

Eye Unit

Glaucoma

About your patient folder

This folder has various sections that tell you about glaucoma and answers any questions you may have about your disease.

One section describes how the glaucoma service works in Coventry and Rugby so that you are familiar with members of the team and how we monitor your disease for you.

There is another section in which to record your pressures and record your progress. Please try and remember to bring this folder to each appointment so that it can be updated. It is your record of how well your glaucoma is doing.

You may show this folder to whoever you like. It does not replace your medical notes, which will continue to be used and kept by the hospital.

We hope that this folder will serve as a good information companion.

Your views on both the clinic and this package of information are always appreciated. Please feel free to comment on shortfalls or ways we can improve the service at any time, either by speaking or writing a note to any member of the team.

Your Glaucoma Service

Most people with suspected glaucoma are initially referred to the Glaucoma Service. This is led by Mrs. Rosemary Robinson, Mr. Atul Bansal, and Miss Turner, consultants with a special interest in Glaucoma.



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What happens at each visit?

At each visit we will assess:

- your vision
- your eye pressure (tonometry)
- your optic nerve (the seeing nerve)

In addition we may carry out the following:

- Visual Field Test - assessment of your side vision or peripheral field of vision
- Scan and/ or photographs of the optic nerve.
- Occasionally, we may do other tests.

You should follow the recommended treatment and attend the main consultant clinic on a regular basis until your condition is stabilised. Your treatment may need to be changed a few times before this stability is achieved.

Throughout this period you will remain under the direct supervision of your consultant until they are sure that your disease is under control.

For many people, once the glaucoma is under control, treatment can remain unchanged for many years. However you still need regular reviews to monitor your condition. This is done in the Stable Glaucoma Service by a specially trained team of optometrists and nurses.

What is Glaucoma?

Glaucoma is a group of conditions where the pressure inside the eye causes damage to the optic nerve, resulting in reduced vision.

Most people with glaucoma are unaware of any problems; your vision may seem normal and there is no pain. This is because the centre of the vision, which you use for detail, is not affected until the most advanced stages of the disease. Instead you may lose peripheral patches of vision without you knowing.

Glaucoma cannot be cured but it is possible to control the disease in most cases by drops or, in some cases, surgery. Without treatment patients

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usually lose vision gradually over the course of many months or several years. Once lost, it is not possible to restore the vision.

The aim of treatment is to minimise any further damage to your vision and to help you keep useful vision for as long as possible.

Because glaucoma is a condition which can deteriorate without you noticing changes to your vision, **it is important to attend for regular review, where any problems can be picked up early and treatment given accordingly.**

Some patients have high pressure in the eye but never develop any glaucoma damage. This condition is called **ocular hypertension**. As it is impossible to tell who will go on to develop damage and who will not, all patients with high eye pressure need to have their eyes checked on a regular basis.

For other patients they may have some feature that makes you suspect glaucoma but there is not enough evidence to require long-term medication. These patients require monitoring over a life time.

How we treat Glaucoma

Glaucoma cannot be cured but it can be controlled.

Medication (eye drops)

The first choice of treatment usually for glaucoma is eye drops. These drops lower the pressure inside the eye and so reduce the chance of further damage to the optic nerve and your vision.

As the high pressure is caused by an imbalance between how much fluid you make in your eye and how quickly you can drain it away, eye drops that lower the pressure, work in different ways. Some reduce how much fluid you make and others help you to drain it away faster.

It is important to use all your drops as directed. Failure to take glaucoma medication regularly can cause large changes in your eye pressure which have been shown to be just as bad as a constant high pressure.

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All medications have known side effects, but not everyone will experience them. **If you are experiencing problems with your drops please let one of the Glaucoma team know and we shall try to provide an alternative.**

Laser and surgical treatment

In some cases eye drops are not enough to control your pressure. We then have to consider laser treatment or surgery. The consultant will discuss this with you in detail should this become necessary.

When taking more than one drop, please allow at least 10 minutes between each drop so that the first one has a chance to sink in before you instil the other one.

Medication you are taking

Some tablets may interfere with the eye drops we would like to give you. To help us please write down all you tablets, inhalers and any other medication you may be using, below:

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Some words you might hear

- **IOP** – this stands for **Intra-Ocular Pressure** (pressure inside the eye). The eye is constantly producing a clear fluid which nourishes the inside of the eye (aqueous humor), and this can be measured. The balance between how quick the fluid is made and drains away determines **the Intra-ocular pressure**.
- Some people may have high pressure but do not experience the changes associated with glaucoma. This is called **ocular hypertension**. This may need treatment in some cases and always needs to be watched in case any glaucoma damage occurs.
- Some people may have some changes in the eye or vision that looks like glaucoma but may not be. These people are called **glaucoma suspects**. They need to be watched in case the change gets worse.

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- **High tension glaucoma** occurs when the eye pressure is above normal limits and there are the changes in the eye associated with glaucoma. This almost always needs treatment.
- **Normal tension glaucoma** is when the eye pressure is within normal limits but the eye and vision has the changes associated with glaucoma. This often needs treatment.
- In all these conditions the aim of treatment is to stop the pressure causing damage at the back of the eye and retaining vision.
- **Visual Fields-** this is a special test which looks at how much you can see around the edges of your vision. In glaucoma you can lose this vision without realising it. Changes in your visual fields may mean a change in treatment is required. This would be discussed with you.
- **OCT – Optical Coherence Tomography.** This is a state of the art camera which takes digital scans of the optic nerve (the part of the eye which is damaged in glaucoma). It is painless. Usually no dilating drops are needed. It produces instant pictures and with the aid of computer technology will help to decide how your condition is doing. This scan is also sometimes used to look at the macula (the central area of the retina).

