

GLAUCOMA

The Silent Thief of Sight

Glaucoma is a group of eye conditions that damage the optic nerve, usually due to elevated intraocular pressure (IOP). It often has no symptoms in the early stages but can lead to irreversible vision loss if not detected and treated early.



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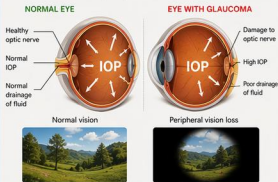
CAUSES & RISK FACTORS

- Elevated intraocular pressure (IOP) is the main risk factor.
- Family history of glaucoma
- Increasing age (especially >40 years)
- African or Caribbean ethnicity
- Thin central corneal thickness
- High myopia
- Diabetes, hypertension
- Long-term steroid use
- Previous eye injury or inflammation
- Poor blood flow to the optic nerve
- Other eye conditions (e.g. pseudoexfoliation, uveitis)

i Glaucoma can affect anyone, but early detection is key.

WHAT IS GLAUCOMA?

Increased IOP or optic nerve susceptibility causes damage to the optic nerve, leading to gradual loss of peripheral vision.



i Vision loss in glaucoma is permanent, but early treatment can stop or slow progression.

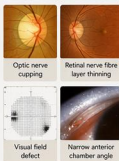
COMMON SYMPTOMS

- Usually no symptoms in early stages
- Loss of peripheral (side) vision
- Tunnel vision in advanced disease
- Difficulty adapting to low light
- Halos around lights
- Eye pain or headache (more common in acute angle-closure glaucoma)
- Nausea and vomiting (acute attacks)

i Regular eye tests are essential – you may not notice any changes until significant damage has occurred.

SIGNS (CLINICAL FINDINGS)

- Elevated IOP
- Optic nerve head cupping (increased cup-to-disc ratio)
- Thinning of the retinal nerve fibre layer
- Visual field defects (usually peripheral)
- Gonioscopy may show narrow or closed angles
- Corneal changes (e.g. Haab's striae in chronic cases)



i Glaucoma damage is irreversible, but progression can be slowed.

DIAGNOSIS

- Full ocular history and risk assessment
- Measurement of intraocular pressure (IOP)
- Optic nerve assessment (clinical exam and imaging – OCT)
- Visual field testing
- Gonioscopy (to assess drainage angle)
- Central corneal thickness measurement
- Pachymetry and other investigations as needed



i Early detection and regular monitoring are crucial to preserve vision.

TREATMENT OPTIONS

Treatment aims to lower IOP and protect the optic nerve. Options are tailored to the individual and stage of disease.

- MEDICATION (EYE DROPS)**
 - First-line treatment for most patients
 - Reduces IOP by decreasing fluid production or improving drainage
 - Types: Prostaglandin analogues, β -blockers, α -agonists, Carbonic anhydrase inhibitors, Miotics
- SLT LASER (SELECTIVE LASER TRABECULOPLASTY)**
 - A non-invasive laser treatment
 - Improves natural drainage of fluid
 - Can be used as initial treatment or when drops are insufficient or not tolerated
 - May reduce the need for medication
- SURGERY**
 - Considered if drops and/or laser cannot adequately control IOP
 - Options include trabeculectomy, minimally invasive glaucoma surgery (MIGS)

i The earlier glaucoma is treated, the better the chance of preserving your sight.

LIFESTYLE & SELF-CARE

- Use drops exactly as prescribed
- Maintain a healthy weight and diet
- Protect your eyes from injury
- Inform your family – glaucoma can run in families



i Consistency with treatment and monitoring is vital to prevent vision loss.

WHEN TO SEEK HELP

- Sudden eye pain or headache
- Blurred vision, halos around lights
- Nausea or vomiting with eye pain
- Sudden loss of vision
- Any noticeable change in vision



i Seek immediate medical attention if you experience any of the above symptoms.

KEY POINTS

- Glaucoma is often silent in early stages.
- Regular eye tests can detect it early.
- Treatment can slow or stop progression.
- Lifelong monitoring is essential.



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