR/F/PG2 REV2: Consent Form Outlining the ASE of the DR Procedure on using the Dilator Drops, Including Stinging, blurring for up to 6 hrs., sensitivity to light, unsuitability for contact lens use.

[6]**Appendix E(ii): Consent Form Outlining the ASE of the DR Procedure – using the Dilator Drop.**

Looking at the 2023 Survey on Diabetic Retina Screen Market Research, Pg. 33 states "33% were aware The eye drops make your vision blurred for a long time which makes driving or working after their DR Screen however 45% of patients disregarded post-screening guidance from the Audit I conducted, citing necessity or lack of enforcement and unwillingness to be driver dependant for lift home. There is currently no statutory prohibition on driving after pharmacologic dilation in Ireland, representing an area for potential public health and legal review. Solutions to this hazardous risky practice by the 45% of patients I audited are possibly to use other drops with minimal time in pupil dilation or new Imaging procedure which do not require dilation Drops.

Finally, dissatisfaction with "vague" results highlights a communication gap. While many patients appreciate reassurance, unclear terminology without explanation or visual aids leads to confusion and anxiety.

Standardized feedback letters with pictorial representation of disease stage (R0–R3) could enhance understanding and encourage adherence to follow-up care.

**Recommendations**

To optimize the impact of the National DR Screening Programme, the following recommendations are proposed:

1. **Simplify patient education materials** by replacing text-heavy content with concise, illustrated explanations using non-technical language.
2. **Enhance patient feedback** with standardized, pictorially labelled reports detailing DR stage and recommended follow-up.

[6] The National Diabetic Retinal Screening Programme Consent Page2, DR/F/PG2REV2

3. **Implement legislative or workplace policies** supporting paid leave for diabetic screening attendance, ensuring equitable access.
4. **Develop transport assistance options** or partnerships to facilitate safe travel for patients after pharmacologic dilation.
5. **Review and update national guidelines** to consider non-mydriatic imaging technologies, reducing the need for dilating drops and associated risk.

## Conclusion

Twelve years after the launch of Ireland's National Diabetic Retinopathy Screening Programme, this audit demonstrates [7][Appendix F, Pg. 35] excellent attendance but poor patient understanding and satisfaction.

Just as the National Diabetic Retina Screen Market Research March 2023 showed, this Audit also highlighted some barriers and challenges to the DR Screening Programme. However, steps to give simplified education, transparent result communication, and systemic support for attendance are essential to ensure the programme achieves its full potential in preventing avoidable blindness.

[7] DR Attendance 100% but poor patient understanding of DR 10% and 25% satisfaction of Audited DR Screening in St. John's Hospital Clinic Aug. To Oct. 2025.

## References


1. Access to diabetes eye care services in Aotearoa New Zealand: who and how often? Community Eye Health J.
2. Screening for diabetic retinopathy in a rural French population with a mobile non-mydriatic camera.
3. Gagnier JJ, Kienle G, Altman DG, et al. The CARE guidelines: consensus-based clinical case report guideline development. J Clin Epidemiol. 2014;67(1):46-51.
4. Health Service Executive. Irish national diabetic retinopathy screening programme. Dublin: HSE; 2013.
5. Market research on diabetic retinopathy awareness. Ireland; 2023.


**Appendices:**

**Appendix A: Research_DRS_B+A_Behaviour +Attitudes Survey final_Mar 23 1.docx**

**Appendix B – Diabetic Retinopathy Leaflets posted to patients over past 13 years.**

**Appendix C: Text Laden DR Patient Leaflet**

**Appendix D: "Tips to Help with your Appointment" Advices one 'should' not drive or operate heavy machinery, not you "Can not" Drive.**

**Appendix E(i): Consent Form Outlining the ASE of the DR Procedure – using the Dilator Drops.**

**Appendix E(ii): Consent Form Outlining the ASE of the DR Procedure – using the Dilator Drop.**

**Appendix F: Average attendance over 4 age groups of 68.25% Attendance to eye screening – Page 19**

**Footnotes:**

1. Research – Diabetic Retinopathy Screening Behaviour +Attitudes Survey final, March 23.pdf, pg. 39, stating 72% attendance.
2. DR Leaflet – Your Guide to DR Screening. The National Diabetic Retinal Screening Programme 2025

