

Presentation to Screening

Referred late November 2013

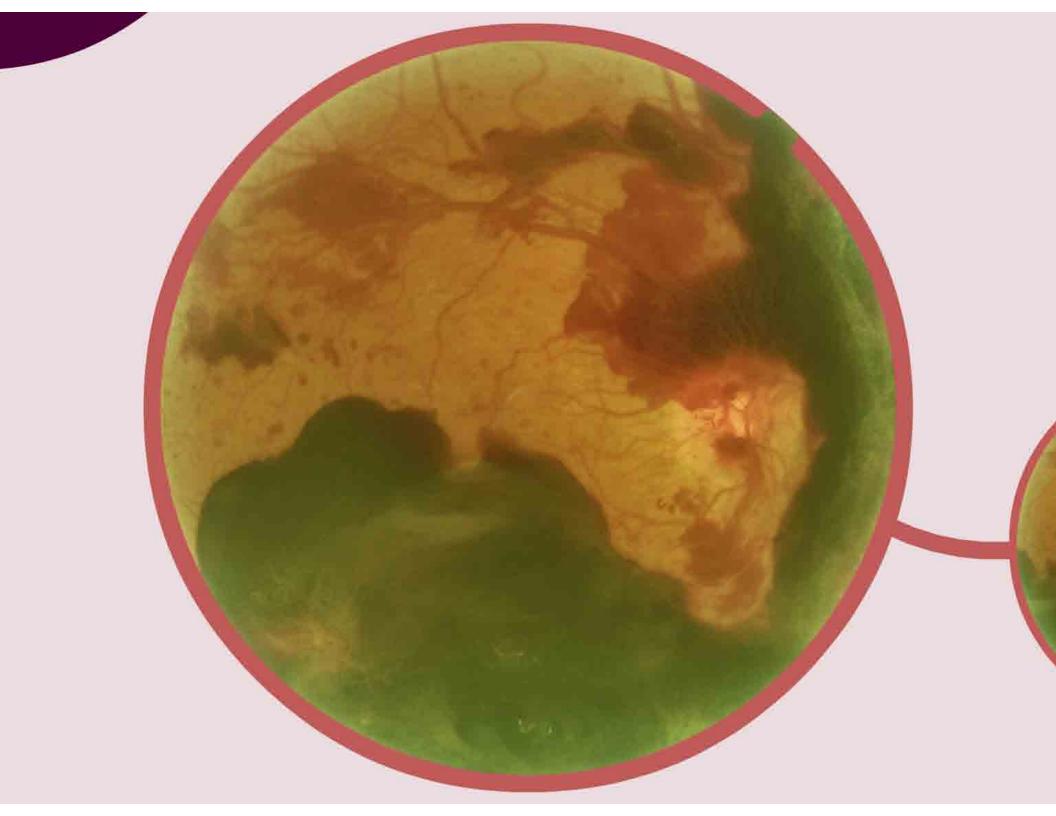
- 32 year-old female
- Newly diagnosed type 2 DM
- · Started on insulin

