



Healthy Wealthy

Ophthalmology Insights:
Chronic Eye Diseases Management

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ABOUT US

Vision

To be the region's most trusted provider of specialist medical services, delivering accurate expertise and second opinions through a comprehensive network of medical specialists across Malaysia and Asia.

Mission

To uphold and advance our specialist medical advisory standards through global best practices, proactive engagement with clients and partners, and strict credentialing of our specialist panel.

Healthcare Consultants Asia (HCASB) is a trusted subsidiary of Mudah Healthcare. As experts in third-party medical reporting, HCASB specializes in providing detailed and comprehensive medical assessments that help streamline processes and ensure clarity in claims management.

With a panel of over 130 specialist doctors, HCASB is dedicated to delivering accurate and high-quality reports, offering valuable insights and supporting informed decision-making for our clients. Our reports foster fair, transparent resolutions, reinforcing the integrity and efficiency of the claims process.

HCASB is looking forward to continuing our commitment to excellence in medical reporting, making a meaningful impact on the success of our partners in the industry.

From The Desk of Dr. Tengku Puteri Zaleha

Welcome to the September edition of Healthy Wealthy by HCA

As we progress through the year, our commitment remains focused on advancing patient care through clinical excellence, innovation, and multidisciplinary collaboration. This month, we are pleased to spotlight the field of **Ophthalmology**, a vital specialty dedicated to preserve one of life's most precious senses, vision.

September's edition features our **Specialist of the Month, Dr. Muhammad Syamil Bin Mohamad Salmi, Consultant Ophthalmologist & Eye Surgeon** whose clinical experience encompasses the assessment, diagnosis, and management of complex ophthalmic conditions.

For our insurance and legal partners, Dr. Muhammad Syamil's insights provide valuable perspective in understanding patients with chronic eye diseases, ensuring that each individual receives personalised treatment tailored to their specific lifestyle and visual needs. His emphasis on clinical assessment, treatment planning, and evidence-based decision-making is particularly relevant in the evaluation of claims involving post-traumatic reconstruction, medical necessity, and long-term functional outcomes.

Throughout this feature, Dr. Syamil shares key insights into the clinical delivering evidence-based ophthalmic care, performing complex surgical interventions, and managing patients with chronic eye diseases. His perspectives offer stakeholders a deeper understanding of treatment planning, expected outcomes, and the medical justification behind these highly specialized interventions.

I hope you find this month's insights both informative and inspiring. As always, thank you for being a part of our community and for your continued trust in Healthcare Consultant Asia.

Warm Regards,
Dr. Tengku Puteri Zaleha
Head of Medical Affairs
HCASB



Dr. Muhammad Syamil Bin Mohamad Salmi

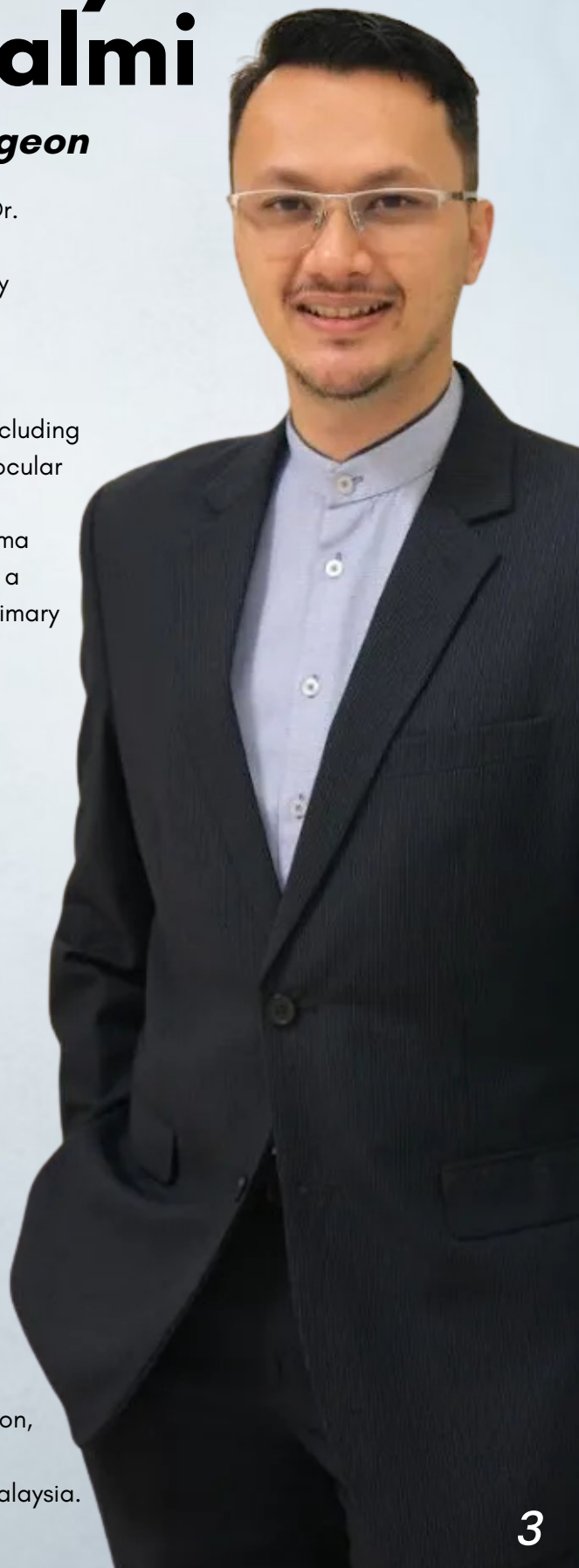
Consultant Ophthalmologist & Eye Surgeon

