

Glaucoma and Ocular Hypertension

Need to know information for those at risk of developing glaucoma and newly diagnosed patients This leaflet is about the most common form of glaucoma – **open angle glaucoma** which is also known as chronic open angle glaucoma. In this booklet, it will be referred to only as glaucoma.

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What is glaucoma?

Glaucoma is a common eye condition where the optic nerve, which connects the eye to the brain, becomes damaged.

It's usually associated with an increase in pressure inside the eye, this is commonly referred to as intraocular pressure (IOP).



The reason for the rise in pressure is most likely because the drainage channel which drains fluid out of the eye isn't working as well as it should be.

If not diagnosed and treated early, glaucoma can lead to loss of vision.

What is glaucoma? (continued)

You may also have heard of Ocular Hypertension or Suspect Glaucoma. This is where the eye pressure is consistently high but you don't have the signs of glaucoma like optic nerve damage.

This means that you will be monitored closely by your eyecare specialist. Ocular Hypertension is not glaucoma, but it may lead to glaucoma.



Taking a look inside the eye

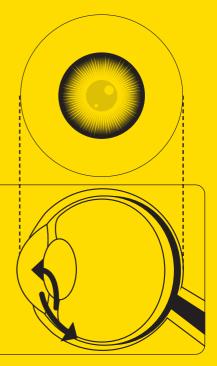
Development of glaucoma...

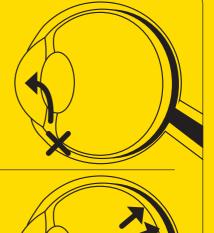
Healthy Eye

Flow of aqueous humour (fluid) through the drainage canal.

Glaucoma

- Drainage canal blocked; build up of fluid resulting in...
- **2.** Increased pressure damages the optic nerve.





How will glaucoma affect me?

Early stages

In the early stages of glaucoma, it may seem as if **there is nothing** wrong. That is because the disease

does not appear to impact your



eyesight in its early stages. There is no pain and in many cases a person with this condition is completely unaware of the damage that is being done to their vision.

Advanced stages

Over time, if it is not managed correctly, glaucoma can lead to **irreversible sight loss**. The more advanced stages of the disease can lead to:



- Patchy blind spots in your side (peripheral) or central vision, frequently in both eyes
- Tunnel vision in the advanced stages

How will glaucoma affect me? (continued)

Cannot be reversed

Damage caused by glaucoma cannot be reversed, but can usually be prevented from getting worse, or its

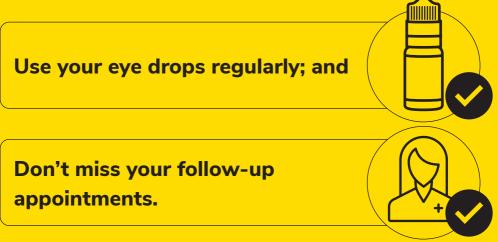


progress slowed, so that vision is maintained.

Early detection and effective treatment are vital if your vision is to be maintained.

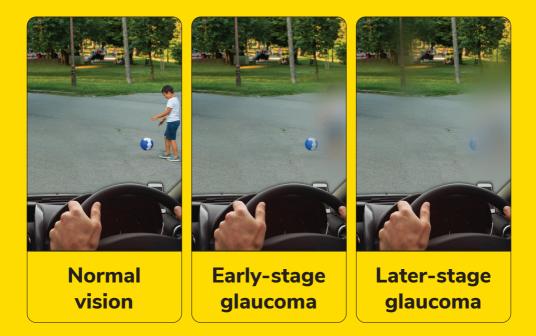
Treatment is vital

For someone diagnosed with early-stage glaucoma today, there is very little risk of losing vision providing you:



How will glaucoma affect me? (continued)

Glaucoma can cause peripheral visual field loss resulting in reduced awareness of objects and people in our side vision. Below are representative images of how vision loss can present in early and later stage glaucoma:



How will my eyecare specialist detect if I have glaucoma?

The good news is that glaucoma is usually picked up during a **routine eye test**, often before it causes any noticeable symptoms.

To detect glaucoma, your eyecare specialist will carry out a range of different tests after your routine eye test. These tests include:



- measuring the pressure of your eyes;
- assessing whether there is a block causing the fluid in your eye to build up;
- an examination of your optic nerve to make sure it is healthy; and
- a visual field test to check for any missing areas or blank patches in your peripheral and central vision.