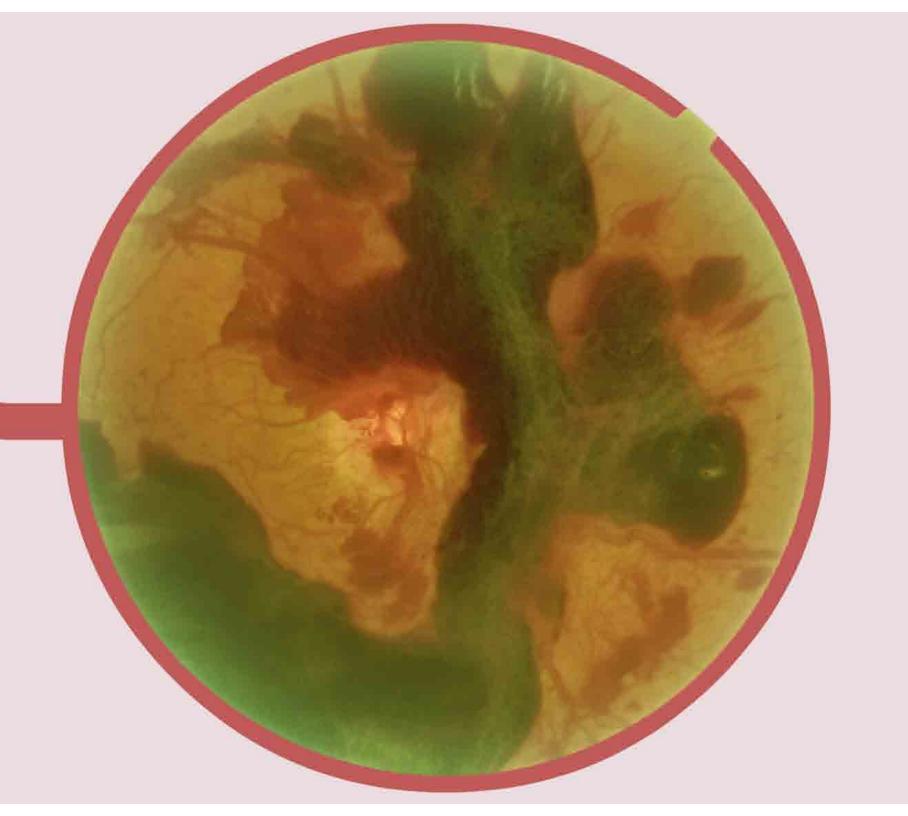
Screened: February 2014

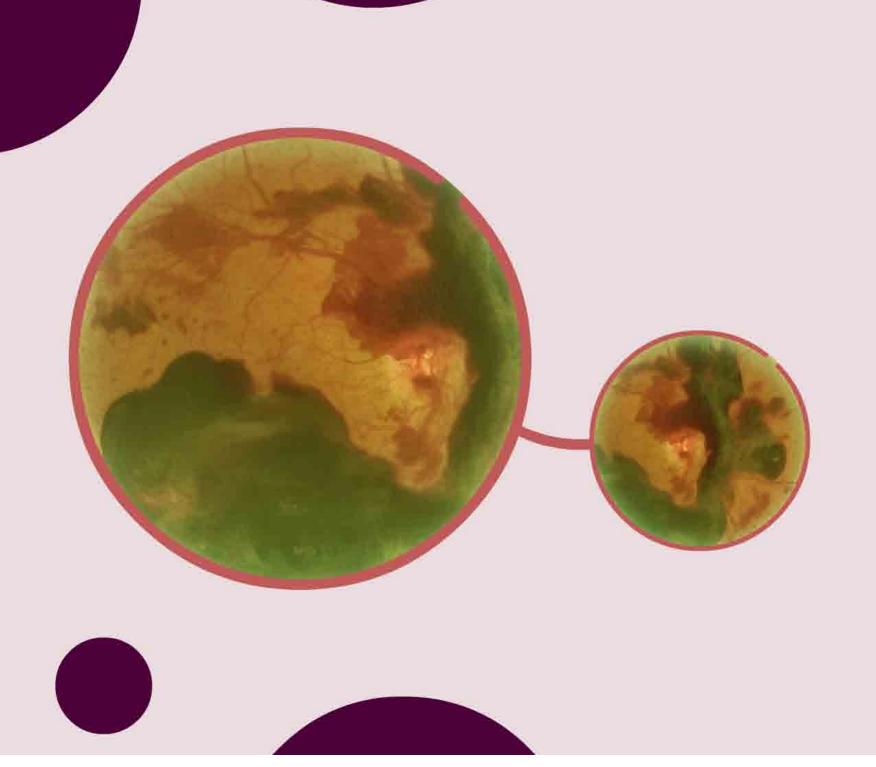
- No previous eye history, but complained of blurred vision recently
- No optician visits

