

## Ophthalmology

# Steroids for uveitis

Most cases of uveitis can be treated with steroid medicine. A medicine called prednisolone is a steroid that is used to treat uveitis.

Steroids work by disrupting the normal function of the immune system so that it no longer releases chemicals that cause inflammation.

Steroid medicines come in different forms and the type used will often depend on the areas of your eye affected by uveitis.

### **Steroid eye drops**

Steroid eye drops are a treatment for uveitis that is not related to an infection.

The recommended eye drops dose can range from having to use eye drops every hour to once every 2 days depending on your symptoms.

Steroid eye drops can increase pressure in the eye or a cataract in some people. The eye specialist (ophthalmologist) will check for this and advise you if this happens.

Please complete the course of steroid eye drops that you are given. Stopping your treatment too soon could lead to your symptoms returning. The frequency of eye drops may be slowly reduced over several weeks.



### **Steroid injections**

It may be necessary to perform a steroid injection around the tissues of the eye or inside of the eye. This may be needed when the inflammation affects the middle or back of your eye and the eye drops are not suitable.

We provide a separate information leaflet on the steroid injection.

### **Intravenous steroids**

Intravenous (IV) steroids may be needed when your sight is threatened and rapid control of your inflammation is required.

This procedure is normally carried out in a hospital ward because close monitoring of side effects, reactions and blood pressure are required.

### **Steroid tablets or capsules**

Steroid tablets or capsules are usually used if your inflammation is moderate to severe. They can be used in combination with steroid eye drops.

Steroid tablets or capsules can cause a wide range of side effects. They will only be given if it is thought there is a risk of permanent damage to your vision.

### **Do not stop taking oral steroids suddenly**

Your body normally makes steroid chemicals by itself which are necessary to be healthy. Your body may reduce or stop making its own steroid chemicals when you take oral steroids for a few weeks or more.

Suddenly stopping your steroids can cause unpleasant withdrawal effects.

## Patient Information

### Oral steroid side-effects

#### Common side effects:

- Thinning of the bones (osteoporosis) - there are medicines that can help to protect you against this if your risk is high.
- Weight gain - you may also develop puffiness around the face.
- Increased risk of infection - steroids may suppress the immune system. Keep away from people with chickenpox or shingles if you are taking corticosteroids and have not had chickenpox in the past.
- Tuberculosis (TB) may return if you have had it in the past.
- Increase in blood pressure - have your blood pressure checked regularly as it can be treated if it becomes high.
- High blood sugar (hyperglycaemia) – this may mean extra treatment if you have diabetes. Steroids may sometimes cause diabetes to develop. Your doctor may arrange a yearly blood sugar test to check for diabetes if you take long-term steroids, especially if you have a family history of diabetes.
- Skin problems such as poor healing after injuries, thinning of the skin and easy bruising. Stretchmarks sometimes develop.
- Muscle weakness - this improves after the steroid is stopped and physiotherapy may help treat this.
- Mood and behavioural changes - seek medical advice if worrying mood or behavioural changes occur.
- Steroids may aggravate depression and other mental health conditions.
- An increased risk of developing cataracts.
- An increased risk of duodenal ulcers and stomach ulcers.

**Tell your healthcare professional if you develop any of the above side effects.**

**Immediately call 999 or go to the Emergency Department if any of the above symptoms get worse.**

## Patient Information

### **How and when to take steroids**

Please take your medicine as instructed by your healthcare professional. They will explain how much to take and how often.

It is best to take steroid tablets with or soon after a meal (usually breakfast) because this can stop them irritating your stomach.

### **If you forget to take a dose of medicine**

If you forget a dose, take it as soon as you remember. If it's almost time for your next dose, skip the one you missed.

Do not take a double dose to make up for a forgotten dose.

### **Side effects**

The following tips may help reduce the side effects of steroid tablets.

