

Primary Open Glaucoma

What is glaucoma?

Glaucoma is the name given to a number of eye conditions in which the nerve of sight is damaged. This leads to defects in the off-centre parts of the visual field that are characteristic of glaucoma rather than other optic nerve diseases. This leaflet is about the most common form of glaucoma – primary open angle glaucoma (POAG) which is also known as chronic open angle glaucoma, chronic meaning long lasting or continuous.

Primary Open Angle Glaucoma (POAG)

POAG gives no warning symptoms in its early stages. There is no pain and in many cases a person with this condition is completely unaware of the damage that has been done to their field of vision. This is because the characteristic damage occurs in the off centre parts of the field of vision. Both eyes work together and one eye 'fills in' for the other, so that blank patches are not noticed.

The damage is usually caused by too much pressure within the eye (the intraocular pressure or IOP). The reason for the rise in pressure is probably because the drainage of fluid out of the eye isn't working as well as it should. The increased pressure damages the optic nerve (the nerve of sight), firstly by reducing the amount of blood that can get through the tiny blood vessels that supply the nerve and secondly by squashing the nerve itself.

Your eye specialist will carry out a range of tests in order to see how much damage has been done. These will include a visual examination of the nerve of sight where it leaves your eye (the optic disc), a check of the IOP and a test to map out any blank patches that may be found in your field of vision. These are the three screening tests for glaucoma.

Other tests to measure your central corneal thickness and to look at the drainage angle (gonioscopy) will also be needed to confirm your diagnosis. It is important for an accurate measurement to be made of your IOP and also to check the front parts of the eye to make sure that you have no physical obstruction of the drainage parts of the eye (open angle). If POAG is not treated then the damaged areas of the field of vision grow and eventually this leads to patches of visual loss and even blindness.

Damage caused by glaucoma cannot be reversed, but we can usually prevent it getting worse or slow its progress so that you keep useful sight for longer. So early detection and effective treatment are vital if your vision is to be maintained.

POAG is usually treated with eye drops to reduce the IOP and because you can never get back vision that you have lost, it is very important to take your eye drops every day according to the instructions.

You won't notice any change if you don't take the drops for quite some time, but every missed drop means a greater chance of a loss of vision. If eye drops can't control the IOP enough to stop the losses in your field of vision then laser or surgery might be recommended. Glaucoma is a lifelong condition – there is no cure, but treatment is very effective.

Please be aware that all drugs carry a risk of side effects. You should refer to the patient information leaflet provided with your drops for further information.

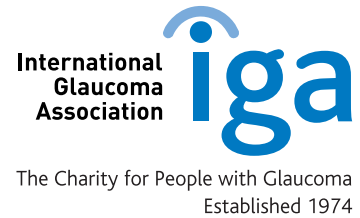
For someone diagnosed with early stage POAG today there is very little risk of losing useful vision providing that you take your drops regularly and don't miss your follow up appointments.

Don't forget that there is an important inherited risk for glaucoma. Make sure that you tell your close blood relatives that you have the condition so that they can be checked.

The IGA has a special leaflet to send to relatives, as well as more detailed information about glaucoma and its management.



Printed: March 2015
Review date: March 2018



For more information

For a free information pack, or to discuss your glaucoma, please call Sightline on **01233 64 81 70**

International Glaucoma Association
Woodcote House
15 Highpoint Business Village
Henwood, Ashford
Kent TN24 8DH

Administration: **01233 64 81 64**
Email: **info@iga.org.uk**
Website: **www.glaucoma-association.com**

A full list of references and information sources used in the compilation of this leaflet is available on request by phone: 01233 64 81 70 (Sightline) or by email: info@iga.org.uk

Formed in 1974, the IGA has the mission to raise awareness of glaucoma, promote research related to early diagnosis and treatment and to provide support to patients and all those who care for them. Funded entirely by its members and donors (no government or statutory funding) the Association provides its services free of charge to anyone in need of assistance.

If you found this leaflet helpful and would like to support our work, please contact us on 01233 64 81 64 or visit www.glaucoma-association.com to make a donation or become a member (benefits: quarterly magazine, invitations to patient meetings, support research).

This leaflet has been provided to you free of charge thanks to the voluntary donations of our members and friends.

©International Glaucoma Association 2015
Authors: Helen Doe, Jini Gandolfo, Patricia Ganszczyk
Medical Editor: Keith Martin MA BM BCh DM MRCP

International Glaucoma Association,
Woodcote House, 15 Highpoint Business Village, Henwood, Ashford, Kent TN24 8DH
Administration: 01233 64 81 64 • Email: info@iga.org.uk
Charity registered in England & Wales No. 274681 and in Scotland No. SC041550