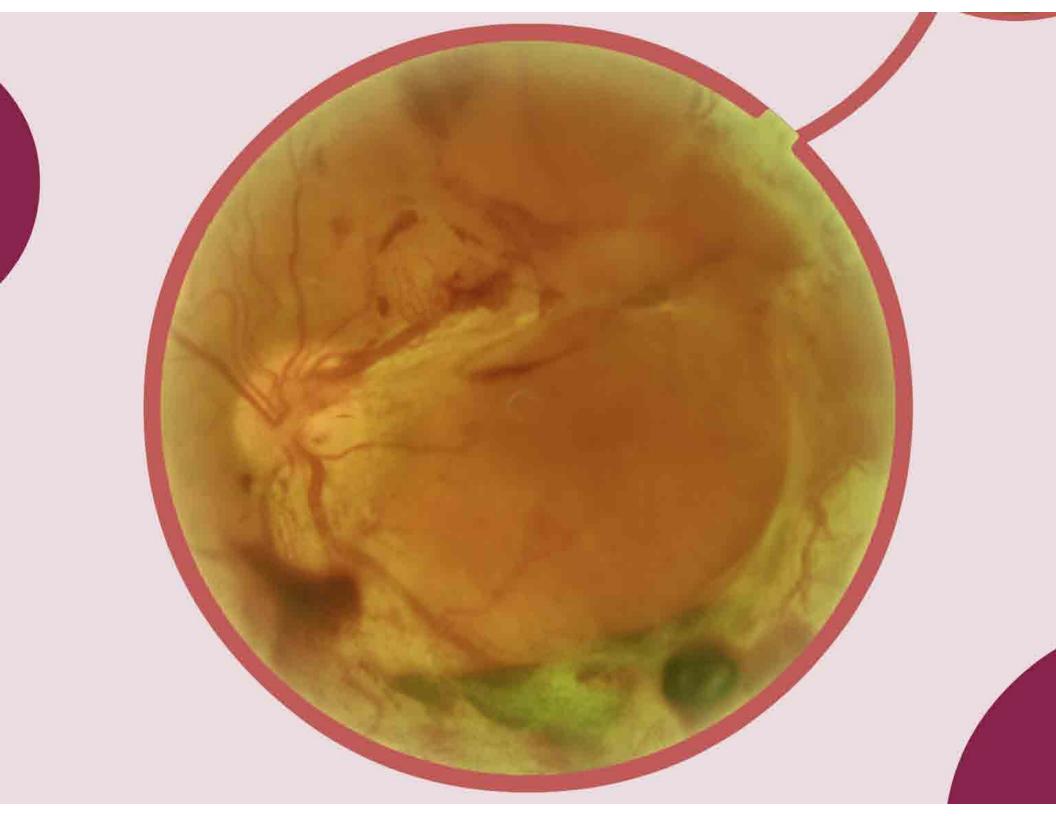
Visual Acuity:

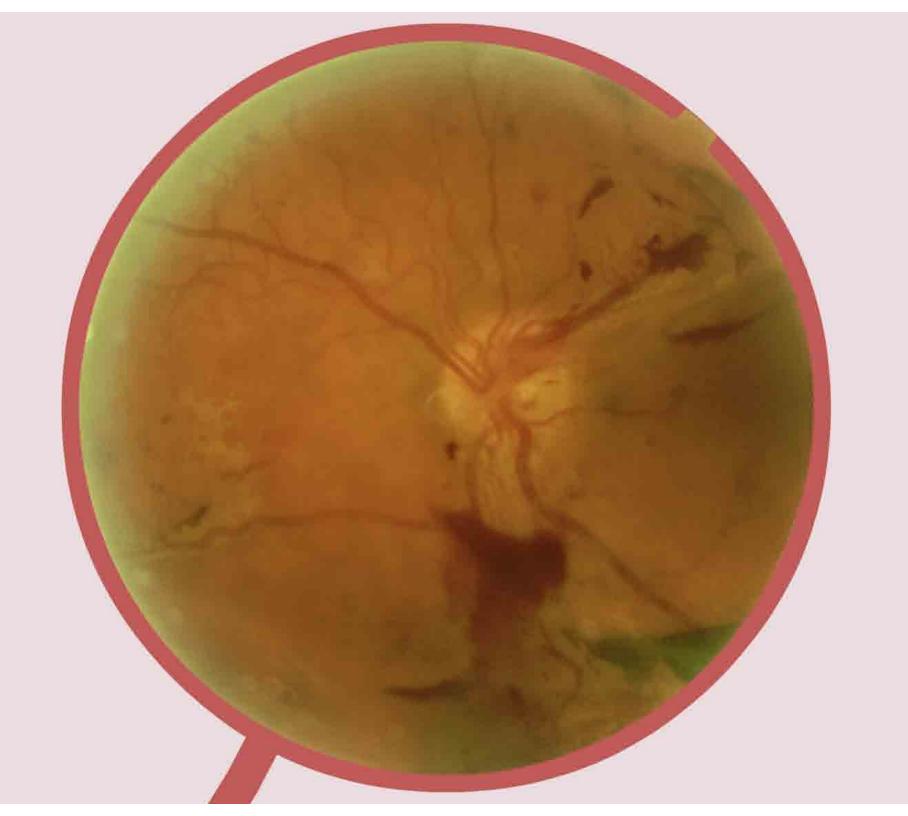
- · Right eye: hand movement
- Left eye: hand movement