- Take your tablets in the morning with breakfast. This may help prevent indigestion, heartburn and sleeping difficulties. Some specially coated tablets can be taken without food.
- Eat a healthy, balanced diet and exercise regularly.
- Ensure your vaccines are up to date - but do not have any 'live vaccines' such as the shingles vaccine.
- Your doctor may reduce your steroids dose or suggest taking your tablets less often if you're having side effects (for example, every other day).
- Speak to your healthcare professional or pharmacist if the advice on how to cope does not help and any of these side effects bother you or last more than a few days.
- Most side effects will pass once treatment stops.

### **Can I take oral steroids if I am pregnant or breastfeeding?**

Steroids can usually be used safely in pregnant or breastfeeding women.

Your healthcare professional will advise you on the risks to help you to make a decision. The lowest dose of steroids possible, for the shortest possible amount of time, would be used.

Do not breastfeed within 4 hours of taking steroid medicines.

Your baby may need monitoring if you are breastfeeding while taking high-dose steroids. Please seek advice from your GP.

## Patient Information

### **Taking steroid tablets with other medicines, food, or alcohol**

Some medicines interfere with the way steroid tablets work.

Do not take anti-inflammatory painkillers (such as ibuprofen) whilst taking steroids unless advised by a healthcare professional.

ask your healthcare professional or a pharmacist for advice before taking any other medicines, remedies, or supplements if you are already taking steroid tablets.

You can usually drink alcohol but it may worsen the side effects of steroids and irritate your stomach.

**Do not eat liquorice while taking prednisolone, as this can increase the amount of the medicine in your body.**

### **Other important points**

Most people who take steroid medicines regularly carry a steroid card which should be provided by their pharmacy. This gives details of your dose, your condition and other information in case of emergencies.

### **How to use the Yellow Card Scheme**

If you think you have had a side-effect to one of your medicines, you can report this on the Yellow Card Scheme. You can do this online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)

The Yellow Card Scheme is used to make pharmacists, doctors, and nurses aware of any new side-effects that medicines or any other healthcare products may have caused.

## Patient Information

### Contact numbers

#### University Hospital Coventry

Retinal Specialist Nurse, Sister Mann (Jas):

**024 7696 4000** (switchboard) and ask them to bleep **2828**

Macarthur Calica:

**024 7696 4000** (switchboard) and ask them to bleep **5836**

Mr Manjunatha and Mrs Mukherjee secretary: **024 7696 6496**

Mr Pagliarini and Miss Priti Kulkarni secretary: **024 76 966497**

#### Rugby St Cross

AMD injection co-ordinator: **01788 663338**

Diabetic injection co-ordinator: **01788 663992**

#### Eye Clinic Liaison Officer:

Sue Grewcock

University Hospital Coventry: Monday, Wednesday and Thursday

**07834147178** (please leave voicemail)

Rugby St Cross: Tuesday and Friday

**01788 663004**

# Emergency eye appointments: New booking system

If you have an urgent eye problem, you can now book an on-the-day telephone consultation via the Eye Emergency Referral Service (EERS).



Scan the QR code or visit [www.uhcw.nhs.uk](http://www.uhcw.nhs.uk) and search Eye Emergency Referral Service. You can book a telephone consultation via this link.

You will be spoken to by an expert clinician who will give you specialist advice on the next steps to take.

Please provide a phone number which you can be contacted on for the consultation. Please also be aware that you will be phoned as close to the allotted time as possible, although at busy times unfortunately there may be a delay.

**In the event that you feel you cannot wait to speak to someone, or do not have online access, then you may call 0247 696 4800.**

**This phone line is open 9am - 1pm; 1.30pm - 5pm (Monday - Friday, excluding bank holidays) and 9am - 12pm (Saturday).**

Please only attend the Eye Outpatient department if you have had a telephone consultation in advance and have been advised to attend.

In the event of an eye emergency out of hours, please attend the Minor Injuries Unit.

## Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6474 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.



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[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)

#### Document History

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