With a passion for preserving vision and improving quality of life, Dr. Muhammad Syamil Mohamad Salmi is an experienced Consultant Ophthalmologist with a strong foundation in Medicine and Surgery (MBBS) from the Jordan University of Science & Technology.

Dr. Syamil's clinical experience encompasses the assessment, diagnosis, and management of complex ophthalmic conditions, including cataracts, glaucoma, diabetic retinopathy, retinal disorders, and ocular injuries. His expertise extends to performing advanced surgical procedures such as phacoemulsification cataract surgery, glaucoma management, and comprehensive medical retina care. He adopts a multidisciplinary approach to patient care, working closely with primary care physicians, endocrinologists, neurologists, and allied health professionals to achieve the best possible visual outcomes for his patients.

Currently serving as a Resident Consultant Ophthalmologist at Columbia Asia Hospital – Bukit Rimau and a Visiting Consultant Ophthalmologist at Columbia Asia Hospital – Petaling Jaya, Dr. Syamil provides comprehensive ophthalmic services to a diverse patient population. His role includes delivering evidence-based ophthalmic care, performing complex surgical interventions, and managing patients with chronic eye diseases, ensuring that each individual receives personalised treatment tailored to their specific lifestyle and visual needs.

Beyond clinical practice, Dr. Syamil is passionate about public health education and community engagement. He has appeared on mainstream media platforms including local radio stations and major newspapers, raising awareness on critical eye health issues such as cataracts and diabetic retinopathy. He also actively engages the public through his educational content on TikTok (@dr.syamil.salmi), making eye health knowledge more accessible to the Malaysian community. His dedication to innovation, education, and patient-centred care continues to make him a respected contributor to the field of ophthalmology throughout Malaysia.



GLAUCOMA: THE SILENT THIEF OF SIGHT

Dr. Muhammad Syamil Bin Mohamad Salmi

Glaucoma is one of the leading causes of irreversible blindness worldwide, affecting millions of people. Often referred to as the "silent thief of sight," it gradually damages the optic nerve, usually without any warning signs until significant vision loss has already occurred.

In Malaysia, glaucoma remains a major public health concern, largely due to late presentation. Many patients are unaware they have the condition until they notice changes in their peripheral (side) vision—at which point the damage is already permanent.

The encouraging reality is that glaucoma can be managed effectively when detected early. Through regular eye examinations, raised awareness, and timely treatment, blindness from glaucoma can be prevented.

Glaucoma is a group of eye diseases that damage the optic nerve—the vital nerve that connects the eye to the brain. This damage is often, associated with increased pressure inside the eye, known as intraocular pressure (IOP).

The optic nerve is responsible for transmitting visual information from the retina to the brain. When it becomes damaged, vision is progressively lost, starting with peripheral vision and, if untreated, eventually affecting central vision. There are several types of glaucoma, including:

- **Primary Open-Angle Glaucoma** – The most common type, progressing slowly and painlessly.
- **Angle-Closure Glaucoma** – A less common but more acute form that can cause sudden eye pain, headache, nausea, and blurred vision—this is a medical emergency.
- **Normal-Tension Glaucoma** – Optic nerve damage occurs despite normal eye pressure.



