

Glaucoma

What is a Glaucoma?

Glaucoma is a group of conditions in which the optic nerve of the eye gets damaged, usually because of raised pressure in the eye. The most common type of glaucoma (*open angle glaucoma*) is painless and develops very slowly, but people are not aware of the gradual loss of vision from it. The visual loss is permanent. It is most commonly treated with drops to reduce the pressure in the eye and usually requires life-long monitoring. A less common type of glaucoma – *closed angle glaucoma* - develops acutely (over a few days or less) and is painful with rapid visual loss. If it is treated quickly, the acute visual loss can recover, but if it is left to continue untreated, the visual loss will be permanent.

What are the Symptoms of Glaucoma?

Open Angle Glaucoma

Patients are not usually aware that they have open angle glaucoma until their optician or ophthalmologist tells them. The pressure is not usually high enough to be felt. If open angle glaucoma is left untreated areas of the peripheral vision are slowly lost (which one is not usually aware of), which in time becomes tunnel vision. This can progress to the loss of central vision and total blindness. However, it is extremely rare for it to progress this far in the UK, without it being picked up and treated before.

Closed Angle Glaucoma

In closed angle glaucoma the pressure in the eye rises very rapidly and usually presents with severe pain in the eye because the pressure is so high. The eye also becomes very red and the vision very blurred and the pupil does not react to light.

What is the Cause of Glaucoma?

The eye has fluid inside it (aqueous humour) which is continually produced and drained. This maintains pressure in the eye to keep its shape and its normal functioning. However sometimes the pressure is higher than normal because of

problems draining the fluid. The high pressure rise can cause damage to the optic nerve which in turn causes visual loss. However, we do not fully understand glaucoma and the relationship between pressure and visual loss is not always predictable. For example, some people have higher than normal pressure, but never get any damage to the optic nerve or the vision (these people are referred to as having ocular hypertension, rather than glaucoma) and other people get glaucoma damage to their optic nerve despite having normal pressure (these people are referred to as having 'normal pressure glaucoma')

Does Glaucoma Occur in Both Eyes?

Open Angle Glaucoma

Open angle glaucoma does usually occur in both eyes, but can progress at very different rates in each eye and therefore the effect on the optic nerve and the vision can be very different in each eye. Therefore, both eye are usually treated if there is optic nerve damage in either eye.

Closed Angle Glaucoma

Closed angle glaucoma usually happens in one eye. However, people with closed angle glaucoma have a certain eye shape that means they are at risk of it occurring in the other eye as well. Therefore, the other eye is given preventative (prophylactic) treatment at the same time as treating the affected eye. Occasionally it happens in both eyes at the same time.

Glaucoma Assessment

Open Angle Glaucoma

Your optometrist is likely to be the first person to tell you that you have or are at risk of developing glaucoma. They may have monitored you for a while with raised pressure if there has been no damage to the optic nerve (ocular hypertension). But if the pressure gets higher or there is a concern about optic nerve damage they will refer you to an ophthalmologist for further assessment and a decision on whether treatment is required.

Closed Angle Glaucoma

If you develop severe pain in the eye you should attend the nearest eye casualty as you need very urgent treatment. However, optometrists are trained to look out for people whose natural eye shape makes them at risk of developing acute glaucoma. If they observe this, they will refer you to an ophthalmologist for further assessment and possibly for treatment to prevent you developing closed angle glaucoma.

The Eye Clinic

I will do the following tests and examination during your appointment:

- A visual field test (you sit with your head in a booth and click a button when you see flashing lights). This assesses whether you have any areas of visual loss, particularly in your peripheral visual field, which you are unlikely to have been aware of.
- An ocular coherence tomography scan of the optic nerve: this is a special photo of the optic nerve that helps to assess if there has been any nerve damage and helps us to monitor the nerve over time.
- A complete examination of the eye. This is likely to include drops to dilate the pupil to allow examination of the optic nerve and the retina at the back of the eye. **These drops blur your vision a little, and it is preferable not to drive until the drops have worn off, which takes around 2-4 hours.** For follow up appointments I may not need to dilate your pupil, so you are likely to be able to drive.

Do I Need Glaucoma Treatment?

Open Angle Glaucoma

If there is evidence of damage to the optic nerve or a significant risk of damage to the optic nerve it is very likely that I will start treatment. This is almost always just an eye drop that will need to be taken once or twice a day. If the glaucoma is severe and cannot be controlled with eye drops it is possible that you will either need laser or surgery for your glaucoma.

Closed Angle Glaucoma

If you are at risk of getting closed angle glaucoma, treatment is likely to be needed. One of two different treatments are usually used:

- 1) Laser treatment to make a small drainage hole in the iris (the coloured bit of your eye) which will prevent the drainage channels blocking off. This is done in the eye clinic.
- 2) Cataract surgery: removal of the lens of the eye prevents the drainage channels from blocking off.

Sometimes drops are also needed to help keep the pressure low.

Do my family members need checking for glaucoma?

If you have closed or open angle glaucoma your family members are also at risk of developing glaucoma and we will discuss if and when it is advisable for them to be checked.

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