

Patient information

Central Serous Retinopathy (CSR)

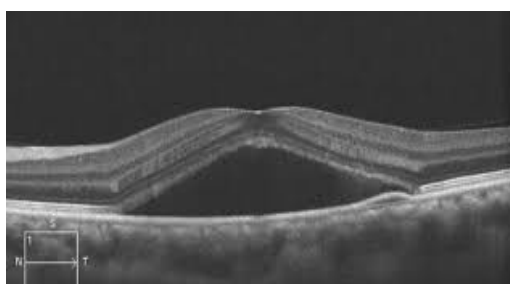
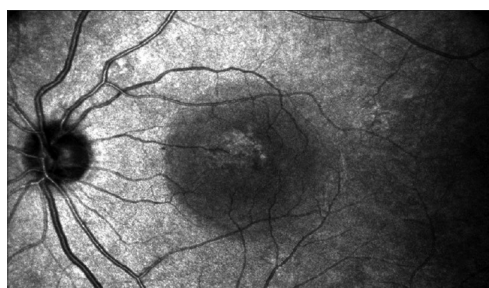
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If your first language is not English, we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

What is Central Serous Retinopathy (CSR)?

Central serous retinopathy (CSR) affects the central area of the retina called the macula, which is responsible for our fine-detail vision and colour perception. In CSR, the macula becomes separated from the eye tissue behind it and fluid builds up in the space that is created. This can cause the vision to become blurred and distorted.

Fundus Image showing the macula area of the retina



OCT Scan showing fluid built up under the macula

In most people, CSR gets better on its own and doesn't cause long-term changes to vision. In some people it may re-occur. Episodes of CSR that last for a long time or keep coming back are more likely to cause permanent damage.

Central serous retinopathy is six times more common in men than women, and most often affects people aged between 20 and 50.

What are the symptoms of CSR?

The symptoms of CSR are:

- Noticing a blurred or missing spot in the central vision
- Straight objects or lines seeming curved (distorted)
- Things may look smaller than usual
- There may be changes in your colour vision
- There may be difficulty adapting to changes in light levels
- Difficulty seeing an object against a background of similar colour (contrast sensitivity)
- Vision may fluctuate – some days the vision may be better than other days
- Sometimes there are no visual symptoms at all

What causes CSR?

In most cases, CSR is idiopathic, which means no cause can be found to explain why it occurred. However, several risk factors have been identified, as the condition seems to occur more frequently in people:

- with a Type A personality (people who are stressed and find it hard to relax)
- who use steroid medication (these include steroids in different forms such as inhalers for asthma, nasal spray for hay fever, steroid cream for eczema and steroid tablets such as prednisolone)

- during pregnancy
- with sleep apnoea
- with Cushing Syndrome (an over production of the body's steroid hormone - Cortisol)

How is CSR diagnosed?

CSR is diagnosed by an Ophthalmologist (Eye Doctor); this will include taking your detailed history which includes medical and drug history, a clinical examination of the eyes and imaging tests.

The imaging test which is carried out in the eye clinic is an Optical Coherence Tomography (OCT) scan. This is a non-invasive camera-based scan which uses light waves to take cross-section pictures of the macula (central area of the retina). It is used to identify the fluid under the retina, along with detailed structural changes secondary to CSR. This imaging tool is not only useful in making a diagnosis but also useful to monitor the condition, to see for any changes.

What is the Prognosis?

CSR can be grouped into three categories, by the way it progresses:

- Most people will recover within 3 to 6 months without any need for treatment
- CSR which lasts up to 12 months and may require treatment
- CSR which lasts over 12 months. This is very rare but can lead to further changes such as retinal pigment epithelial detachment or bullous retinal detachment

Treatment isn't usually needed for CSR. Most people will find that their vision will improve within 3-6 months without treatment. Vision often returns to how it was before CSR developed, although some people find gradual small changes to vision which may continue in the long term. About 30-50 per cent of people will have another episode of CSR either in the same eye or in the other eye.

How is CSR treated?

Most people with CSR do not require treatment.

Observation - In most cases (85%), the fluid in the retina settles on its own within 3-6 months and needs no specific treatment.

Lifestyle changes - Making some changes to a person's lifestyle can make a difference, these include:

- Sleeping for at least 7 hours every night (may help to reduce the risk of developing central serous retinopathy)
- Reducing overall stress levels, such as through exercise
- Avoiding alcoholic drinks
- Reducing caffeine intake

Currently there is no licensed or NICE (National Institute for Health and Care Excellence) guidance approved treatment for this condition. Research is currently being carried out to discover new types of treatment. The treatments may reduce or resolve the fluid collection under the retina but cannot restore damaged cells in the retina.

How will I manage with the change in my sight?

How much the CSR will affect your sight varies from person to person. Most people do not notice any difference unless they cover the eye which is not affected, while others are very aware of the change all the time. We use both eyes together to see in 3D (three dimensions), so when one eye is affected, people may find they have difficulty judging distances. This can lead to feeling clumsy, misjudging steps, pavements and the position of objects. However, after a few months you may find that this becomes less of a problem, due to our brains being able to adjust to a new level of vision and making the eye with good sight the dominant eye. Usually, over time people find their good eye 'takes over' and that tasks that were previously difficult become easier.

Can changing glasses help manage CSR?

Changing existing glasses or getting new glasses does not help manage CSR, as the glasses prescription can be different depending on the amount of retinal fluid that there is. Changing the glasses prescription would only help temporarily; so it is advisable to wait until the CSR has completely resolved.

Can I still drive?

You may be able to continue driving a car or motorcycle if the vision in your other eye is unaffected by other eye conditions and you meet the visual requirements for driving. You are required by law to tell the Driver and Vehicle licensing Authority (DVLA) if you have any eye conditions which may affect your vision in both eyes.

Ask your Ophthalmologist or local opticians for advice about whether your sight meets DVLA standards and whether you can continue driving. Even if you are told that your sight does meet DVLA standards, you may be advised to wait until you have adapted to having poorer vision in one eye before you resume driving.

What should I do if I have a problem?

If you develop any of the symptoms featured in this leaflet, or need urgent advice about your eye(s), you can contact our Eye Emergencies telephone line on 0300 1314 500 extension 771744 (Mondays to Fridays between 09:00am and 5:00pm). Alternatively you should seek an appointment with your GP or a high-street optician.

Cancelling your appointment

If you need to cancel or change your appointment, please call the appointments line on **0300 131 4600**.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact the Patient Experience Team – on 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Sources of information

Moorfields Eye Hospital. 2018. Central Serous Chorio-retinopathy (CSCR) - www.moorfields.nhs.uk (accessed March 2019)

Macular Society. 2019. Central serous retinopathy. www.macularsociety.org/central-serous-retinopathy (accessed 4th April 2019)

RNIB. 2018. Central serous retinopathy - www.rnib.org.uk (accessed 4th April 2019)

All the above information can be accessed via the Internet.

Reference

Reviewed by: Paul Russell (Ophthalmology Staff Nurse)

The following clinicians have been consulted and agreed this patient information:
Mr. Pantelis Ioannidis, Consultant Ophthalmologist, Mr. Kashif Qureshi, Ophthalmology Consultant, Mr. Saruban Pasu, Ophthalmology Consultant, Matron Tracy Daniel, Eye Outpatients Bexhill.

The directorate group that have agreed this patient information leaflet:
Ophthalmology Department, Diagnostic, Anaesthetic and Surgery division (DAS)

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