Why Early Detection Matters

One of the biggest challenges with glaucoma is that early-stage disease produces no symptoms at all. Many patients only seek medical attention once they notice tunnel vision or difficulty navigating in low light—by which time significant optic nerve damage has already occurred. When detected early:

- Vision loss can be prevented
- Treatment is simpler and more effective
- Quality of life and independence are preserved
- Progression to blindness can be halted

According to the World Health Organization, glaucoma is the second leading cause of blindness globally. However, with regular eye screening and appropriate management, most patients can maintain useful vision for life.

This highlights the importance of routine eye examinations, even in individuals who feel completely well.

Signs and Symptoms

In its early stages, glaucoma usually causes no symptoms. As the disease progresses, patients may notice:

- Gradual Loss of Peripheral Vision
- Often described as "tunnel vision," this is a hallmark of advanced glaucoma.
- Difficulty Adapting to Darkness
- Trouble seeing in dim lighting or at night.
- Frequent Changes in Eyeglass Prescription
- May indicate undiagnosed glaucoma.
- Sudden Eye Pain, Redness, or Blurred Vision (Acute Angle-Closure Glaucoma)
- Requires immediate emergency medical attention.
- Halos Around Lights
- Associated with sudden pressure spikes.

Most international guidelines recommend a comprehensive eye examination every 1 to 2 years for adults above 40, or earlier for those with risk factors.

Who is at Higher Risk?

Certain individuals have a higher risk of developing glaucoma:

- Age above 40 years
- Family history of glaucoma
- Diabetes mellitus
- High blood pressure
- High intraocular pressure
- Thin corneas
- Prolonged use of steroid medications
- Individuals of Asian or African descent

The Importance of Screening

Some of the most helpful glaucoma tests include:

- Visual acuity testing
- Visual field testing
- Depth perception testing
- Tonometry
- Pachymetry
- Slit lamp exam
- Gonioscopy

Breaking the Stigma

TREATMENT OPTIONS

Glaucoma cannot be cured, but it can be managed. Treatment aims to lower intraocular pressure and prevent further optic nerve damage.

Eye Drops

Medicated eye drops are the most common first-line treatment. They work by either reducing fluid production in the eye or improving fluid drainage.

Laser Therapy

Laser procedures, such as selective laser trabeculoplasty (SLT), help improve fluid drainage and reduce eye pressure.

Surgery

Surgical options, such as trabeculectomy or minimally invasive glaucoma surgery (MIGS), may be recommended for patients who do not respond to medication or laser.

One of the reasons glaucoma is often diagnosed late is the misconception that "eye pressure is not a problem" or that vision loss is simply a normal part of aging. Fear of eye drops, laser treatment, or surgery often delays seeking care. Public awareness and open conversations are essential in changing this mindset. Glaucoma is a silent disease, but it is not untreatable. A simple 20-minute eye check-up can save your sight for life.

Glaucoma is a serious but manageable condition. Early detection through regular eye screening and awareness of risk factors significantly reduces the risk of blindness. Vision loss from glaucoma is irreversible, but it is also preventable.

The message is simple but important:

Sight is precious. Screen regularly. Glaucoma doesn't wait, neither should you.



