

## GLAUCOMA

### What is Glaucoma?

Glaucoma is a family of conditions which cause damage to the nerve fibres, the bits that take information to the brain, at the optic nerve.

There are many different types of glaucoma. It is often caused by the pressure in your eye (intraocular pressure or IOP) increasing.

Glaucoma affects your peripheral vision (the sides and top and bottom) gradually, usually with no symptoms until the later stages. If left untreated glaucoma can severely affect your sight.

There are two main types of glaucoma:

Acute – where damage happens more quickly and the patient has symptoms such as a headache, nausea, reduced vision, pain.

Chronic – where the damage is very gradual, and the patient often has no idea anything is wrong until late stages of the condition.

## GLAUCOMA

### Who can get Glaucoma?

Anyone can develop glaucoma. Glaucoma becomes more likely as we get older. Around 2% of people aged 40 or over have glaucoma, that's around 1:50. Certain ethnicities, very short-sighted (myopic) individuals, people with high blood pressure or diabetes are all also more likely to develop glaucoma.

People with a family history of glaucoma are advised to get frequent sight tests as they are more at risk of developing glaucoma at some point in their lives.

Not everyone with a high IOP has glaucoma, although these people again are believed to be at an increased risk of developing glaucoma and so are more closely monitored and if the risk is considered too high then the patient may be given treatment to lower the pressure and reduce their risk.

## GLAUCOMA

Some patients develop glaucoma even with IOP within the normal range. Therefore, we do not rely on a single test to help us detect the condition.

*What tests detect glaucoma?*

**Tonometry:** This is measuring the pressure in your eye. Normally completed with a puff of air or a small probe which touches your eye.

**Visual Fields:** Measuring the sensitivity of your peripheral vision in each eye to detect any areas which may be less sensitive.

**Observation of the Optic Nerve:** Damage at the optic nerve is visible when we look at the back of the eye. It can also be very helpful to take pictures or scans of the eye so that we can monitor its appearance over time making changes easier to detect.

## GLAUCOMA

*If my optometrist thinks I have glaucoma what will happen?*

You will be referred to an ophthalmologist at the hospital, who will complete many similar tests your optometrist has completed again. They will decide, with you, if any treatment is required and discuss your options with you.

*What treatments are available for glaucoma?*

The goal of each of these treatments is to maintain ocular health by reducing the pressure inside the eye to protect the optic nerve head.

### Drops

Most people with glaucoma use drops to lower the pressure. Generally, these drops have few side effects. Once drops commence they tend to be a part of the patient's daily routine on an ongoing basis.

### Laser

A laser may be used to open drainage channels through the iris (the coloured part of the eye),

## GLAUCOMA

or out of the eye. Depending on the mechanism of the increased IOP.

### *Surgery*

In some cases, if drops do not control the IOP or if the patient is unable to take drops, there are surgical interventions which can help reduce IOP.

### *Will I go blind with glaucoma?*

We are getting increasingly better at detecting glaucoma earlier which helps us control the condition before it has an impact on sight.

Glaucoma is generally slow to progress and with intervention many people retain good vision with a high quality of life.

You give yourself the best chance of limiting any damage to your vision from glaucoma by having regular eye examinations and adhering to any treatment regimen given by your ophthalmologist.