

## **Retinal Vein Occlusion**

### **Case study E**

86 year old from Pembrokeshire.

#### **From symptoms to seeking medical help**

Mr E first experienced sight loss in 2001. He had been away from home at the time when he experienced mild irritation in his left eye. When he returned home he realised that the left eye was not working correctly. He described it as 'slowly fading away' as if the retina (or something else) was losing function.

He went to see his GP who examined the affected eye and decided to refer him immediately to West Wales General Hospital in Carmarthen because he thought there was 'a problem at the back of Mr E's eye'.

#### **Hospital treatment**

Mr E was diagnosed with retinal vein occlusion. He did not receive any treatment for this but was encouraged to control his cholesterol level. He also received treatment for glaucoma for some time but this was discontinued for some time before being reinstated for his right eye as a precautionary measure. Finally, he also suffers from blepharitis, which he manages with daily massage and cleansing.

Mr E is now blind in the eye that was affected by the retinal vein occlusion. In 2008 his right eye also suddenly became less useful. He was told by his optometrist to stop driving and also referred again to West Wales General Hospital. Here an examination confirmed that he had developed a cystoid macular oedema secondary to branch retinal vein occlusion. More recently he has also had the presence of a cataract confirmed in the right eye and is being monitored for this. He has not received any treatment for the branch retinal vein occlusion.

## Impact of the condition

Mr E's visual acuity in the better eye is 6/18. In addition to no longer being able to drive he can no longer read ordinary print and large print is also almost impossible. However, in his own words he is 'gifted with a sighted wife and the ability to use a PC and he also uses RNIB's Talking Book service.

He is still able to pursue his main hobby of growing vegetables which he describes as more of a physical/intellectual challenge than most people realise.

Mr E's case illustrates two key concerns: 1. Eligible patients should be treated macular oedema secondary to retinal vein occlusion because of the risk of developing this or other eye conditions in the second eye. 2. The impact of sight loss is different for each individual and depends to a large degree on the support they receive, and the activities that they enjoy most. Despite having experienced many problems with his eyes and describing the blepharitis as distressing at times he feels that he is 'lucky to have survived to the age of 86 and that, with a visual acuity of 6/18, he is living an entirely fulfilled life'.

Of course research<sup>1</sup> suggests many people with sight loss do not receive this level of support and live very isolated and unfulfilled lives.

---

<sup>1</sup> Douglas, G., S. Pavey and C. Corcoran (2008) (a), Access to information, services and support for people with visual impairment, Visual Impairment Centre for Teaching Research (VICTAR), University of Birmingham

Douglas, G. and B. Clements (2009), Network 1000 Survey 1: Comparing the General and Registered Visually Impaired Populations, Visual Impairment Centre for Teaching and Research (VICTAR), University of Birmingham

Evans, J.R., A.E. Fletcher and R.P. Wormald (2007), Depression and anxiety in visually impaired older people, Ophthalmology, Volume 114, Issue 2, International Centre for Eye Health, London, pp. 283-288