



3585 BROADWAY • (541) 756-2584  
1-800-422-9393  
FAX (541) 756-5783  
NORTH BEND, OREGON • 97459

JON C. KINTNER, M.D.  
DENNIS E. OTTEMILLER, M.D.  
DEBRA A. GRAHAM, M.D.  
JANE GILBERT, M.D.  
EYE M.D.s

Practice Limited to the Eye  
Cataract Surgery & Intraocular Lenses  
Board Certified, Members of American  
Academy of Ophthalmology

## **Central Retinal Artery Occlusion (CRAO)**

Once again, high blood pressure and other vascular diseases pose risks to your general health and that can affect your eyesight by damaging the arteries in your eye.

CRAO usually occurs in people between the ages of 50 and 70. The most common medical problem associated with CRAO is atherosclerosis, hardening of the arteries. Carotid artery disease is found in almost half the people with CRAO, and cholesterol from the carotid may dislodge, travel downstream until it is blocked from further travel in a small vessel feeding the retina.

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.

Central retinal artery occlusion (CRAO) refers to loss of blood flow through the main 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 dark. Transient episodes of vision may occur and precede permanent loss. These are not to be ignored!

Loss of vision is frequently permanent even with immediate treatment. Irreversible retinal damage occurs after 90 minutes, but even 24 hours after symptoms begin, vision may still be saved. The goal of emergency treatment is to restore retinal blood flow. After emergency treatment, you should have a thorough medical evaluation to detect problems with blood pressure or other vascular disease (blood clotting abnormalities, inflammation of the arteries).