

## Devon in Sight Eye Condition Fact Sheet 14

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### Glaucoma

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#### Introduction

**Glaucoma is a group of eye diseases in which the optic nerve, which connects the eye to the brain, is damaged by the pressure of the fluid inside your eye. It can affect one or both of your eyes and can lead to sight loss if not treated.**



**Photograph:** Visual representation of Glaucoma.

## The two most common types of glaucoma are:

**Chronic glaucoma** - this develops slowly. This is the most common form of glaucoma in the UK. The most common form of chronic glaucoma is primary open angle glaucoma (POAG).

**Acute glaucoma** - this causes the pressure inside your eye to increase rapidly. It may be called acute angle closure glaucoma.

## Who is affected by glaucoma?

Anyone can develop chronic glaucoma. But the risk increases if you:

- are aged over 40
- are very short-sighted
- are of African or Caribbean origin
- are closely related to someone with chronic glaucoma
- have raised pressure in your eye. This is called ocular hypertension (OHT)
- are diabetic
- have high blood pressure.

## People at risk of developing acute glaucoma include:

- people over the age of 40
- women
- people of East Asian or South Asian origin
- people with a family history of closed-angle glaucoma
- people who are long-sighted.

If one of your parents or children, or a brother or sister, has glaucoma, and you are over 40, the NHS will pay for your eye examination. In Scotland, all eye examinations are paid for by the NHS.

## What are the symptoms of glaucoma?

### Chronic glaucoma

There are no symptoms in the early stages of chronic glaucoma, so it is important to have eye examinations - especially if you are in the group of people at risk of getting this condition. In the later stages, you may have blurring around the outside of your vision.

### Acute glaucoma

Acute glaucoma causes the pressure inside your eye to increase rapidly. The increased pressure can come and go, and some people get short bursts of pain or discomfort and blurred vision. This can happen when your pupils get bigger, so you may notice it at night or when you are in a dark area (like the cinema) or when you are reading. Other symptoms include an ache in the eye which may come and go, nausea and vomiting, red eyes, or seeing coloured rings around white lights, or it can be a bit like looking through a haze or mist. If you get these symptoms it is important to act quickly. If the symptoms persist, you should go to the Accident and Emergency department immediately, so that they can reduce the pressure and get rid of the pain. Even if the symptoms appear to go away, your vision may be damaged, so you should see your optometrist as soon as possible.

## How do you treat glaucoma?

### Chronic glaucoma

If your optometrist suspects that you have chronic glaucoma, they will refer you to an ophthalmologist (a specialist eye doctor) for a diagnosis. This may involve you having more tests. There is no cure for chronic glaucoma but it can be treated effectively, normally with eye drops which you use every day. These reduce the pressure in your eye. You will not feel that anything is happening, but you must ensure that you keep using the drops, as your sight could be much worse if you stop the treatment. It is also important that you attend your follow-up appointments.

## Acute glaucoma

Acute glaucoma requires prompt treatment. The first step is to lower the eye pressure. This is done using eye drops and an intravenous injection. Once the pressure is lowered, your ophthalmologist will use a laser or surgery to bypass the blockage in your eye's drainage system to prevent the problem coming back.

### Glaucoma information and support:

International Glaucoma Association Website: <https://glaucoma.uk/>

RNIB Website: <https://www.rnib.org.uk/eye-health/eye-conditions/glaucoma>

“Through my eyes video” shows what your vision can be like with Glaucoma: <https://lookafteryoureyes.org/eye-conditions/glaucoma/>

### What to do next?

If you are experiencing any of the above symptoms or your sight loss deteriorates, please contact your GP/Optician/Accident & Emergency Department at your local Hospital.

**If you need any further advice call our Helpline: 01392 876 666**

**Devon in Sight** is a member of the **Helpline Partnership Community**

## Credit

We would like to thank the **Royal College of Optometrists** for their kind permission to reproduce this information.

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## Support Available from Devon in Sight

- **Information, Advice and Guidance**
  - **Demonstrations of Low Vision Aids & Daily Living Equipment**
  - **Assistive Technology Solutions**
  - **Our holistic needs assessment (Sight Loss MOT)**
  - **Training for people with central vision loss (Skills for Seeing)**
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**Devon in Sight** is not a medical organisation; therefore we can only provide general information that is not intended to be a substitute for a proper medical assessment. Our information is not intended to be used for individual cases. If you have a specific question about your eye condition, we recommend that you consult an eye care professional.

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Our Information, Advice & Guidance Resources were correct at the time of writing. However, due to research and medical advances, the content may not be completely up to date.

**Devon in Sight Contact Information**



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