

# Chronic Glaucoma; your questions answered

Author: Anisa Nazeer  
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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ

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# information

**Eye Clinic**  
**01722 336262 ext 5366**  
**(8am - 5pm)**

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**Pseudo exfoliation:** in this condition flaky material produced in the eye can block the drainage channels.

**Pigment dispersion:** in this condition pigment that is released in the eye can block the drainage channels.

**Narrow or Closed Angle Glaucoma:** in this condition there is a physical narrowing of the drainage angle in the eye. This causes a build up of pressure which may happen very suddenly with pain, redness, blurring, headache and haloes around lights.

**Acute Glaucoma:** This type may require LASER treatment in the first instance.

**Congenital or childhood:** from birth or childhood.

**Traumatic:** after an injury.

**Secondary:** caused by another eye disease.

**Neovascular or Rubeotic:** due to abnormal blood vessels in the eye blocking drainage of fluid. Maybe due to blocked retinal blood vessels or advanced diabetes. Vision is often poor at the outset.

**Corneal thickness:** the average corneal thickness varies from one person to another. Corneal thickness affects eye pressure readings. A thicker cornea may give a falsely high pressure reading, a thinner cornea may give falsely low readings.

## Telephone numbers

Eye Clinic                      ☎ 01722 336262 ext 5366 (8am - 5pm)

Central booking              ☎ 01722 336262 ext 4327

## How do I get a new prescription?

You must always have a bottle of drops at home. Never run out. You must get your prescriptions from your own GP surgery in good time. Do not wait till your next clinic visit. You will not be given repeat prescriptions at the hospital!

## Your appointments

You must keep your appointments. If you think you should have an appointment but haven't received one please ring central booking on ☎ 01722 336262 ext 4327.

**What to do if you miss an appointment:** Please ring the department or central booking or speak to your GP.

## Some types of Chronic Glaucoma

**Primary Open Angle Glaucoma** is the most common type in which there is damage to the nerve in the eye associated with a high pressure, however, in a number of patients there maybe other conditions. Here is a brief description of the terms you may hear:

**Ocular Hypertension:** when the pressure is higher than normal but there is no sign of damage to the nerve. The higher the pressure the greater the likelihood of damage or blockage of blood vessels and very high pressures will invariably be treated!

**Low or Normal Tension Glaucoma:** in this type the pressure is within the "normal" limit but there is still evidence of damage and the pressure needs to be lowered further.

## What is it?

This is when there is damage to the nerve of the eye which causes loss of sight. This is gradual, symptomless and permanent. The pressure in the eye is usually raised. Lowering the pressure can reduce the damage, particularly early on. But once damage is done, there is no known treatment to reverse it. Glaucoma may run in families so tell all your close blood relatives. They should see their opticians every year.

## Who is affected?

Chronic glaucoma affects over 50 million people worldwide and is the commonest cause of preventable blindness in the developed world. It can affect people of any age but is more likely after the age of 40 and particularly after the age of 70. There are other types of glaucoma which are uncommon.

## Who should be screened?

All adults over the age of 40 are screened. Close blood relatives of chronic glaucoma sufferers need regular eye examinations to screen for early glaucoma and these are free after the age of 40.

## How can Glaucoma affect me?

Chronic Glaucoma causes a gradual, permanent loss of the outer or mid-peripheral field of sight. There are no symptoms in the early stages. This loss gradually creeps towards the centre. By the time you become aware of it, the disease will be advanced.

## **Can I go on driving?**

You must inform the DVLA if you have been diagnosed with Glaucoma and there is any loss of field of vision in both eyes. They will ask your specialist for a report and might ask you to have another test. Significant loss in both eyes may prevent you from being allowed to drive.

## **Is there a cure?**

No. Glaucoma is a chronic disease. This means there is no known cure. But, there are a number of treatments available which can stop the disease getting worse. Treatments are effective as long as they are taken as directed. If not taken correctly or regularly, damage will continue. Continuing damage results in eventual permanent loss of field of vision, and eventually blindness.

## **How can it be treated?**

The doctor will tell you which treatment he or she thinks will work best for you. The commonest is eye drops. In some patients drops may not work well enough or may not be appropriate. These patients, if suitable, may go on to require laser treatment or surgery.

## **How do the treatments work?**

They work by lowering the pressure in the eye. Pressure is the balance of fluid being produced to nourish the eye and the removal of this fluid. When the balance is upset the pressure rises. Raised pressure causes damage to the nerve of the eye, which eventually results in gradual loss of sight

over a number of years. Lowering the pressure prevents blindness.

## **How often do I use the drops?**

There are different types of eye drops and you will be given instructions on when to use your drops. Each type of drop works for a different length of time. The number of times you are asked to use the drops is based on this. Do not use your drops any more or less than advised. You may need more than one type of drop. Leave about 10 minutes between drops to the same eye. Use your drops daily including when you have hospital appointments to attend or have to leave home early.

## **How do I put my drops in?**

Use your drops at a regular time, to within an hour. Wash your hands before using your drops. The best way to put drops in is to tip your head back or lie down, or pull your lid down and allow the drop to fall in to the centre or corner of the eye. Do not worry if any runs out as long as some goes in. One drop is enough. Remember to take your drops with you, if you are likely to be away from home at the time your drops are due.

## **How do I care for my drops?**

Keep them in a cool dark place. Don't put them in bright sunlight or hot places like near a radiator. Some drops may need to be kept in the fridge. Once opened the bottle remains fresh for about a month. After then you should throw it away. Keep it out of the reach of children and animals.