Losing Sight

At the age of 41 Rosetta Ivey learned she had diabetes, but she didn't know until much later that the illness could lead to blindness.

November 30, 2016 By Kate Ferguson

In 1990, at age 41, Rosetta Ivey learned she had type 1 diabetes. She was unaware that she had the illness and later developed a diabetic eye disease called nonproliferative diabetic retinopathy (NPDR), a condition that occurs when damaged blood vessels in the retina begin to leak extra fluid and small amounts of blood into the eye. If left untreated, the disease can progress to a more severe version of NPDR called diabetic retinopathy, which causes a loss of vision that's sometimes irreversible.

Ivey's doctor, Suber Huang, MD, the chair of the National Eye Health Education Program (NEHEP) Planning Committee, helped her work on controlling the disease. But after seeing Huang for many years, he told her during a routine test that she had NPDR. "I didn't know anything about NPDR," Ivey says, "so he explained to me that it was an early stage of retinopathy that could be caused by either type 1 or type 2 diabetes."

Type 1 diabetes is an autoimmune disorder that occurs when the pancreas stops producing insulin, a hormone that enables people to get energy from food and controls their blood sugar levels. In type 2 diabetes, the pancreas produces insulin, but the body doesn't use the hormone properly to keep the blood sugar at normal levels.

"Diabetic eye disease is a serious complication of diabetes, and it's the leading cause of vision loss and blindness in working-age Americans, adults ages 20 to 74," Huang explains. "Diabetes damages the small blood vessels in the retina, the light-sensitive tissue that lines the inside of the eye like wallpaper. And while all people with diabetes are at risk, African Americans, American Indians, Alaskan Natives, Hispanic and Latino populations and older Americans are individuals at high risk for vision loss, even blindness from diabetic eye disease."

Huang treated the damaged blood vessels in Ivey's right eye with laser surgery. For a while, the treatment helped, but then the blood vessels in her retina began leaking blood again. Ivey underwent three additional laser surgeries in that eye to address the issue. Then she began having a problem with her left eye.

"I would get blurry vision and have floaters [small spots that drift through one's field of vision] in

my eye that came and went," she says. "Last year, my blood vessels really started bleeding, and I had floaters that lasted longer than one day, so I knew something was wrong."

Ivey called Huang's office and described her symptoms. His secretary told Ivey he wanted to see her the next day. When she arrived at her appointment, a nurse conducted a routine eye examination that uncovered a problem Ivey hadn't imagined. "When she placed the covering over my left eye and told me to read the chart, I couldn't see anything," Ivey says. "It was a disaster right about then, so she tried to calm me down."

Eventually, Huang came into the examination room and explained the situation to Ivey. He told her he'd do his best to restore her sight, but it would mean she'd have to undergo more surgery. Ivey says Huang told her that first he'd let her go without doing anything for a few weeks. "He said he wanted the eye to do whatever it was going to do on its own."

Huang says that once patients are aware they have diabetic eye disease, they worry about losing their eyesight. But when they learn that there are treatments available to them that can preserve their vision, "they're quite relieved."

Like these patients, Ivey feared going blind. The outcome of this next surgery concerned her before, during and after the procedure. "I was thinking that when they removed the covering from my eye, I might never be able to see out of my right eye," she says.

The days prior to her post-surgery visit to the doctor were blurry. "I don't remember, because I was so on edge," she says.

The moment at which the bandages came off, however, is committed to Ivey's memory forever. "That was one of the best days of my life," Ivey says. I was able to see!"

Currently, Ivey visits Huang every six months "and so far everything is good," she says. "I just have to have some cataracts removed from my left eye."

As part of a good self-management practice, people with diabetes should have a comprehensive eye exam that includes dilation of the eyes. According to the National Eye Institute, a division of the National Institutes of Health, these checkups are key, because dilation enables an eye care professional to examine the inside of the eye and get a clear view of the tissues at the back of the eye, including the retina, the macula and the optic nerve.

During a dilated eye exam, a doctor uses drops to widen the pupil of the eye to check for damage or disease. "There are often no warning signs or symptoms in people who have diabetic retinopathy," Huang explains. "These early warning signs, because they're absent, can often lead to unnecessary vision loss."

Adds Huang, "In addition, to eye exams, it's important to keep your health on TRACK." For people living with diabetes, the acronym is meant as a reminder that folks should Take their medicines, Reach and maintain a healthy weight, Add physical activities to their routine each day, Control

your blood glucose number (a.k.a. the A1C), blood pressure and cholesterol levels and Kick the smoking habit.

Ivey stresses these additional pieces of advice: Go to the doctor for your checkups and research your family history. “I didn’t know until after I was diagnosed as a diabetic that diabetes ran in my family,” she says. “My grandmother had diabetes and had to have both of her legs amputated. I knew nothing about diabetes. Get tested, so you’ll know if you have the disease before problems begin to arise.”

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