DIABETIC RETINOPATHY – PROTECTING YOUR VISION WHEN YOU HAVE DIABETES

Dr. Muhammad Syamil Bin Mohamad Salmi



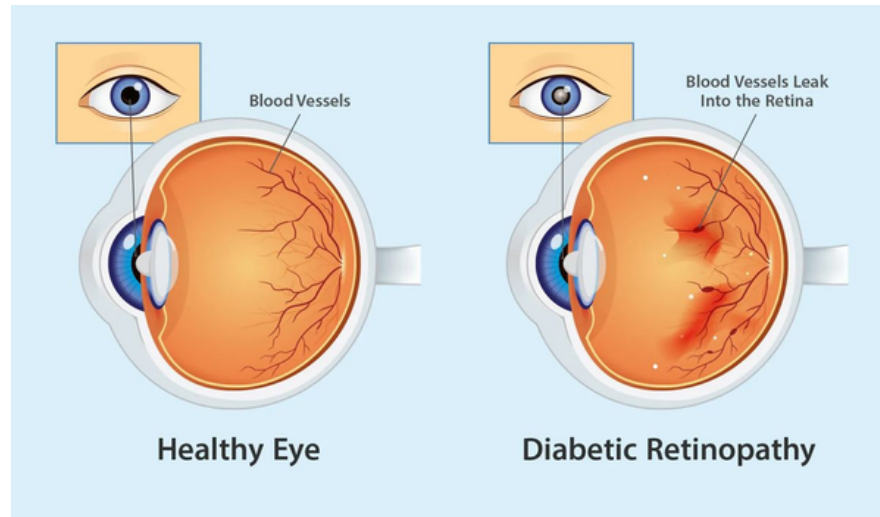
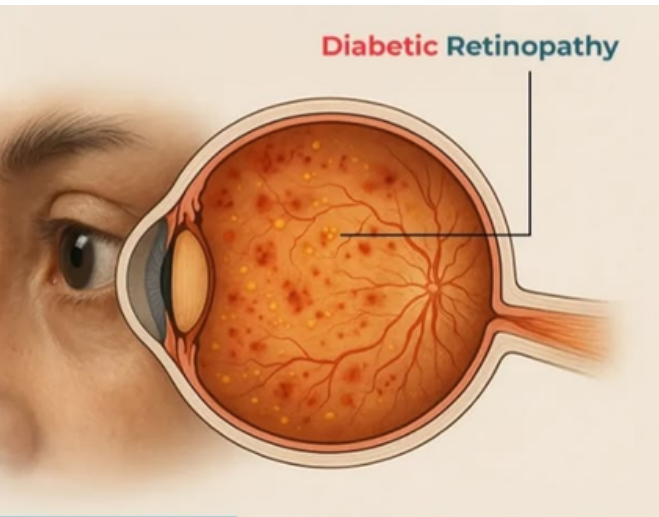
Diabetes is a growing health concern in Malaysia, with one of the highest prevalence rates in Asia. While many people are aware of the impact of diabetes on the heart, kidneys, and nerves, fewer realise that diabetes is also a leading cause of preventable blindness. Diabetic retinopathy is a serious complication of diabetes that affects the blood vessels in the retina—the light-sensitive layer at the back of the eye. Over time, high blood sugar damages these tiny vessels, causing them to leak fluid, bleed, or become blocked. The encouraging reality is that diabetic retinopathy is largely preventable and treatable when detected early. Through good glycaemic control, regular eye screening, and timely treatment, vision loss can be avoided.

Diabetic retinopathy is a diabetes-related complication that affects the retina. It occurs when prolonged high blood sugar levels damage the small blood vessels that supply the retina. There are two main stages: Non-Proliferative Diabetic Retinopathy (NPDR) and Proliferative Diabetic Retinopathy (PDR). Non-Proliferative Diabetic Retinopathy (NPDR) occurs in the early stage, where blood vessels leak fluid or bleed, causing swelling of the retina (macular oedema) or deposits of fatty material (exudates). Vision may still be normal. Proliferative Diabetic Retinopathy (PDR) occurs in the advanced stage, where new, abnormal blood vessels grow on the surface of the retina. These fragile vessels are prone to bleeding and can lead to sudden, severe vision loss, retinal detachment, and blindness.

In its early stages, diabetic retinopathy causes no symptoms. As the disease progresses, patients may notice blurred or fluctuating vision where vision changes or becomes blurry throughout the day, floaters or spots in vision like dark spots, strings, or cobweb-like shapes drifting across the visual field, dark or empty areas in vision where areas of vision appear shadowed or missing, difficulty reading or recognising faces where central vision may become affected, and frequent changes in eyeglass prescription caused by unstable vision due to swelling of the lens.

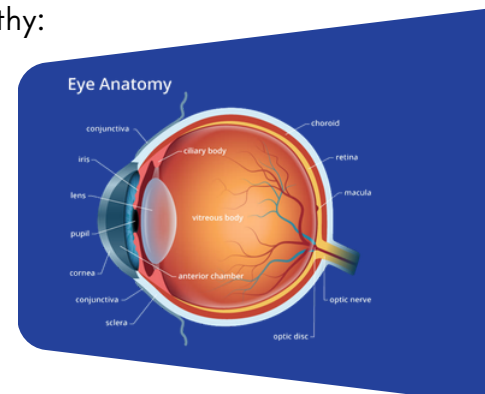
DIABETIC RETINOPATHY - HIGHER RISK AND IMPORTANCE OF SCREENING

Dr. Muhammad Syamil Bin Mohamad Salmi



Certain individuals have a higher risk of developing diabetic retinopathy:

- Chronic diabetes (longer duration = higher risk)
- Poor glycaemic control (high HbA1c levels)
- Hypertension (high blood pressure)
- High cholesterol
- Pregnancy in diabetic women
- Tobacco smoking
- Nephropathy (kidney disease)



Screening allows doctors to detect diabetic retinopathy before vision is affected. Common screening methods include fundus photography; high-resolution photographs of the retina to detect microaneurysms, haemorrhages, and exudates. Optical coherence tomography (OCT); advanced imaging that measures retinal thickness and detects macular oedema. Fluorescein Angiography (FFA); dye test that highlights leaking or abnormal blood vessels. International guidelines recommend annual retinal screening for all people with diabetes. Early detection can prevent up to 98% of severe vision loss from diabetic retinopathy.

