



Visual field testing is used to monitor peripheral, or side, vision

Who is at risk for glaucoma?

Some people have a higher than normal risk of getting glaucoma. This includes people who:

- are over age 40
- have family members with glaucoma
- are of African or Hispanic heritage
- have high eye pressure
- are farsighted or nearsighted
- have had an eye injury
- have corneas that are thin in the center
- have thinning of the optic nerve
- have diabetes, migraines, poor blood circulation or other health problems affecting the whole body

Talk with an ophthalmologist about your risk for getting glaucoma. People with more than one of these risk factors have an even higher risk of glaucoma.

How is glaucoma treated?

Glaucoma damage is permanent—it cannot be reversed. But medicine and surgery help to stop further damage. To treat glaucoma, your ophthalmologist may use one or more of the following treatments.

Medication. Glaucoma is usually controlled with eyedrop medicine. Used every day, these eye drops lower eye pressure. Some do this by reducing the amount of aqueous fluid the eye makes. Others reduce pressure by helping fluid flow better through the drainage angle.

Glaucoma medications can help you keep your vision, but they may also produce side effects. Some eye drops may cause:

- a stinging or itching sensation
- red eyes or red skin around the eyes
- changes in your pulse and heartbeat
- changes in your energy level
- changes in breathing (especially if you have asthma or breathing problems)
- dry mouth
- blurred vision
- eyelash growth
- changes in your eye color, the skin around your eyes or eyelid appearance.

All medications can have side effects. Some drugs can cause problems when taken with other medications. It is important to give your doctor a list of every medicine you take regularly. Be sure to talk with your ophthalmologist if you think you may have side effects from glaucoma medicine.

Never change or stop taking your glaucoma medications without talking to your ophthalmologist. If you are about to run out of your medication, ask your ophthalmologist if you should have your prescription refilled.

Laser surgery. There are two main types of laser surgery to treat glaucoma. They help aqueous drain from the eye. These procedures are usually done in the ophthalmologist's office or an outpatient surgery center.

- **Trabeculoplasty.** This surgery is for people who have open-angle glaucoma. The eye surgeon uses a laser to make the drainage angle work better. That way fluid flows out properly and eye pressure is reduced.
- **Iridotomy.** This is for people who have angle-closure glaucoma. The ophthalmologist uses a laser to create a tiny hole in the iris. This hole helps fluid flow to the drainage angle.

Operating room surgery. Some glaucoma surgery is done in an operating room. It creates a new drainage channel for the aqueous humor to leave the eye.

- **Trabeculectomy.** This is where your eye surgeon creates a tiny flap in the sclera (white of your eye). He or she will also create a bubble (like a pocket) in the conjunctiva called a filtration bleb. It is usually hidden under the upper eyelid and cannot be seen. Aqueous humor will be able to drain out of the eye through the flap and into the bleb. In the bleb, the fluid is absorbed by tissue around your eye, lowering eye pressure.

- **Glaucoma drainage devices.** Your ophthalmologist may implant a tiny drainage tube in your eye. It sends the fluid to a collection area (called a reservoir). Your eye surgeon creates this reservoir beneath the conjunctiva (the thin membrane that covers the inside of your eyelids and white part of your eye). The fluid is then absorbed into nearby blood vessels.

Your role in glaucoma treatment

Treating glaucoma successfully is a team effort between you and your doctor. Your ophthalmologist will prescribe your glaucoma treatment. It is up to you to follow your doctor's instructions and use your eye drops.

Once you are taking medications for glaucoma, your ophthalmologist will want to see you regularly. You can expect to visit your ophthalmologist about every 3–6 months. However, this can vary depending on your treatment needs.

If you have any questions about your eyes or your treatment, talk to your ophthalmologist.

Glaucoma is a silent thief of sight.

Glaucoma has no symptoms in its early stages. In fact, half the people with glaucoma do not know they have it! Having regular eye exams can help your ophthalmologist find this disease before you lose vision. Your ophthalmologist can tell you how often you should be examined.

Summary

Glaucoma is a disease that affects the eye's optic nerve. This nerve becomes damaged when pressure inside the eye builds up from too much fluid. When the optic nerve is damaged, it can cause blindness.

Ophthalmologists treat glaucoma with medicine and surgery. Because glaucoma has no symptoms, it is important to see your ophthalmologist regularly, who will check for eye and vision changes.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

Watch a glaucoma video from the American Academy of Ophthalmology's EyeSmart program at aao.org/glaucoma-link.

COMPLIMENTS OF:

