Diabetes - Retinopathy	Referral Guide: Page 1 of 1	Ophthalmology
Diagnosis/Definition:		
Diabetic Retinopathy is caused by progressive retinal capillary failure, tissue ischemia, and vasoproliferative response. In most Type 1 and 2 diabetics it takes years to develop. The condition is unlikely to present in purely gestational glucose dysregulation unless the patient was diabetic prior to pregnancy. Untreated diabetic retinopathy can lead to permanent visual disability or possibly blindness.		
Initial Diagnosis and Management:		
Routine eye care of the diabetic patient depends on annual comprehensive evaluations performed by an ophthalmologist. It is important that the referring caregiver check to see when the last eye exam was performed prior to referral so as not to duplicate services. For newly diagnosed patients, it is helpful to arrange for a first evaluation several months after the initiation of treatment so as to allow stabilization of refractive derangements that often accompany new onset diabetes.		
Ongoing Management and Objectives:		
Diabetics should be referred back to Ophthalmology for any new complaints of sudden visual changes. Patients should be encouraged to control glucose levels and blood pressure within strict parameters to lessen the chance of developing severe eye disease.		
Indications for Specialty Care Referral:		
Routine diabetic eye care is recommended annually. Please check records to determine last referral. Please do not duplicate referrals for routine care within the 12 month interval. Please try to arrange a first diabetic evaluation for 2 months after initiating treatment to allow for refractive shifts to stabilize.		
Test(s) to Prepare for Consult:	Test(s) Cons	ultant May Need To Do:
None needed.	Fluorescein a	ngiograms.
Criteria for Return to Primary Care:		
A normal exam (no retinopathy) will return patient to primary care services until the next routine exam interval.		
Revision History: Created Revised		

**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.