

Retinal Vein Occlusion

Case study D

88 year old woman from Buckinghamshire.

From symptoms to seeking medical help

In 2006 whilst driving Mrs D noticed that there was something wrong with her left eye. She went to her optician the next day who suggested that she should be seen at the eye hospital. However, since this was on a Saturday she rang NHS Direct who told her that she had probably had a haemorrhage at the back of her eye, that this was unlikely to be treatable and that it was ok for her to go on holiday the following Monday as planned. When she returned from her holiday she immediately went to see her regular consultant who had been treating her for glaucoma and cataracts. He confirmed the diagnosis of macular oedema secondary to retinal vein occlusion and told her that there was no treatment available.

Impact of the condition

Having had some peripheral vision loss due to glaucoma Mrs D completely lost the sight in her left eye as a result of the retinal vein occlusion. At this stage she was told that she should no longer drive and any hope she had that this decision may be reversed at some point was shattered when she found out that she had developed dry age-related macular degeneration in her better seeing eye. Her sight in that eye is gradually deteriorating and she has now been registered as partially sighted.

Not being able to drive has severely limited Mrs D's independence. She is now unable to go out without her husband. Other day-to-day activities have also become more difficult including reading, watching TV and walking down stairs. Mrs D used to invite friends for dinner parties but is no longer able to cook. Eating out has also become a problem because of poor lighting in restaurants. She used to love gardening but can no longer do the pruning because her near vision is very poor.

Even though she has had some support from the local RNIB that has helped her adapt to her visual impairment she feels that all areas of her life are affected negatively. Mrs D is convinced that she would need a live-in carer if her husband was no longer able to look after her. Since she also has hearing loss and an impaired sense of smell she has occasionally failed to realise that she had not turned the gas off in the kitchen. It would simply be too dangerous for her to even try living on her own. Her situation is further exacerbated by her severe osteoporosis which means that she has to be particularly careful to avoid the risk of falling and she is very much aware that her partial sight increases that risk.

Mrs D feels that being able to get treatment for her retinal vein occlusion four years ago would have made all the difference to her and her husband. If they had known about the ongoing trials of dexamethasone she would have been keen to join.

Mrs D's case illustrates the importance of treating eye disease even if the condition tends to affect only one eye since it is currently impossible to predict second eye involvement or the development of other eye conditions in the better-seeing eye.