Common questions answered

These are some of the commonly asked questions. If you have any queries at all, please ask when you attend the hospital or contact a member of the Glaucoma team. (See your glaucoma service for contact details at the end of this booklet)

Will I go blind?

The majority of people with glaucoma do not go blind. In the United Kingdom around 95% of those diagnosed with **early glaucoma**, will retain useful sight for life with treatment. Most damage is done prior to diagnosis. If the condition goes untreated there is a big risk of reduction in vision. 13% of people on the blind register have some form of glaucoma.

What about my family?

As glaucoma can run in families, any parent, siblings and children over the age of 40 should be checked by an optometrist. The test is simple and painless.

Where a first degree relative has glaucoma, the test is free to those over 40. Just tell your optometrist that you have a family member with the disease. People from families with glaucoma should be tested from the age of 35 if the disease was diagnosed earlier in the family.

In general you are four times more likely to develop glaucoma if some one in the family already has the condition. This is more so if two or more family members are affected.

Is there any other treatment?

Some people may need surgery or laser treatment to help control their glaucoma. For the majority of people their condition is successfully managed with drops.

What if I forget to put my drops in?

Do not panic if you forget to put in your drops. As soon as you remember put one in. However in order for glaucoma to remain well controlled it is important to use your drops **regularly as instructed**. If you are going away from home remember to take the bottles with you. Always keep a spare bottle so that you have a constant supply and cannot run out.

Am I able to still drive?

The vast majority of people with glaucoma can continue to drive. **However you must, by law, inform DVLA.** This is a legal requirement, failing to do so will invalidate your insurance. They will then arrange a special driving visual field, and obtain a report. If you then meet the minimum standards of vision required for driving you will be allowed to continue to do so. It is also advisable to inform your insurance company.

If you have any concerns regarding driving please ask the doctor or optometrist at your next appointment.

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The Stable Glaucoma Service

The Stable Glaucoma Service consists of a team of optometrists and nurses who are specially trained to monitor any changes in glaucoma.

State of the art technology is used to help determine at an early stage whether there are any changes to your vision or optic nerve and will make management of your condition as precise and accurate as possible.

What happens at each visit?

At all visits we will check:

- Your vision
- Your eye pressure
- Your optic nerve

At some visits we will also check your visual field and take a scan of your optic nerve.

The various tests that may need to be done at each visit and how often you need to be seen are determined in advance by your consultant through an individual care plan set just for you.

Everything will take place at one appointment wherever possible.

If everything appears stable, compared to previous visits, you will be given another appointment as determined by your personal care plan and the same process is repeated again.

If an acute problem is detected you will be referred to see a doctor in Eye Casualty on the same day. If there are other concerns then the consultant will review your notes to see if you need to be seen in the main glaucoma clinic.

It may be necessary to bring you back for a repeat visual field or to have the pressures checked again over a couple of weeks. This would be discussed with you and suitable times arranged.

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Throughout your time with the **Stable Glaucoma Service** you will remain under the care of your glaucoma consultant, Mrs. Robinson, Mr. Bansal and Miss Turner. They will regularly review your notes to ensure that your disease continues to remain as stable as possible.

Other sources of information

The following is a small list of helpful organisations and websites:

- For information regarding driving contact **DVLA**:

Website: www.dvla.gov.uk

Address: Drivers Medical Branch

DVLA

Swansea

SA99 1TU

- For information regarding glaucoma, support from others with glaucoma and up-to date news on treatments there is the **International Glaucoma Association or IGA**. Their symbol is a green frog.

Website: www.iga.org.uk

Address: IGA

Woodcote House,

15, Highpoint Business Village,

Henwood,

Ashford,

Kent.

TN24 8DH

- For general information there is the **Glaucoma Foundation**. It is mainly geared towards the American patient but has very useful information around eye drops.

Website: www.glaucoma.org

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Local support group

This currently is not running. For further information please contact the Glaucoma Service on 024 7696 6491.

Contact numbers

If you have any queries please get in touch with:

Mrs. R. Robinson

Consultant Ophthalmologist
024 7696 6502 (Secretary)

Mr. A. Bansal

Consultant Ophthalmologist
02476 7696 6501 (Secretary)

Ms S. Turner

Consultant Ophthalmologist
024 7696 6508

Sister Mary Jane Oca

Clinical Nurse Practitioner for Glaucoma
02476966491

Jackie Russell

Stable Glaucoma Support Secretary
024 7696 6526

Samantha Wade

Failsafe Officer/Glaucoma Support team
02476966527

Patient Information

Amy Sehmbi

SLT Laser Coordinator

02476966401

Farhrat Chuhadry

Administrative Assistant

Stable Glaucoma Team

02476966530

In the event of an emergency please attend the **Eye Casualty Department** at University Hospital Coventry and Warwickshire and bring this information about your condition with you.

UHCW Eye Casualty (not a walk – in service): Tel - 024 7696 6627

Open from:

Monday to Thursday 8.30am – 4.30pm

Friday 8.30am – 4.00pm

Saturday 8.30am – 12.00pm

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6333 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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