How will my eyecare specialist detect if I have glaucoma? (continued)

If glaucoma is picked up during an eye test, you will be referred to a specialist eye doctor (Ophthalmologist) for further tests who will confirm your diagnosis. They will also assess:



- how far the condition has progressed;
- if glaucoma has caused any damage to your eyes; and
- what may have caused glaucoma.

How will my eyecare specialist monitor my glaucoma?

It is important for your eyecare specialist to monitor for glaucoma progression. To do this they may undertake a number of tests during your appointment.

To monitor glaucoma they:

- Check the intra ocular pressure (IOP) in your eye to make sure it does not increase. What IOP level is safe is different for every patient, and may change over time.
- Take images of the optic disc at the back of your eye to check for any changes that may occur due to the glaucoma. These images are taken using an OCT, or Ocular Coherence Tomography machine.
- Assess your peripheral (side) vision with a Visual Field Test.

How will my eyecare specialist monitor my glaucoma? (continued)

On the next page, you'll see some images of behind the eye (OCT images) that your Optometrist or eye doctor might use.

Glaucoma is a condition that damages the optic nerve, which is important for vision. In the images, you'll notice a round structure called the optic disc. The pink or reddish area is the neural tissue that carries visual information to your brain.

Glaucoma causes loss of the neural tissue, and progressive cupping of the optic disc (enlargement of the whitish central part). This change happens over time and can lead to vision loss.

The following images have been provided by the Centre for Eye Health www.centreforeyehealth.com.au courtesy of Glaucoma Australia.

How will my eyecare specialist monitor my glaucoma? (continued)



Normal eye, no glaucoma



Early glaucoma



Moderate glaucoma



Advanced glaucoma

Why have I developed glaucoma?

There are many reasons why you may have been diagnosed with glaucoma. The main risk factors for developing glaucoma are:



Having high internal **eye pressure** also known as high intraocular pressure.



Being over the age of 60.



Being of **African, Asian** or **Hispanic** heritage.



Having a **family history** of glaucoma.

Why have I developed glaucoma? (continued)



Having certain **medical conditions**, such as diabetes, heart disease, high blood pressure and sickle cell anaemia.



Having **corneas that are thin** in the centre.



Being extremely **near sighted** or far sighted.



Having had an **eye injury** or certain types of **eye surgery**.



Taking **corticosteroid medications**, especially the eye drop form, for a long time.

What are the options for treating glaucoma?

Common first line treatments for glaucoma include either **eye drops** or a gentle laser called **'Selective Laser Trabeculoplasty' (SLT)** to reduce the pressure in the eye.

If you are prescribed eye drops, it is very important to **use your eye drops every day** according to the instructions; the drops do not cure glaucoma but do help to control it.



You may experience a stinging sensation in the eyes when you put in your eye drops. This is normal and will settle quickly afterwards. If you experience more prolonged symptoms such as an uncomfortably red, watering eye, you will need to contact your eyecare specialist as alternative drops may be more suitable for you.

What are the options for treating glaucoma? (continued)

If you don't use the drops, you won't notice any change for quite some time, but with untreated eye pressure there is a greater risk of glaucoma damage and in turn vision loss.

Remember to tell your Ophthalmologist about all of the eye drops and other medications that you are using, including over the counter products such as artificial tears.

If you have any questions, get in touch with your eyecare specialist.

Using your eye drops for the first time

If you are new to this multi-dose bottle, you may have initial concerns as you adjust. To ensure a smooth transition, here are some helpful tips.



Do not put pressure on or squeeze the bottle when it is in an upright position.

- Before the first use, you should hold the bottle downwards and practice squeezing it to release a drop into the air away from the eye. This will help you become familiar with the dropper function and control the flow of drops.

Once you are confident in delivering one drop at a time, choose a comfortable position such as sitting, lying on your back, or standing in front of a mirror. If your hand is unsteady, try resting the bottle on the bridge of your nose while squeezing the drop.

Using your eye drops for the first time (continued)

After each use, you should shake the bottle in a downward direction (without touching the tip of the dropper) to clear any residual liquid (see step 7). This ensures the subsequent delivery of drops.

