

**Patient
Information**

Retinopathy of Prematurity (ROP)

Introduction

This leaflet provides you with information about the condition Retinopathy of Prematurity (ROP). It is designed for parents/carers of babies on the Neonatal Unit who are examined and found to have this condition.

What is Retinopathy of Prematurity (ROP)?

The blood vessels (arteries and veins) at the back of eye grow gradually out from the optic nerve to the edge of the retina during pregnancy. In babies born prematurely this process can be disturbed. This condition is called Retinopathy of Prematurity and can result in blindness.

Who performs the examination?

The examination is usually performed by an ophthalmologist (eye doctor) who is assisted by one of the nursing staff.

Which babies does ROP affect?

- Babies born before 31 weeks and or babies weighing less than 1500g
- Babies who are born very prematurely are at greater risk of ROP

What are they looking for?

This is not a check of how well your baby sees, but to make sure that the structure of the eye is developing normally. The ophthalmologist checks the eye's development and is able to identify those with ROP.

In most babies any disturbance settles down without treatment. In severe cases, abnormal blood vessels can develop and these may need laser treatment. If treatment is needed the ophthalmologist and neonatal staff will discuss the process with you and ask for your consent.

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When and how often will this examination take place?

Babies will be seen first by the ophthalmologist. This is between 4 to 7 weeks after birth, depending on how premature they were born.

Babies are then seen every 1 to 2 weeks until the blood vessels are fully developed which is usually around the time they were due to be born.

What does the screening involve?

Nursing staff will gently put 2 different types of eye drops into your baby's eyes over a period of time 30 to 60 minutes before having the examination. The drops enlarge the pupil of the eye so the ophthalmologist can see the retina more easily.

The ophthalmologist will put in some local anaesthetic to reduce any discomfort during the procedure and use a small device to hold the eye lid open. They will either use a head mounted device or a hand held digital camera called a RetCam to see the retina. The RetCam allows the ophthalmologist to see clear pictures of the retina on a computer screen.

What if my baby needs treatment?

If your baby needs treatment the ophthalmologist will explain the problem to you, show you the pictures and discuss treatment. The treatment normally involves applying laser to the peripheral edges of retina. Your baby will be treated within a week and this usually happens at the Bristol Neonatal Unit.

Can I be present during the examination?

We do not encourage you to be present for the examination itself. The ophthalmologist is always willing to talk to you following the examination to explain their findings and answer any questions.

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What if my baby comes home before the eye checks have all been completed?

Babies who have been discharged home are required to come back to the hospital (usually on the Neonatal Unit) to continue to be reviewed. The neonatal staff will continue to assist with these examinations.

You will be given an appointment with the date and time. It is important that you continue to get your child's eyes examined until they are discharged from the ophthalmology department.

If you have any questions concerning these examinations, please do not hesitate to ask a member of staff.

Contact information

Neonatal Unit

Tel: 0300 422 5570/5529

Open 7 days a week 24 hours a day

Further information

You will find more information about ROP for the websites below:

The Royal college of Ophthalmology

Website: www.rcophth.ac.uk

Royal National Institute of Blind People (RNIB)

Website: www.rnib.org.uk

Bliss Charity

Website: www.bliss.org.uk

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>