3.DR Leaflet – Your Guide to DR Screening. The National Diabetic Retinal Screening Programme 2025

4. Diabetic Retinopathy Leaflet: Tips for Successful Screening Appointment: Patient advised they 'should' not drive or operate heavy machinery post pupillary Dilation. It does not clear say Do Not Drive post Dilation. 5.Appendix E(i): National Diabetic Screening Programme, DR/F/PG2 REV2: Consent Form Outlining the ASE of the DR Procedure on using the Dilator Drops, Including Stinging, blurring for up to 6 hrs., sensitivity to light, unsuitability for contact lens use.

6.The National Diabetic Retinal Screening Programme Consent Page2, DR/F/PG2REV2

7.DR Attendance 100% but poor patient understanding of DR 10% and 25% satisfaction of Audited DR Screening in St. John's Hospital Clinic Aug. To Oct. 2025.

**Appendix A**

Research_DRS_B+A_Behaviour%20+Attitudes%20Survey%20final_Mar%2023

# Diabetic RetinaScreen

## Market Research

March 2023

J.224165

Prepared by:
Larry Ryan & Sarah Chapman

B&A

**Appendix B – Diabetic Retinopathy Leaflets posted to patients over past 13 years.**

## Appendix C: Text Laden DR Patient Leaflet

### What Diabetic RetinaScreen is

Diabetic RetinaScreen offers free regular diabetic retinopathy screening to people over the age of 12 who have diabetes.

If you have diabetic retinopathy, we aim to detect it and get treatment for it as soon as possible to help reduce any damage to your sight.

Diabetic RetinaScreen is the National Diabetic Retinal Screening Programme, and is funded by the government.

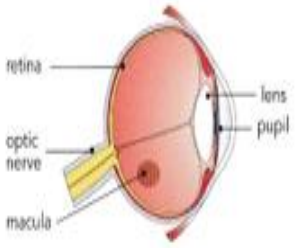
### Why diabetic retinopathy screening is important

Untreated diabetic retinopathy is a very common cause of sight loss for people who have diabetes. When the condition is caught early, treatment is effective at reducing or preventing damage to your sight. Diabetic retinopathy eye screening is a key part of your diabetes care.

### What diabetic retinopathy is

Diabetic retinopathy is a complication of diabetes that affects the small blood vessels at the back of the eye, in an area called the retina.

A healthy retina is necessary for good eyesight.




If you have diabetes, the blood vessels in the retina become thicker, and the blood flowing in the blood vessels slows down.

In the early stages, diabetic retinopathy may not affect your sight. But if the changes get worse, eventually your sight will be affected.

Diabetic retinopathy is the name for two different changes in the retina that can affect the sight:

**Diabetic macular oedema** – this is where leaky blood vessels affect the part of the retina called the macula. If fluid leaks from these vessels and affects the centre of the macula, the person's sight will be affected. This is the more common eye change.

**Proliferative diabetic retinopathy** – this is where fragile new blood vessels form on the surface of the retina over time. These abnormal vessels can bleed or develop scar tissue, causing severe loss of sight.

Both of these changes can be treated and managed if they are detected early enough.

### The risk of developing diabetic retinopathy

You are at risk of developing diabetic retinopathy if you have Type 1 or Type 2 diabetes. The longer you have had diabetes, the more likely you are to develop diabetic retinopathy.

### What diabetic retinopathy screening is

This screening uses specialised digital photography to look for changes that could affect your sight. Frequent eye screening can detect diabetic retinopathy before you notice any changes to your sight.

### How you get a screening appointment

You must register with Diabetic RetinaScreen to receive your eye screening appointment. There are two ways of registering with the programme:

1. You can self-register through www.diabeticretinascreen.ie; or by using this QR code:

2. Your GP (family doctor) or healthcare professional can refer you for diabetic retina screening.

Scan to register

After you have been referred to the programme, you will get a letter inviting you to consent (agree) to taking part. To get an appointment, you will need to complete the consent process.

If you are under the age of 16, your parent or guardian must go with you to your appointment.

### What happens during your eye screening appointment

- Staff at your local screening centre will give you information about using eye drops as part of your screening appointment. They will ask for your consent to use them. It is important you understand the information before you consent.
- The drops will be put into your eyes to temporarily make your pupils larger.
- A staff member will take photographs of the back of your eyes with a special camera. The camera does not touch your eyes.
- An expert will review the photographs.
- The appointment will last about 30 minutes.

### Tips to help with your appointment

- You should not drive or operate machinery after your appointment until your vision has returned to normal. Your vision may be blurry for about 4-6 hours after your appointment.
- You may need someone to bring you home, so arrange transport before your appointment.
- Take any prescribed medication as normal.
- Eat as normal; there is no need to fast.
- Bring your glasses (distance glasses or contact lenses) if you wear them, and sunglasses if your eyes are sensitive.

Diabetic retinopathy screening uses specialised digital photography to look for changes that could affect your sight.

**Appendix D: "Tips to Help with your Appointment" Advices one 'should' not drive or operate heavy machinery, not you "Can not" Drive.**

## What is Diabetic RetinaScreen?

Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme is a government-funded programme that offers free, regular diabetic retinopathy screening to people with diabetes aged 12 years and older.

## What is diabetic retinopathy?

Diabetic retinopathy is a common complication of diabetes which affects the small blood vessels in the lining at the back of the eye. This lining is called the retina. The retina helps to change what you see into messages that travel along the sight nerve to the brain. A healthy retina is necessary for good eyesight. Diabetic retinopathy can cause the blood vessels in the retina to leak or become blocked and damage your sight.

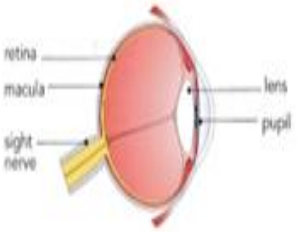
## What causes diabetic retinopathy?

When someone has diabetes, over time the blood vessels in the retina become thicker and the blood flowing in the blood vessels slows down. In the early stages, diabetic retinopathy will not affect the sight, but if the changes get worse, eventually the sight will be affected. Diabetic retinopathy is the name for two different changes in the retina which can affect the sight:

**Diabetic macular oedema** – where leaky blood vessels affect the part of the retina called the macula. If fluid leaks from these vessels and affects the centre of the macula, the sight will be affected. This is the more common eye change.

**Proliferative diabetic retinopathy** – where fragile new blood vessels form on the surface of the retina over time. These abnormal vessels can bleed or develop scar tissue causing severe loss of sight.

Both diabetic macular oedema and proliferative diabetic retinopathy can be treated and managed if they are detected early enough. If they are left untreated, sight problems will develop.




## Who is at risk of developing diabetic retinopathy?

Anybody with diabetes, either Type 1 or Type 2, is at risk of developing diabetic retinopathy. The longer you have had diabetes, the more likely you are to develop diabetic retinopathy.

## What is diabetic retinopathy screening?

Diabetic retinopathy eye screening uses specialised digital photography to look for changes that could affect your sight. Regular eye screening can detect diabetic retinopathy before you notice any changes in your sight.

## Why is diabetic retinopathy screening important?

Diabetic retinopathy may not have any symptoms in the early stages or may not affect your sight until the changes to your eyes are quite advanced. For this reason, regular eye screening is very important. Untreated diabetic retinopathy is the most common cause of sight loss in people of working age. When the condition is caught early, treatment is effective at reducing or preventing damage to your sight. Diabetic retinopathy eye screening is a key part of your diabetes care.

## How do I get a diabetic retinopathy eye screening appointment?

Step 1: If the programme has been informed you were diagnosed with diabetes, you will be invited by letter to attend for screening.

Step 2: When you get the letter you must call the Freephone number 1800 45 45 55.

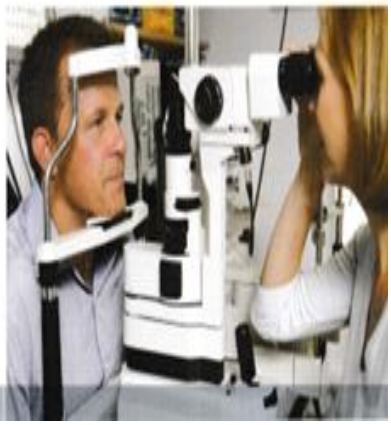
Step 3: When you phone you will be asked to provide consent to give the programme permission to receive, hold and share your personal details within the programme.

Step 4: You will then be sent an appointment letter to attend for free diabetic retinopathy screening at a local screening centre.

If you are under the age of 16, you must be accompanied by your parent or guardian.

## What will happen during the eye screening appointment?

- Drops will be put in to your eyes to temporarily make your pupils larger. You may find the drops sting.
- Photographs of the back of your eyes are taken with a digital camera. The camera does not touch your eyes. Photographs are sent to an expert to review.
- The appointment will last about 30 minutes.



## Appendix E(i): Consent Form Outlining the ASE of the DR Procedure – using the Dilator Drops.

HSE

Diabetic RetinaScreen
An Clár Náisiúnta Scagthástála Retine do Dhiabéitigh
The National Diabetic Retinal Screening Programme

# Consent form

### Consent to take part in Diabetic RetinaScreen

Diabetic RetinaScreen offers free, regular diabetic retinopathy screening to people with diabetes aged 12 and over. This information sheet explains why you need to give your consent to be part of the programme.

### Data Protection in Diabetic RetinaScreen

The HSE, National Screening Service (NSS) is the data controller for the personal data you supply by participating in Diabetic RetinaScreen. The personal data will be stored securely and only processed in accordance with data protection law and the HSE's data protection policy.

With your consent we will process your data to ensure we can complete the screening test and invite you for any follow up treatment and future screening. You can withdraw this consent at any time and we will stop processing your information for these purposes.

We will also process your data in order to comply with our responsibilities as outlined in the Health Acts and other relevant legislation. This can include quality assurance, quality improvement, risk and claims management, patient experience; issuing reminders by SMS or email; and contacting people who might be suitable for research. Your data will not be used for research without consent. You can find out more about data protection rights and how to use them at www.hse.ie/gdpr.

### Where will my information be stored?

It will be stored on the Diabetic Retinopathy Screening Register (DRSR). This is a secure database that lists the name, address, date of birth, mother's maiden name, PPSN and GP (family doctor) details of each person who takes part in Diabetic RetinaScreen. For confidentiality, each person on the database has a unique identification number, known as the Diabetic Retinopathy Screening ID (DRS ID).

### How will my information be used?

Diabetic RetinaScreen will use your information to invite you for your free diabetic retinopathy screening test when it is due, to enable us to do this your information will be shared with our screening service providers. Your screening result letter will be sent to your GP and nominated endocrinologist. If follow up treatment is required we will share your information with your assigned treatment centre in order to invite you for treatment.

The image of your retina may be used in teaching. It may also be used in reviewing the photographer and graders to ensure the quality of the programme.

Your name will never be included in any reports, teaching or reviews. We will use your information to compile figures and reports to help us find out how well the programme is working.

### Consent to the use of eye drops

As part of your diabetic retinopathy screening test, you will be asked to consent to the use of eye drops to dilate your pupils. The purpose and possible side effects of eye drops will be fully explained to you.

So that you are aware that:

- You may feel a stinging sensation (like getting soap in your eye) when the drops are first put in.
- Your sight may be blurry for up to 4 to 6 hours after the test.
- You should not drive until your vision returns to normal, which may be for up to 6 hours.
- Your eyes can feel sensitive to light after the drops have been used. Sunglasses may help.
- It may be difficult to read until your vision returns to normal.
- You should not rub your eyes after the drops are first used.
- You may not wear contact lenses for at least two hours after the eye drops have been used.
- Very rarely the use of eye drops may cause a condition called 'acute glaucoma'.

You will be given more information on what to do if this happens, in the attached advice sheet.

**Appendix E(ii): Consent Form Outlining the ASE of the DR Procedure – using the Dilator Drop.**

# Advice following use of eye drops

## Advice following use of dilating eye drops

Thank you for taking part in Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme. Both you and your GP (family doctor) will receive your results within three weeks.

