



# Retinopathy:

## A Common Complication of Premature Birth

**INFANTS WHO ARE BORN PREMATURELY** — before the 37th week of gestation — are not as fully developed as full-term babies and may face a host of health challenges, including low birth weight, breathing problems and underdeveloped organs and organ systems. Many premature infants need to remain in the hospital until their health is stable, sometimes for days or even weeks.

At the new Level III Neonatal Intensive Care Unit (NICU) at Wellington Regional Medical Center, a team of neonatologists is dedicated to providing comprehensive care for premature newborns. In upcoming issues of *Health News*, neonatal specialists will address treatments for common conditions seen in prematurity.

“Vision loss or blindness can make it much more difficult for premature babies to overcome other health problems caused by prematurity, such as developmental delays and respiratory problems.”

One of the most common complications of prematurity, retinopathy of prematurity (ROP), is an eye disease that occurs when part of the eye, the retina, has not fully developed. ROP can cause vision loss and blindness in infants. Fortunately, pediatric ophthalmologists offer effective treatments that can often correct ROP.

According to Lee Friedman, MD, a board-certified pediatric ophthalmologist, treating ROP is critical to the health of premature infants. “Vision loss or blindness can make it much more difficult for premature babies to overcome other health problems caused by prematurity, such as developmental delays and respiratory problems.”

### WHY ROP OCCURS

The blood vessels that feed the retina are under-developed even in full-term babies, and they are even less developed when babies are born too early. If the retina doesn't get enough oxygen through these blood vessels, it may trigger the growth of abnormal blood vessels. These abnormal vessels can cause scarring to the retina, which may lead to retinal detachment.

Babies who weigh less than 2.5 pounds at birth and are born before 30 weeks' gestation, as well as those on prolonged oxygen treatment, are at greatest risk for developing ROP.

### EARLY INTERVENTION

At the Level III NICU, Dr. Friedman screens infants for signs of retinal problems. If signs of ROP are present, he continues to monitor the eyes to make sure the condition does not worsen.

Most cases of ROP are mild and will resolve without treatment. Some babies, however, have more severe disease that threatens their vision. “Fortunately, we are able to preserve vision in babies with severe ROP and prevent them from living with a life of blindness,” says Dr. Friedman. “To help these babies, we may perform laser surgery to destroy the abnormal blood vessels. This preserves the central vision, the most important part of sight, although it lessens peripheral vision. Fortunately, because the eyes compensate naturally, children may not notice any vision loss.”



**Lee Friedman, MD**  
Board-certified  
Pediatric  
Ophthalmologist

*Associate of Florida Eye  
Microsurgical Institute,  
with offices located in*

*Wellington, Boynton Beach, Boca Raton  
and Juno Beach.*

*Please call 561-737-5500.*