RETINAL SCAR WATCH / A CARE GUIDE

Know your usual. Report what's new.

For adults who already know they have a scar in the retina or choroid near the center of vision. Use this guide with the eye doctor you already see.

Start with what you know

Your eye doctor can tell you where your scar is, what likely caused it (for example an eye injury, histoplasmosis or high nearsightedness) and how often you should be seen. This guide does not diagnose anything, and it cannot tell you what a change in your vision means.

Why an old scar still deserves attention

Some central scars can later become a site for abnormal new blood vessels. When that happens, a prompt visit matters, and the problem is often treatable.

What this guide helps you do

Understand how an old scar and new vessels can be connected. Recognize changes worth a prompt call. Describe a change clearly on the phone. Bring focused questions to your next visit. Keep a short record of your own eye history.

01 / THE SCAR AND CNV

An old scar. A possible new problem.

A scar is healed tissue. Near the center of the retina, it can leave a lasting change in how things look. That long-standing picture is your usual.

What a central scar can do

A scar in or near the center of the retina can make things look irregular, doubled, bigger or smaller than they are. If your view has looked that way for a long time, that is your baseline, not a new warning sign.

What CNV means

Choroidal neovascularization (CNV) means abnormal new blood vessels growing from the choroid, the layer beneath the retina. Some scars in or near the macula, the part of the retina you use for sharp central vision, can later become a site for CNV.

Can, not will

Eye specialists describe this as a possibility, not a certainty. It is described for scars from presumed ocular histoplasmosis, for choroidal rupture after an eye injury, and for lacquer cracks in severe (pathologic) nearsightedness. After a choroidal rupture, CNV may appear at any time, sometimes months later.

02 / CHANGES WORTH A CALL

A change from your usual is the signal.

Call your eye doctor promptly if you notice something new in the eye with the scar:

New waviness or bending

Straight lines such as door frames, tile or lines of text look newly bent, or bend more than they used to.

New blur in the center

Faces or print look newly blurry, even with your usual glasses.

A new dark, gray or missing spot

A spot near the center of your vision that was not there before.

A sudden drop in central vision: call today

Do not wait for your next routine visit. If you cannot reach your eye doctor, ask where you can be seen today.

What these changes cannot tell you

They do not show the cause. Only an eye exam can. Report the change and let the exam sort it out.

03 / DESCRIBE THE CHANGE

Which eye. When. What it looks like.

A clear description helps the office decide how soon to see you. Three details do most of the work.

Which eye

Cover one eye, then the other, and note which eye shows the change. This is only to describe it, not to test yourself.

When it started

The day you first noticed it, and whether it came on suddenly or over days or weeks. Say if it is getting worse.

What it looks like

Illustrative language, use only if true: “Since Tuesday, the door frame looks bent in my right eye, and there is a gray smudge just left of center. My old scar never did that.”

How it differs from your usual

Compare it with how that eye has looked for a long time. The difference is what the office needs to hear.

04 / QUESTIONS FOR YOUR EYE DOCTOR

Bring these. Add your own.

Short questions that help you understand your own risk and plan.

Where exactly is my scar, and does its location matter?

Scars in or near the macula are the ones described as possible sites for CNV. Ask what that means for your eye.

Which changes should make me call, and how fast?

Get the office’s own guidance, including who to call after hours.

How often should I be seen?

Ask for a follow-up schedule and what it depends on.

Do you recommend an Amsler grid or another way to check at home?

Ask how to use it and what counts as a change worth reporting.

If I develop CNV, what are the treatment options?

Ask what treatment involves and what follow-up comes afterward.

05 / GRIDS, TREATMENT AND RECORDS

A grid can help. It does not replace exams.

Home checks, treatment and your own records each play a part.

If your eye doctor recommends an Amsler grid

Use it the way they explain, and report changes you notice even if you are unsure. In a 2023 review of studies in age-related macular degeneration, the grid's detection rate (its sensitivity) was about 71%: it flagged roughly 7 in 10 eyes that had the disease and missed the rest. Regular eye exams still matter, whatever the grid shows.

CNV is often treatable

Eyes with CNV often respond to treatment, commonly eye injections that target abnormal vessel growth (anti-VEGF). Treated CNV can come back, so follow-up visits matter.

Keep a short record of your own

Write down when your scar was found, the likely cause if known, which eye, any treatments with dates and your follow-up schedule. If a visit note gets a fact wrong, such as the wrong eye or date, ask the office how to correct it.

SOURCES

Where this comes from.

Sources checked September 22, 2026. General education, not medical advice. If your vision changes suddenly, call your eye doctor today.

AAO EyeWiki — Presumed Ocular Histoplasmosis Syndrome

AAO EyeWiki — Choroidal Rupture

AAO EyeWiki — Pathologic Myopia (Myopic Degeneration)

AAO — Ask an Ophthalmologist: wavy Amsler grid (2012)

AAO Editors' Choice — Amsler grid may not be as reliable as once thought

38 CFR §4.79 — Schedule of ratings, eye (DC 6011)

CONTROL THE FOUNDATION

Your health is where the evidence begins.

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.