

PATIENT INFORMATION

Glaucoma

A Guide for Patients

What is glaucoma?

Glaucoma is a condition in which the optic nerve is damaged by the pressure in the eye. The optic nerve transmits visual information from the eye to the brain and as the optic nerve becomes damaged in glaucoma, the field of vision starts to be lost. Typically, this initially affects the periphery of the vision, but if glaucoma keeps progressing, the field of vision continues shrinking down.

Will I go blind?

If glaucoma is diagnosed early and carefully treated, then the vast majority of people never go blind and retain good vision for the rest of their lives.

If glaucoma is not detected or you do not administer your treatment correctly, there is a risk that the field of vision gradually shrinks down, causing tunnel vision and this can eventually progress to blindness. It is therefore very important that all glaucoma patients take their eyedrops on a regular basis as prescribed to avoid this happening.

“But I don’t notice any problems with my eyes...”

Unfortunately, people often won’t be aware that they are suffering from glaucoma. This is because people don’t tend to notice they are losing their field of vision until it has shrunk down to involve their central field of vision. By then, a lot of damage has already been done and it isn’t possible to reverse this damage. The key is therefore preventing this damage from happening and progressing. Your field of vision tests will therefore often be repeated at your clinic appointments to check that these are stable.

How can glaucoma be treated?

Glaucoma is treated by lowering the pressure in the eye and this reduces the risk of further damage to the optic nerve.

The most common type of treatment used to reduce the pressure is eyedrops. There are several different types of eyedrops available for glaucoma and although treatment is usually started with one type of eyedrop, additional eyedrops may be added later on if the pressure is not controlled well enough.

Another treatment that may be considered if the eyedrops are not working well enough is laser (SLT laser), although this is not guaranteed to work and may need to be repeated.

Alternatively, if the glaucoma still seems to be progressing, your doctor may suggest an operation to control the pressure. The most common type of operation for glaucoma is called a trabeculectomy.

What are the different types of glaucoma?

- Primary Open Angle Glaucoma. This is the most common type of glaucoma and is caused by high pressure in the eye.
- Normal Tension Glaucoma. This is very similar to Primary Open Angle Glaucoma, except that the eye pressure is within normal levels. The treatment is still the same, which is to lower the pressure to an even lower level to stop the optic nerve damage progressing.
- Primary Angle Closure Glaucoma. This is caused by the drain in the eye being narrow, which may increase the pressure if fluid cannot drain out of the eye normally. There is also a small risk that the drain could get blocked up completely and if this happens, the pressure climbs up very high, very quickly (Acute Glaucoma). For this reason, your doctor will normally suggest laser treatment (peripheral iridotomies) to prevent the drain getting completely blocked in the future.
- Secondary Glaucomas. There are several eye conditions that may cause glaucoma, such as pigment dispersion syndrome, pseudoexfoliation and uveitis.

- Other related conditions:

Glaucoma Suspects. In some people, it is difficult to be sure whether they have glaucoma. In this situation, they may be told they are a 'Glaucoma Suspect' and usually this means that no treatment is required, but follow-up visits may be arranged to check there are no signs of glaucoma developing in the future.

Ocular Hypertension. This is a condition in which people have high pressure in the eye, but there is no sign of either the optic nerve or field of vision being damaged by the pressure. People with ocular hypertension are at an increased risk of developing glaucoma in the future. This condition may be monitored without treatment, or may be treated in the same way as glaucoma.

Can I drive if I have glaucoma?

Group 1 drivers (this is the standard driving licence) need to inform the DVLA that they have been diagnosed with glaucoma if their visual field is affected by glaucoma in both eyes. The DVLA will arrange for a specific type of visual field test to ensure the field of vision remains within the legal limit to drive.

Group 2 drivers need to inform the DVLA even if they only have glaucoma affecting one eye, since tests are more stringent for commercial drivers.

DVLA contact details: www.gov.uk/contact-the-dvla or Tel. 03007906806

Does glaucoma run in families?

Although most relatives of people diagnosed with glaucoma will not have the condition, close blood relatives have an increased risk of developing glaucoma compared to the normal population.

It is therefore recommended that people with glaucoma alert their relatives to the need for regular sight tests at their optometrists to check for glaucoma from the age of 40 onwards.

Where can I find out more information?

There are many websites which will give information about glaucoma, but the two main associations dealing with glaucoma are:

- International Glaucoma Association (IGA) www.glaucoma-association.com 01233 648170.
- Royal National Institute of Blind People (RNIB) · www.rnib.org.uk 0303 1239999

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.