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Glaucoma

Patient Information Sheet

What is glaucoma?

This is the name for a group of eye conditions in which the optic nerve (at the back of the eye) is damaged.

How does the damage usually happen?

By increased pressure from fluid in the eye. The amount of damage depends on the amount of pressure and how long it has lasted.

Chronic glaucoma

The danger with chronic glaucoma (slow onset) is that your eyesight may seem perfectly normal. There is no pain, but your peripheral vision (side vision) is being damaged. Eventually your central vision is affected. At this stage we describe it as 'tunnel' vision (like looking down a long tube).

How is chronic glaucoma detected?

The tests are very straightforward. Most optometrists (opticians) do them by:

- viewing the optic nerve at the back of the eye with a special
- light
- measuring the pressure in the eye

- checking the peripheral (side) vision.

Who is most at risk of chronic glaucoma?

- People over the age of 40.
- People of African-Caribbean origin earlier than age 40.
- People with a close relative who has chronic glaucoma.
- Very short-sighted people.
- People with diabetes.

How is chronic glaucoma treated?

Treatment aims to reduce the pressure in the eye. It will be done in hospital and usually starts with eye drops. You will need regular checks afterwards. You may need an operation if the eye drops do not work.

Acute glaucoma

In acute glaucoma (sudden onset), the pressure in your eye rises rapidly and can be very painful.

The affected eye may become red and you may suffer nausea and vomiting. In the early stages, you may see rainbow-coloured rings around white lights.

What is the treatment?

Your family doctor or optometrist should send you to hospital immediately so that the pain and pressure in your eye can be relieved. An acute attack, if treated early, can usually be brought under control in a few hours. Delay may cause permanent damage to your vision.