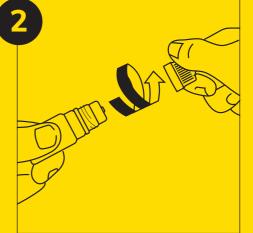


If you are wearing contact lenses, take them out and wait at least 15 minutes before putting them back in.

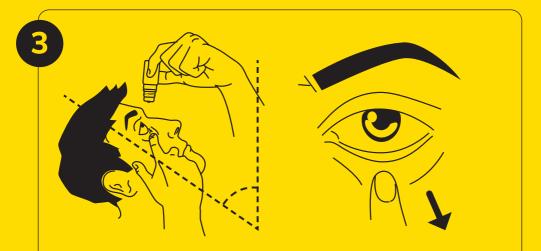
Step-by-step guide to using your eye drops



Wash your hands with soap or sanitiser before opening the bottle.



Remove the cap from the top of the bottle.



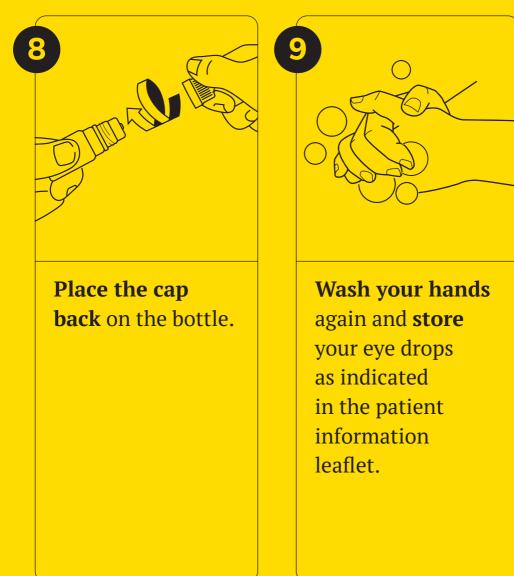
Start by **tilting your head** backward while sitting, standing, or lying down. With your index finger placed just below the lower eyelid, **gently pull down** the lower eyelid to form a pocket and look up. **Tip:** Some bottles contain a blue tip and this is where the drop will come out of the bottle. By looking at the blue tip and positioning it over the eye, it will make it easier to guide the drop into the eye.



Squeeze one drop into the pocket in your lower eyelid. Try to avoid wiping your eye or touching the tip of the bottle on your eye or face as this can cause contamination. **Close your eye** and use one finger to **gently press** the inside corner of the eye for 1 minute.



Wipe away any eye drop liquid that may spill onto your cheeks with a tissue. Make sure to **shake off** any residual liquid from the top of the bottle.



Tips for using your eye drops

It's important to get used to using your eye drops and getting into **a good routine** from the start can help this process.

It is important to remember that glaucoma is a lifelong condition with no cure and using your drops properly will help to prevent sight loss in the future. Pages 27-30 contain some tips to help you get used to using your drops.



Next to toothbrush/ nightstand

Forgetting to take your eye drops can impact the effectiveness of your treatment. Try placing your eye drops next to your toothbrush or on your nightstand, so you are reminded to use them at the same time as other things in your daily routine.



Reminder on your phone

It can be useful to set reminders on your phone at the beginning to help you remember to take them or you could ask a family member or friend to help remind you.



Calendar reminder to start new drops

It is important to remember that your eye drops only last 1 month or 3 months (depending on what bottle has been prescribed by your healthcare professional). Making a note on a calendar of when you start a new bottle will help to remind you when you are due to start a new bottle.



Pharmacy text reminder service

Sign up to your local pharmacy's text reminder service.

You may require a repeat prescription to be issued. Remember to do this in advance of your drops running out.



Plan ahead when travelling

Travelling can cause disruptions to your daily routines and can interfere with instilling your eye drops. Plan ahead if you are travelling and don't forget to schedule in time to take your medication.



Keep visible in refrigerator

If you need to keep your eye drops refrigerated, make sure to keep them in a visible place – don't let them get lost behind jars where you might forget about them.



Support from your healthcare professional

Talk to a healthcare professional if you are finding it difficult to instil your drops. They can provide the necessary help and support.

Should you experience any adverse reactions when using your drops, you should stop using them, but inform your **Ophthalmologist** when doing so. This is to make sure your condition continues to be managed appropriately.

These recommendations have been validated by glaucoma specialists.

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