

# **GLAUCOMA** Patient Information Booklet



### optegra.com/NHS



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#### What is Glaucoma?

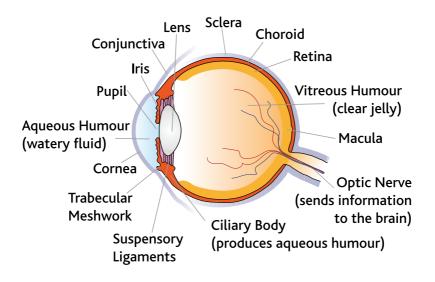
Glaucoma is the name given to a group of eye conditions in which the main nerve in the eye (the optic nerve) becomes damaged, usually as a result of increased pressure in the eye.

The most common type of glaucoma (primary open angle glaucoma) starts very slowly, and to begin with there are no symptoms. So some people don't realise they have the condition until it is fairly advanced.

Eventually vision may become misty and patchy, and this worsens if left untreated. Glaucoma can eventually lead to blindness, although this is rare, especially if detected early and treatment is started and then continued.

Most cases of glaucoma are picked up during routine eye health checks at an optometrist or optician. If your optometrist or GP suspects that you may have glaucoma, you'll be referred to an ophthalmologist (a doctor who specialises in diagnosing and treating eye conditions).

Other types of glaucoma include primary angle closure glaucoma, normal tension glaucoma, secondary glaucomas, and developmental glaucoma in babies and children.



#### Before your appointment

Ask your relatives if there is anyone in the family who has glaucoma. If a close relative (a brother, sister or parent) has glaucoma, you are more likely to develop glaucoma than someone without a family history.

If your family have been affected, make a note and take this with you to your first appointment.

It is also a good idea to take the following items with you to your appointment:



Your appointment letter

All medicines and eye drops in their original containers, or a letter rom your GP listing , even if you only take them occasionally





Sunglasses or a peaked cap, which some people find useful after having eye drops

A pen and paper to make any notes, as well as a written list of any questions you may want to ask

Many people find it helpful to take a friend with them to the appointment. There can be a lot of information to take in and two heads are often better than one.

#### At your first appointment

Your appointment will be at our Manchester hospital. If you need to travel by car to the hospital, ask someone else to drive you back as the eye drops given to you may make your vision blurry.

Be prepared to wait as delays can happen for various reasons but you will be seen and it's very important for you to keep the appointment.

#### Information to tell your doctor:

Please tell the doctor if you:



have any eye symptoms



have ever taken steroids

- have any family history of glaucoma
- want to understand more about the type of glaucoma you are diagnosed with

have any other medical problems, for example high blood pressure or diabetes, and any chest or breathing problems. If you ever get short of breath in winter, but its summer and you feel fine, tell the doctor about it, especially if you have an inhaler



#### What to expect

The eye doctor or nurse will carry out up to six tests on your eyes, some of which you may be familiar with from visits to the optician.

#### **Visual Field Test**

You may be familiar with this test from visits to your optician. You will be seated in front of the test machine, you lean slightly forward into it and rest your chin on a chin rest. Random lights are flashed across the field of vision, and you will be asked to press a button whenever you see a light.

The lights are bright or dim at different stages of the test; you are not necessarily expected to see all of the lights so only press when you know or think you have seen a light.



This test measures your whole field of vision – 'side' and 'central' - but it is not a test to see if you need glasses. You may find that the machine is a bit different to the one at your opticians. Remember, it's OK to blink, and the test can be paused at any time.

#### **Eye Pressure Test**

The pressure inside your eye will be measured using an instrument called a tonometer. This is similar to the 'air puff' test done at an opticians during a routine eye health check, but again the equipment used in a hospital clinic will probably be slightly different.

The normal range for healthy eye pressure is between 10 and 24 millimetres of mercury (written mm Hg, the scale used for eye pressure).

Most people with glaucoma will have pressure over 20 mm Hg, although some people may have normal pressures but still have glaucoma (and some have raised pressure but no glaucoma) – each person is different, hence the range of tests required.

#### **Optic nerve assessment**

Before this test, you may be given eye drops to enlarge your pupils. These take around half an hour to start working, so you may be asked to go back and sit in the waiting area. The drops may make your vision blurry or your eyes sensitive to light (hence the sunglasses suggested earlier), but the effect will wear off after a few hours. After the dilating eye drops have taken effect, the doctor will use a magnifying device with a light attached to look at the back of your eyes, to assess the health of your optic disc.

#### **Retinal/optical disk imaging**

During this test the clinician will take pictures or scans of the back of your eyes. This may help in determining whether an abnormality is present and will give the doctor results that they can compare to at future appointments, if such appointments are considered necessary.

#### **Pachymetry**

This test measures the thickness of the cornea and helps the doctor interpret the pressure measurements. An anesthetic drop is given to numb the eye, and then an instrument that looks like a small blunt pencil is brought up to gently touch the surface of the eye. It may make a 'beep' as the measurements are taken.

