

Patient Information

Glaucoma

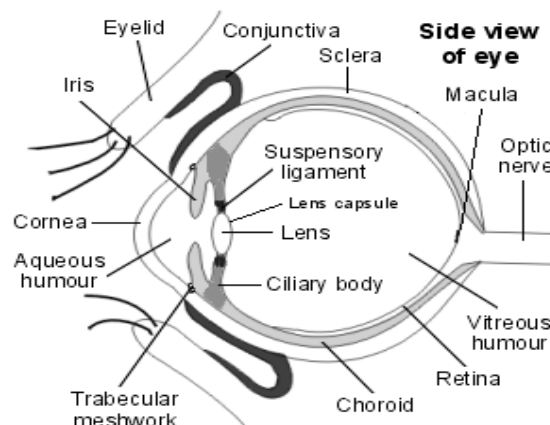
Eye Unit

What is Glaucoma?

Glaucoma is an eye condition in which the optic nerve, at the back of the eye, becomes progressively damaged, causing loss of visual field (side vision). In some patients, this is because of a build up of pressure in the fluid inside the eye, which also, damages the nerve fibres running towards the optic nerve from the retina. The retina contains the 'seeing' cells at the back of the eye. The damaged parts of the nerve and retina lead to permanent patches of visual field loss.

The eye needs a certain amount of pressure to keep the eyeball in shape, so that light rays are focused accurately onto the retina. Some patients may have an eye pressure within normal limits but damage occurs because of other factors such as, a poor blood supply making the optic nerve sensitive even to moderate pressure. This is often called normal tension glaucoma and occurs in about 10-20% of glaucoma patients.

In contrast, some people have an increased eye pressure with no ill effect to the optic nerve or visual field. This is known as ocular hypertension and about 10% of these patients can convert to glaucoma over time. If then left untreated the visual field gradually becomes impaired and vision diminishes.



There are different types of glaucoma.

Primary open angle glaucoma is the most common type. The word angle refers to the angle between the iris and cornea.

Acute angle closure glaucoma where the angle is narrowed.

Secondary glaucoma is caused by various other eye conditions, which can cause a rise in the pressure within the eye.

Congenital glaucoma is where glaucoma is present from birth.

The rest of this leaflet deals only with Primary open angle glaucoma.

How is Glaucoma treated?

Treatment to lower the pressure is usually started with eye drops. If the eye pressure is lowered, further damage to the optic nerve is likely to be prevented or delayed. The eye pressure to aim for varies from case to case. If you have been given a prescription, a bottle of drops should last for 4 weeks. Then you should get another prescription from your GP. Do not stop your drops unless told to do so by the doctor at the hospital. If you are unsure that you are using your drops correctly please ask.

What tests are done?

You should have been given another appointment at the hospital. It is advisable not to drive to your appointments. When you attend we will be looking at your eyes, in particular, viewing your optic nerve, measuring the pressure in your eyes, possibly field's test (which is, being shown a sequence of spots of light, on a screen and asked to say which ones you can see) and possibly a laser scan of your optic nerve.

Living with Glaucoma

Early detection and treatment to reduce eye pressure will usually prevent or slow down further damage by glaucoma.

Most people can still drive if the loss of visual field is not advanced.

Is it hereditary?

Yes, Glaucoma can be hereditary. Close blood relatives of those with glaucoma are about six times more likely to suffer from glaucoma than those without a family history.

Free eye tests are available if you are aged over 40 and have a first degree relative i.e. mother, father, brother and sister, with glaucoma. You should then have an eye test at regular intervals.

Useful numbers and web sites are,

The International Glaucoma Association (IGA)

IGA sight line Tel. No:- 0870 609 1870

www.iga.org.uk

The Royal National Institute for the Blind (RNIB)

Helpline Tel. No:- 0845 766 9999

www.rnib.org.uk

www.patient.co.uk

**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**