

WILL ANY OF THE MEDICATIONS USED IN THE TREATMENT OF GLAUCOMA AFFECT MY GENERAL HEALTH?

Most of the eye drops used in glaucoma treatment are prostaglandins. They have an effect mainly on the eye itself with some limited effect on the skin, eyelids and lashes around the eye. Some medications which occur in the category of alpha agonists can have systemic side effects, as well as some eye drops which contain beta blockers. If you are on one of these medications and experience unusual side effects, please tell your ophthalmologist. These effects are usually fairly uncommon.

WHAT IS THE DIFFERENCE BETWEEN 'ANGLE CLOSURE' AND 'OPEN ANGLE' GLAUCOMA?

Angle closure glaucoma is much more common in oriental races and occurs when the front of the eye, the anterior chamber, is shallower and the iris blocks up the channel which takes fluid out of the eye. These people are usually longsighted, though not always, and it manifests itself usually as an acute condition where the pressure rises quickly, the patient experiences pain and discomfort. It is much less common than open angle glaucoma in Australia.

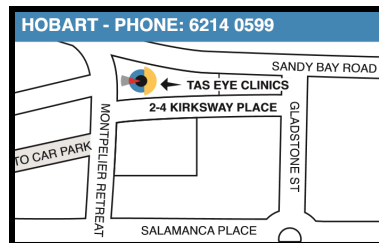
IS GLAUCOMA HEREDITARY?

Individuals with a history of glaucoma throughout their family tree are at a higher risk of having this disease. Approximately 22% of first-degree relatives of somebody with glaucoma are likely to have the condition. This can vary enormously between different families; in some families the association is very strong and in other families it is much weaker.

OUR LOCATIONS

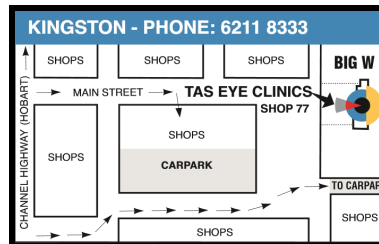
HOBART

Ground Floor
2-4 Kirksway Pl,
Hobart.
Tel: 6214 0599



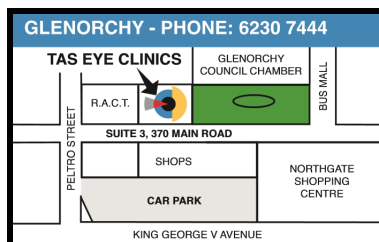
KINGSTON

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Channel Court
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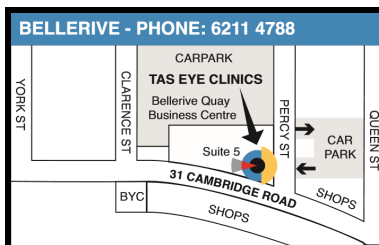
GLENORCHY

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Glaucoma: Frequently
Asked Questions



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GLAUCOMA FREQUENTLY ASKED QUESTIONS

For more information about this eye disease, visit
Glaucoma Australia at: glaucoma.org.au

I HAVE GLAUCOMA. DOES THAT MEAN I AM GOING TO GO BLIND?

The level of deterioration of your sight depends on the condition of your eyes when the diagnosis of glaucoma is made. People who are diagnosed late in the disease, when there is already extensive damage, do get worse. This is why it is so important to treat the condition vigorously to prevent your level of useful sight from deteriorating as you get older. With appropriate treatment, people who are diagnosed early in the course of the disease can often be maintained with very little progressive loss of visual field.

IF THERE ARE AREAS IN MY VISION THAT ARE BLANK, WHY CAN'T I SEE THEM?

The tests that we have performed show that there are areas in your vision where you just don't see. Your brain fills those areas in using information from either side of the visual loss and from your memory. Naturally, we tend to scan from side to side; therefore we fill information about our environment in from the areas alongside where we don't see. People can have quite advanced visual and advanced field loss and can be unaware of it until they find themselves tripping over things and walking into doors. People's realisation of their visual loss in terms of the visual field is often quite late in the disease.

IS THERE ONLY ONE TYPE OF GLAUCOMA?

The most common form of glaucoma is open-angle glaucoma but there are a number of other types of glaucoma that are much rarer but can have the same side effects as the common variety.

WHAT ARE THE VARIOUS METHODS OF TREATING GLAUCOMA?

Firstly, there are many different types of eye drops that are very effective in the treatment of glaucoma. Most people need only to be treated with one medication a day. Also, Selective Laser Trabeculoplasty (SLT) is an effective laser treatment option for people with open-angle glaucoma. These laser treatments are as effective as the most successful topical eye drops. It works in about 85% of people and tends to last an average of 4-5 years. It is also possible to re-treat patients who have had this treatment before.

ARE OPERATIONS USED IN THE TREATMENT OF GLAUCOMA?

Yes. People with advanced glaucoma may require a trabeculectomy or some other form of glaucoma surgical intervention. The current new treatment is MIGS which is often done at the same time as cataract surgery. Most people do not have an operation for their glaucoma and are treated with either drops or laser. Glaucoma surgery is usually reserved for patients who are either having a cataract extraction or who have a fairly advanced situation where something needs to be done to prevent further deterioration.

I DON'T HAVE RAISED PRESSURE INSIDE MY EYE, THEREFORE, I CAN'T HAVE GLAUCOMA?

Approximately 25% of people with chronic simple glaucoma have normal tension glaucoma where they have all the side effects of glaucoma without ever having a raised pressure. Also, intraocular pressure is usually measured during the day time and some people have a rise in pressure in the early hours of the morning, when it never gets recorded.



HOW OFTEN DO I NEED TO SEE THE OPHTHALMOLOGIST?

The average patient sees us every six months. However, sometimes we have to see the patient more frequently, particularly if their condition is not well controlled.

WHY IS IT NECESSARY FOR ME TO BEEN SEEN EVERY SIX MONTHS?

Unfortunately, glaucoma is often referred to as the thief of sight; both vision and field can very slowly deteriorate without the patient ever being aware that they have a problem. Regular review both of intraocular pressure, nerve fibre layer and field are important in the control of glaucoma and there are no shortcuts to supervising adequate control.

WHY CAN'T MY GP OR OPTOMETRIST MONITOR MY GLAUCOMA?

Most GPs will not agree to supervise a patient with glaucoma as they realise that they do not have the necessary specialised equipment to adequately monitor the progression of the disease.

Glaucoma is a medical condition that can often be associated with other health conditions such as hypertension, diabetes or vascular insufficiencies of the eye. Optometrists do not treat glaucoma.