#### Gonioscopy

This test evaluates the internal drainage system of the eye. If there is a problem with fluid draining from the eye, the pressure can increase, creating problems. The eye is numbed with eye drops and the chin is placed on a chin rest. A mirrored lens, effectively a microscope, is used to look into the eye using a light to see the angle where the cornea and the iris meet. This test can help determine whether the angle is open or closed (which affects how fluid drains out of your eye), and can help to identify other issues that might be present.



#### After the tests

If you have glaucoma, the doctor will be able to tell you how far the condition has developed and how much damage to your eyes has occurred. They will then recommend a course of treatment.

In some cases further tests and / or observations over time are needed in order to decide whether you do or do not have glaucoma (called 'glaucoma suspect').

There are several different treatments available, including eye drops, laser treatment and surgery. The best treatment for you will depend on your circumstances.



#### Eye drops

Eye drops are the most common treatment for glaucoma, and are usually the first thing clinicians use to manage the condition. There are several different types, but they all work by reducing the pressure in your eyes, so are usually needed for life. Eye drops can cause side effects, such as eye irritation, and some aren't suitable for people with other medical conditions or who take other medication.

You may need to try several types before you find the one that works best for you, and some people will need to use more than one type at a time. If eye drops are recommended, you will usually be given a prescription for one month's supply, and will need to start using them straight away. You will also need to go to your GP to obtain ongoing prescriptions.

#### Laser treatment

Laser treatment involves a high-energy beam of light being aimed at part of your eye to stop fluid building up inside it.

Laser treatment is usually carried out while you're awake. Local anaesthetic drops are used to numb your eyes, although you may feel a brief twinge during the procedure. You may still need to use eye drops after having laser treatment.

### Surgery

Trabeculectomy is the most common type of surgery, and reduces the eye pressure by increasing the outflow of fluid from the eye. New forms of less invasive surgery, known as MIGS (minimally invasive glaucoma surgery) are becoming more common. These procedures use tiny incisions and microscopic equipment to lower eye pressure. They are quicker to perform and have a faster recovery time.

Increasingly, lens surgery is used to treat some types of glaucoma, either alone or in combination with MIGS. Glaucoma surgery is usually carried out under local anaesthetic, but sometimes under general anaesthetic.

### **Ocular hypertension**

After the tests, you may be told that you don't have glaucoma, but that you do have ocular hypertension. This simply means that you have raised pressure in one or both of your eyes but there is no damage to the optic nerve.

It is very important that people with ocular hypertension are monitored carefully so that if glaucoma starts to develop, treatment may be started at the earliest possible stage. If the doctor thinks you have a high risk of developing glaucoma, you may be prescribed eye drops to control the pressure in the eye, as a preventative measure. These drops will be the same drops that are used to control glaucoma.

#### No treatment

This means no treatment will be given at this stage, but follow-up appointments may be arranged to check there are no signs of glaucoma developing in the future. This may apply if you are diagnosed with ocular hypertension.

In some cases of glaucoma, doctors may recommend no treatment but observation, particularly if the glaucoma is in its very early stages or if the lifetime risk of sight loss is low.

Patients may also decide to decline treatment recommended by their doctor, and this can be a valid choice (for example someone approaching the end of life whose glaucoma is advancing very slowly may understandably decide to avoid the inconvenience and possible side effects of various treatments).

#### **Questions to ask**

Here are few questions you may want to consider asking your doctor if you are diagnosed with glaucoma:



What type of glaucoma do I have?



How will my vision be affected now and in the future?



What is my expected prognosis?

Is it hereditary and what should I tell my family about my condition?



What are my treatment options, and what are the pros and cons of each?



If prescribed medication, how long will I need to take it for, and will it interact with any other medications or dietary supplements I take?



How will I know if the treatment is working?



Do I need to change my lifestyle - for example my diet, the way I exercise, are there any activities I should avoid?

#### Follow up appointments

If you are advised to attend regular follow-up appointments to monitor your eyes and check that treatment is working, it is really important not to miss any, so make a note of when you should next be seen.



#### Meet our patients



Here is what our patients say about us on TrustPilot...

Jo was excellent. Detailed and careful explanation. Very happy with the service to date. Thank you.

- Shafeen Akbar

The actual procedure was painless. The recovery was very fast and I could see clearly as soon as my pupils returned to normal after the eye drops wore off.

- Gerry

I attended Optegra Eye Hospital Birmingham for a YAG Capsulotomy and I was extremely impressed by the friendliness, politeness and professionalism of all the staff there, in particular the consultant who performed the procedure and made me feel very much comfortable and reassured. I would definitely recommend them to anyone considering cataract surgery. - Bernadette Danaher

Optegra Eye Health Care is rated Excellent Based on 4,878 reviews Excellent service at Optegra Maidstone. I had my YAG laser treatment on Wednesday and I was home in under an hour. Drops, two scans and the laser surgery all performed and explained with care and attention. Thank you. - Simon McGrahan

Had YAG laser treatment at Maidstone Optegra on 27/2/24 and was very impressed with the whole experience. Assessed, treated and all in well under two hours. All the staff were excellent with special thanks to Jo-Sheetal Thethy the optometrist who performed my YAG procedure. - Geoff A

My vision in right eye is unbelievably clear. Await follow up for left now. You are put fully at ease by staff, whatever you are having done.

- Ian Goodwyn



#### How did we do?

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