We used eye drops today to dilate your pupils.

Your eyes were dilated using:

- [ ] Tropicamide 0.5%
- [x] Tropicamide 1%
- [ ] Phenylephrine 2.5%

These eye drops will temporarily blur your vision.

- Please do not drive or operate machinery until your sight has returned to normal.
- Please do not rub your eyes after the drops are first used.

The drops can take up to four to six hours to wear off.

- Do not wear contact lenses for at least two hours after the eye drops have been used.
- Wear sunglasses if it is sunny outside.

Very rarely the use of eye drops may cause a condition called 'acute glaucoma'. If this happens you will need to be treated in hospital. Occasionally treatment may involve laser treatment or surgery. If you have any of the following symptoms you must telephone your nearest Emergency Department.

- Severe eye pain.
- Nausea and vomiting.
- Headache.
- Blurred vision and/or seeing haloes around lights.
- Profuse tearing.
- Palpitations (only relevant if Phenylephrine drops are used).
- Redness and itching of your eyes.

## What to do if you have any of these symptoms

1. Telephone your nearest hospital Emergency Department.
2. Tell the Emergency Department that you had your eyes dilated as part of Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme using the eye drops indicated on this form. Follow the instructions you are given over the phone.

If you have an allergic reaction that needs assessment and treatment, please let us know after you have had your treatment. We will add this important information to your record.

**Appendix F: Average attendance over 4 age groups of 68.25% Attendance to eye screening – Page 19**

Courtesy of
Research_DRS_B+A_Behaviour%20+Attitudes%20Survey%20final_Mar%2023

## Factors recognized to reduce risk of developing diabetic retinopathy x Demographics

B&A

Base: 330 adults with diabetes, have a spouse or child with diabetes

| | Total | Gender | | Age | | | | Social Class | | Region | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | U35 | 35-49 | 50-64 | 65+ | ABC1F | C2DE | Dublin | RoL | Munster | Conn/ Uls |
| *Base:* | *330* | *142* | *187* | *39* | *109* | *114* | *68* | *213* | *117* | *102* | *95* | *81* | *52* |
| | % | % | % | % | % | % | % | % | % | % | % | % | % |
| Keep control of blood sugar/or diabetes | 78 | 77 | 78 | 59 | 70 | 87 | 85 | 75 | 83 | 77 | 81 | 73 | 79 |
| Taking your diabetes medication | 72 | 69 | 73 | 51 | 62 | 79 | 85 | 67 | 79 | 71 | 73 | 69 | 75 |
| Attend your eye screening appointments | 69 | 68 | 70 | 54 | 51 | 81 | 87 | 66 | 74 | 63 | 76 | 70 | 67 |
| Eating a healthy balanced diet | 67 | 65 | 68 | 64 | 60 | 68 | 78 | 65 | 70 | 64 | 65 | 70 | 71 |
| Register with Diabetic RetinaScreen | 64 | 65 | 63 | 59 | 44 | 74 | 82 | 60 | 71 | 55 | 75 | 62 | 65 |
| Regular exercise | 61 | 61 | 60 | 62 | 51 | 64 | 69 | 58 | 65 | 61 | 60 | 62 | 60 |
| Taking daily glucose readings | 55 | 54 | 56 | 49 | 55 | 55 | 59 | 55 | 56 | 63 | 53 | 47 | 58 |
| Stop smoking | 52 | 52 | 51 | 62 | 44 | 54 | 54 | 48 | 59 | 55 | 55 | 53 | 38 |
| Other | 1 | 2 | - | 5 | 1 | - | - | 1 | 1 | 1 | 1 | - | 2 |
| Don't know | 6 | 4 | 8 | 5 | 9 | 5 | 4 | 7 | 5 | 4 | 5 | 10 | 8 |

Over 50 year olds are more likely to state *attending eye screening appointments* is a factor in reducing risk with 35-49 year olds less likely to state this. A similar trend is seen for *registering with Diabetic RetinaScreen*.



Q.DR2 To the best of your knowledge, is there anything that can be done to reduce the risk of developing diabetic retinopathy?