



Information for
patients and
carers

Screening for Retinopathy of Prematurity (ROP)

For parents of babies born below 31 weeks
gestational age or below 1501g birthweight

What is Retinopathy of Prematurity (ROP)?

The retina is the delicate tissue lining the back of the eye which detects light and allows us to see. ROP is an eye condition which affects the blood vessels of the retina. When a baby is born early, the blood vessels of the retina are not fully developed. After birth something triggers the blood vessels to start to grow abnormally and this forms scar tissue which, if severe, can damage the retina. The main cause of ROP is prematurity itself, so the more prematurely the birth occurs the greater the risk of ROP occurring. The amount of oxygen treatment required, and the baby's general condition may also influence whether ROP develops or becomes severe. However, some premature babies who have no serious illnesses still develop ROP, while others who have been very ill do not. Therefore, it is necessary to screen all babies under 31 weeks gestation or under 1501 grams birthweight.

How common is ROP?

ROP is common in premature babies. The condition is usually very mild and settles on its own without any treatment. In a very few babies the ROP does not get better, and treatment is needed. If not treated, very severe ROP can seriously affect a baby's sight and even cause blindness.

When will the screening be done?

The first screening examination will be done when your baby is between 4 and 6 weeks old. Some babies will need only one examination although most babies will need more. A decision about future examinations will be made at every screening.

What happens during screening?

ROP screening is the eye examination by an ophthalmologist (or eye specialist) to look for any signs of ROP. All babies weighing less than 1501 grams at birth or born more than 7 weeks early will need at least

one eye screening examination. About an hour before the examination, eye drops are put in the eye to make the pupil open widely so the retina can be seen. The ophthalmologist examines the retina using an ophthalmoscope (or sometimes a camera) placed gently on the surface of your baby's eye. They may also use a speculum (to hold the eyelid open) and an indenter (to rotate the eye) to enable a better view of the retina.

Is the examination painful?

Eye examinations can be uncomfortable, even for adults, and babies sometimes cry or show signs of distress when their eyes are examined. Anaesthetic eye drops will be used to minimise discomfort to your baby. The ophthalmologist will make the examination as quick as possible although they do need enough time to see the retina properly.

Wrapping your baby firmly and giving sucrose drops can help to keep babies calm during the eye examination. The nurses on the unit have a lot of experience in preparing babies for the eye examination and will be able to explain what our practice is and involve you as much as possible.

What if my baby is ill when screening is due?

There is no evidence that ROP screening is harmful for babies, but the doctors may decide to postpone the examination until your baby is stronger. However, screening must not be postponed unduly otherwise the opportunity for timely treatment is lost. Your baby's ability to tolerate the examination will be assessed on a weekly basis.

Will screening finish before my baby goes home?

Your baby will be discharged as soon as they are well enough to go home. This might be before the last eye screening. If this is the case staff will arrange an outpatient appointment before you take your baby home.

It is very important that you bring your baby back for his/her eyes to be checked if you are asked to.

What happens if ROP is found?

This depends on how serious it is. If ROP is mild there will be a follow up examination every 1 to 2 weeks until the ophthalmologist is confident that the ROP is settling on its own. In very few cases the ROP may be severe enough to require treatment. If your baby requires treatment at any stage, the ophthalmologist will explain exactly what will happen. A separate leaflet has been produced with more information called "Treatment for Retinopathy of Prematurity (ROP)". Copies are available on the Neonatal Intensive Care Unit.

Contact details

Should you require further advice or information please contact the Neonatal Intensive Care Unit Coordinator on 01772 524242.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.bliss.org.uk

www.rcpch.ac.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو ییچھپیا یں یبھ ابی دست بو یسکت ہے برا ئے مہر یان پو ے یچھہ ی۔ معلومات

Arabic:

مطبوعه بأحر ف كبير ة و بلغات إذا كنت تر يد مسا عدة في فهم هذه لمعلومات يُر جى أن نطلب آخرى يملكن تو فسير هذه المعلوما ت

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