

Personalised Retina Care Saves Patient's Sight After Advancement of Central Serous Retinopathy Threatened Vision Loss

A personalised central serous chorioretinopathy treatment by London consultant ophthalmic surgeon Ms Sharon Heng preserved the sight of a patient named Robin

LONDON, UNITED KINGDOM, August 19, 2025 /EINPresswire.com/ -- London, UK - A personalised [central serous chorioretinopathy treatment](#) by London consultant ophthalmic surgeon Ms Sharon Heng has preserved the sight of a patient named Robin, who had been told by many other doctors to prepare for total vision loss. Ms Heng, who specialises in retina diseases and cataract surgery, confirmed the rare complication of a common diagnosis, [central serous retinopathy](#), built an evidence-led clinical plan, and oversaw every stage of care.



Background

About five years ago, Robin noticed gradual blurring in one eye. Last year, the same problem suddenly appeared in the other, forcing him to stop driving and disrupting his family life. Robin was diagnosed with central serous retinopathy which was a disease that resolves within a few months in majority of patients. However, he developed a rare chronic and severe form of the disease. He was seen by multiple ophthalmologists in his home country and in the UK and was told to be prepared for guarded prognosis and vision loss. Seeking a definitive plan, he was treated at [Moorfields Private Eye](#)

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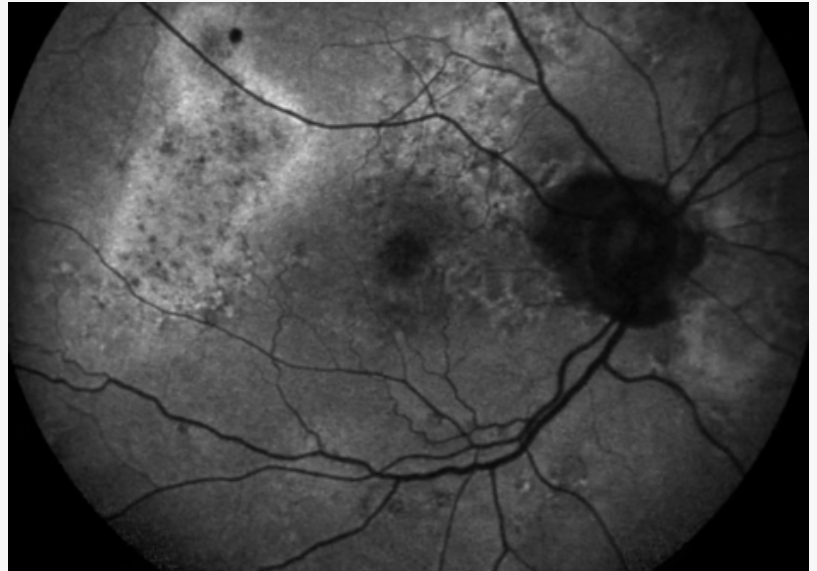
I was really happy to hear that Robin for the first in many years attended a Christmas party with the new lease of vision and life”

Ms. Sharon Heng

[Hospital](#) under the care of Ms Heng.

Consultation with Ms [Sharon] Heng

At their first meeting, Ms Heng reviewed all previous scans, ordered high-resolution imaging, and confirmed an aggressive form of central serous chorioretinopathy (CSCR). She explained the condition in plain language, outlining how fluid beneath the macula distorts central vision and, in chronic cases, scars the retina. "CSCR resolves in most people, but in a minority it becomes chronic and can rob them of their sight. Robin's presentation was very complex, so we carried out a comprehensive evaluation and devised an evidence-based treatment plan to optimise his outcome, and I am incredibly happy with the success of his treatment," said Ms Heng. Photodynamic therapy (PDT) was selected as the first step because it typically seals leaking vessels without the need for surgery.



Note: not an actual photo of Robin

Adjusting the Plan

Follow-up imaging showed that PDT had not halted fluid leakage. Robin was developing very quickly with new foci of fluid every 4 weeks and losing vision in his good eye. He developed very rare form of choroidal neovascularisation in both macular secondary to CSR. Refusing to let Robin's progress stall further evaluation was performed including full blood profile and MRI of the head looking for possible other rare causes which yielded negative results. Robin was started on eylea 2mg the treatment for new vessels, however, this produced suboptimal results. He was progressing much faster than the effect of the treatment. Ms Heng then analysed further emerging evidence, spoke to multiple colleagues and the manufacturer representative for eylea 8mg to look at evidence of utilising this newer anti-vegf agent on the market for anecdotal evidence for treatment response. Given the rapid progression of disease, and analysing the patient's progress and response to the earlier treatment, Ms Heng carefully described the benefits and potential risks clearly, enabling an informed choice to start the patient on a course of anti-vegf Eylea 8mg.

Turning Point in Treatment

Three injections were delivered one month apart. Robin returned home between visits while Ms Heng coordinated monitoring with his local ophthalmologist. Each dose brought measurable gains: after the first injection, the fluid dried up and floaters diminished; by the second, he tolerated Christmas lights comfortably; after the third, his most damaged eye showed early nerve-cell recovery and sharper detail.

"I was really happy to hear that Robin for the first in many years attended a Christmas party with the new lease of vision and life." said Ms. Sharon Heng.

Today, Robin has resumed driving, social activities, and full-time work, returning to Moorfields at longer intervals for maintenance injections that help keep the disease stable.

Lifestyle Guidance Supports Recovery

Because stress and smoking can worsen CSCR, Ms Heng advised Robin to stop smoking, practise relaxation techniques and adopt a regular exercise routine. He took up swimming and reports experiencing broader well-being benefits alongside a clearer vision. He also credits Ms Heng's seamless coordination with his home-country ophthalmologist for making follow-up surprisingly smooth.

Clinical Context

CSCR affects the macula, the part of the retina responsible for sharp central vision. While most cases resolve within six months, chronic or aggressive variants like Robin's can scar the retina and lead to permanent sight loss. Robin's outcome underlines the importance of early referral to sub-specialists and flexible, personalised management when standard approaches prove insufficient.

About Ms Sharon Heng

Ms Sharon (Ling Zhi) Heng MBBS PhD FRCOphth FHEA is a multilingual consultant ophthalmic surgeon whose NHS practice is based at Moorfields Eye Hospital. A specialist in medical retina diseases, she leads Moorfields' Medical Retina Digital Clinics and directs the Northwest Diabetic Retinopathy Screening Programme in Ealing. Her PhD at University College London explored nanosecond laser prevention of age-related macular degeneration, and she acts as chief investigator on studies addressing inequality in care and burden of care in Wet AMD studies.

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