Treatment depends on the type and severity of diabetic retinopathy. The treatments offered are **Optimal Glycaemic and Blood Pressure Control**, Laser Photocoagulation; laser therapy seals leaking blood vessels and prevents abnormal vessel growth. It is highly effective in reducing the risk of severe vision loss. **Anti-VEGF Injections**; medications injected into the eye to reduce swelling and prevent abnormal vessel growth. **Vitrectomy**; surgery to remove blood, scar tissue, or the vitreous gel in cases of advanced proliferative retinopathy or retinal detachment. Tight control of blood sugar, blood pressure, and cholesterol is the most important step in preventing progression.

Prevention Through Lifestyle

Although not all diabetic retinopathy is preventable, lifestyle measures significantly reduce risk and here are some of the lifestyle options that can be practiced. Optimal blood sugar control (HbA1c below 6.5-7.0%), manage blood pressure (target below 130/80 mmHg), control cholesterol levels, avoid smoking, maintain a healthy weight and diet and exercise regularly.

One of the reasons diabetic retinopathy is often diagnosed late is the misconception that "if I can see well, my eyes are fine." This is dangerously false. Fear of eye injections or laser treatment also delays presentation. However, modern treatments are safe, effective, and well-tolerated. Many patients experience significant improvement in vision and quality of life. Public awareness and patient education are essential. Diabetes is a lifelong condition, and eye care must be part of every diabetic patient's routine.

Diabetic retinopathy is a leading cause of preventable blindness in Malaysia. Early detection through annual retinal screening and optimal diabetes management significantly reduces the risk of severe vision loss. The message is simple but important: If you have diabetes, your eyes need annual attention. Don't wait for symptoms—by then, it may be too late.





HEALTHCARE CONSULTANTS ASIA

SELAMAT HARI MALAYSIA

May the spirit of unity, courage, and hope continue to live in the heart of every Malaysian. Let us continue to build a Malaysia that we can be proud of.



CLINICAL ADVISORY & INDEPENDENT MEDICAL OPINION SERVICES

At HCASB we work with over 100 medical specialist with focus on over 23 core specialities. All assessments are grounded in clinical evidence, imaging correlation and longitudinal outcome analysis.

Our team provides:

- **Independent medical opinions and reporting**
 - **Functional capacity evaluation**
 - **Medico-legal reporting**
- **Second opinions for complex medical cases**
 - **Claims clarification support**

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For case referrals or medico-legal consultations, professional enquiries may be directed to:

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WhatsApp or Call to speak to our Medico-Affairs Team

 [018-208 9070](tel:018-208 9070)

Events & Conferences

MEDICAL CONFERENCES & EVENTS

National Medicolegal & Ethics Conference (NaMEC) 2026

9-10 Sept | PICCA Convention Centre @ Butterworth Arena

International Conference on Digital Healthcare and Telemedicine (ICDHT-26)

9-10 Sept | Kuala Lumpur

3rd Global Congress on Public Health, Healthcare Innovation & Health Equity (GCPHHIHE 2026)

18-19 Sept | Kuala Lumpur

International Conference on Healthcare Transformation & Technology (ICHTT)

23-24 Sept | AC Hotel by Marriott Kuala Lumpur

LAW CONFERENCES & EVENTS

Legislating Equality: CEDAW & Beyond – Symposium on Legislative Reform for Women's Human Rights

28-29 Sept | Kuala Lumpur

Criminal Law: Remand, Bail & Mitigation

11 Sept | Wisma Badan Peguam Malaysia

AI for Litigators: Episode 2

9 Sept | Wisma Badan Peguam Malaysia

INSURANCE CONFERENCES & EVENTS

The Asian Captive Conference 2026

10 Sept | Sime Darby Convention Centre

HEALTHCARE CONSULTANTS ASIA

2026

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