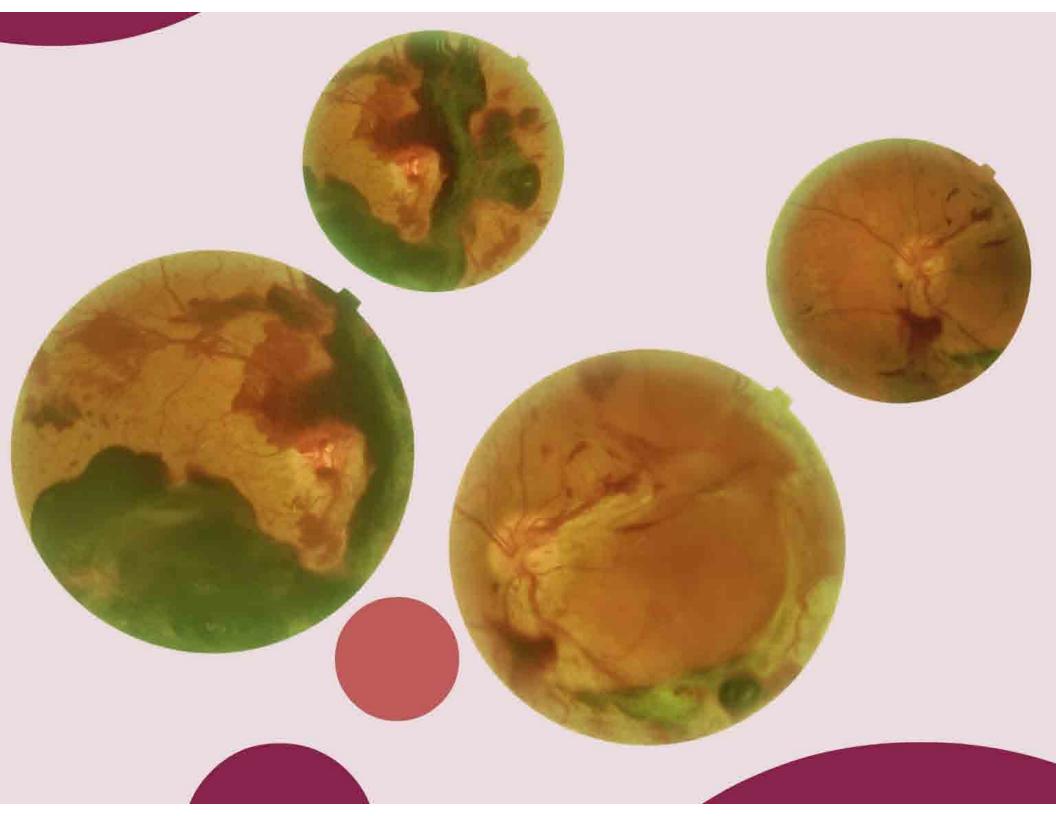














Treatment

Sussex Eye Hospital

- Seen immediately in A&E
- · Clinic 5 days later
- Tractional detachments, subretinal bleeding, PDR "very severe"

Surgery: April & May 2014

• Extensive delamination, cataract surgery, vitrectomy, silicone oil

Follow-up: June 2014

- Vision 6/60 both eyes, uncorrected through oil
- · Remains under HES

Investigation

Genuine new diagnosis Unknown to screening

March 2005, nine years earlier

- Admitted to RSCH with BGL of 22 mmol/L, presence of ketones, started on insulin
- 27 weeks pregnant
- Diagnosed with GDM, not referred for screening

Gave birth in May 2005, then disengaged

- · Numerous follow-up attempts made
- Patient reported no symptoms of diabetes

No contact from Sept 2005 - Nov 2013

 Polyuria, polydipsia, lethargy, weight loss, BGLs up to 25.5 mmol/L

Conclusion

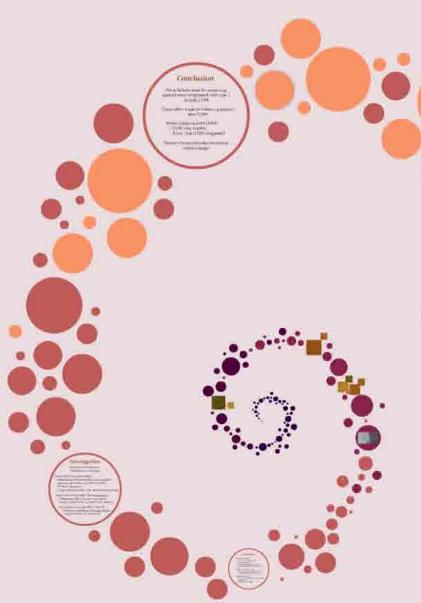
Not a failsafe issue for screening, patient never diagnosed with type 1 or type 2 DM

Every effort made to follow-up patient after GDM

Screen patients with GDM?

- GDM may resolve
- If not, type 2 DM diagnosed

Patient choice includes the choice not to engage



The Pregnant Pause

Losing a Patient to Follow-Up

Phil Gardner Brighton & Sussex DESP

Brighton and Sussex NHS University Hospitals



