

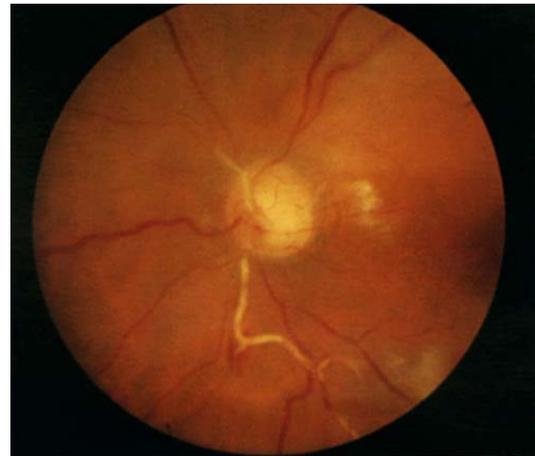


Branch Retinal Artery Occlusion / Central Retinal Artery Occlusion

You probably know high cholesterol and other vascular diseases pose risks to your overall health, but you may not know that they can affect your eyesight by damaging the arteries and/or veins in your eye.

Branch retinal artery occlusion (BRAO) blocks the small arteries in the retina, the light- sensing nerve layer lining the back of the eye. The most common cause of BRAO is a thrombosis, the formation of a blood clot. Sometimes the blockage is caused by an embolus, a clot carried by the blood from another part of the body.

Central vision is lost suddenly if the blocked retinal artery is one that nourishes the macula, the part of the retina responsible for fine sharp vision. Following BRAO, vision can range from normal (20/20) to barely detecting hand movement.



Central retinal artery occlusion, CRAO usually occurs in people between the ages of 50-70. The most common medical problem associated with CRAO is arteriosclerosis, hardening of the arteries. Carotid artery disease is found in almost half the people with CRAO.

The most common cause of CRAO is a thrombosis, an abnormal blood clot formation. Sometimes CRAO is caused by an embolus, a clot that breaks off from another area of the body and is carried to the retina by the bloodstream.

CRAO blocks the central artery in your retina, the light-sensitive nerve layer at the back of the eye. The first sign of CRAO is a sudden and painless loss of vision that leaves you barely able to count fingers or determine light from the dark.

Dr. Currier may order blood tests, a Carotid Doppler, additional eye testing and also notify your family physician. BRAO and CRAO pose significant risks to vision. If you have had a retinal artery occlusion or have high blood pressure, or high cholesterol, a dilated exam should be conducted by either Dr. Currier annually to check for any eye diseases or problems.