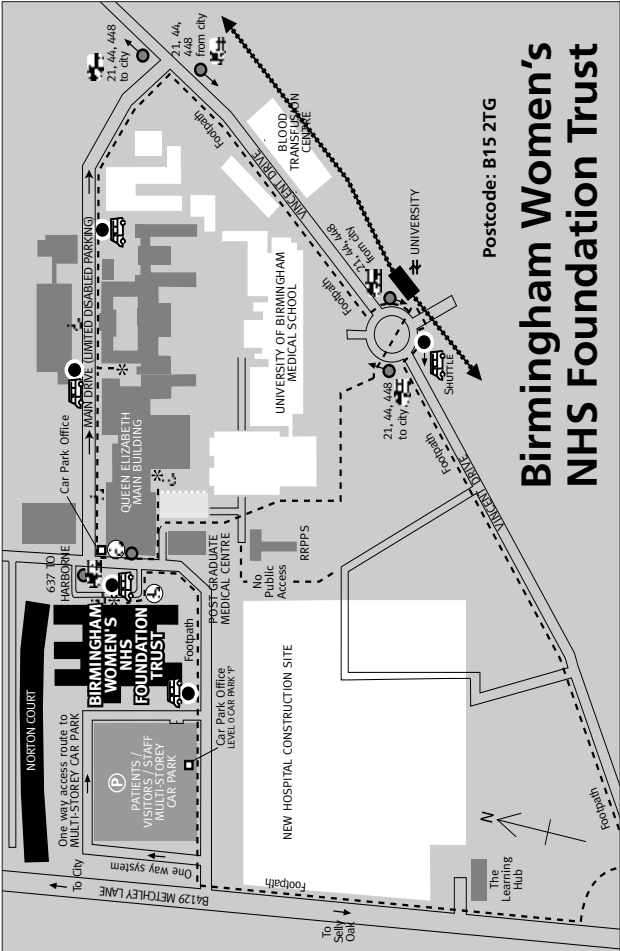


Retinopathy of Prematurity



**Birmingham Women's
NHS Foundation Trust**

Postcode: B15 2TG

KEY

Bus Stop Centro / WM	Hospital Entrance
Shuttle Bus Stop* (Pick-up and drop off 7am to 7pm)	Disabled Entrance
<small>*The Q-Park Shuttle Bus is a free service and is available from various locations around the QE site to transport patients and visitors to the main QE hospital, BWH hospital and QEP hospital buildings</small>	Disabled Parking
	Parking
	Railway Station

Direct line to Neonatal Unit:
0121 627 2686

This patient information leaflet has
been produced by
Lucy Butler and Charlotte M. King
December 2008

Birmingham Women's **NHS**
NHS Foundation Trust
Edgbaston, Birmingham B15 2TG
Tel: 0121 472 1377 Fax: 0121 627 2602

What is ROP?

Retinopathy of prematurity (ROP) is an eye disease that may occur in premature babies.

The eye starts to develop in the fetus at 3-4 weeks gestation.

The blood supply to the retina starts to develop at 14/15 weeks and is usually complete at term. So in premature babies the retinal blood vessels are still developing. The retina is the light sensitive layer of cells that lines the inside of the eye.

What causes ROP?

The main causes, which make it more likely that a baby may develop ROP, are:

- low birth weight
- prematurity
- variation in oxygen levels in the blood

How is ROP diagnosed?

If your baby was born at less than 32 weeks or weighing less than 1500gms, an eye specialist (ophthalmologist) will examine the retina regularly. This is usually first performed at 4-5 weeks of age providing your baby is stable.

Eye drops are instilled to dilate (make bigger) the pupils before the examination. Your baby will be seen every 2 weeks until the retinal blood vessels have developed enough to be safe. This is generally near term (40 weeks).

Stages of ROP

ROP is classified by the changes to the blood vessels of the retina.

Stage 1 - mildly-abnormal growth of retinal vessels

Stage 2 - moderately-abnormal growth of retinal vessels

Stage 3 - new vessel formation

Stage 4 - partial retinal detachment (separation of inner layer)

Stage 5 - complete retinal detachment

Congestion and dilatation of the blood vessels are referred to as 'plus disease'.

What happens if my baby has ROP?

Your baby will be followed up more frequently.

Stages 1 & 2 do not usually need any treatment.

Most Stage 3 will require treatment to prevent any further deterioration.

What is the treatment?

Laser treatment or occasionally cryotherapy (freezing treatment) can be used. The treatment creates scar tissue on the edge of the retina and this can stop the ROP becoming worse.

The aim is to save as much as possible of the central retina. Your baby may require an anaesthetic and be ventilated for the treatment or may have sedation.

Alternatives

No treatment as an alternative is much more likely to lead to visual problems including blindness.

Long term effects

Some babies who do not have ROP may require glasses but it is more common with babies who did develop ROP.

They may also develop amblyopia (a lazy eye) or strabismus (squint). Severe ROP can lead to blindness.

Approximately 25% of premature babies will have some degree of ROP but only 5%-8% will require treatment. This is the group most likely to have problems with their sight in the future.