

Open-angle glaucoma

What is this document?

This document is called a decision aid. It is designed to help you decide between different treatments for open-angle glaucoma.

It is only suitable for you if you have been diagnosed with open-angle glaucoma and not other types of glaucoma.

You should work through it and talk to your specialist.

Read pages 1 – 4 to help you decide what to do about treatment

Read pages 5 – 7 for more information

What is open-angle glaucoma?

It is where the optic nerve, which takes vision images from your eyes to the brain, becomes damaged. This damage is made worse by too much fluid inside the eye which puts pressure on the nerves.

It is not painful and doesn't usually cause symptoms to begin with. It tends to develop over many years and affects your peripheral vision first.

It can lead to blindness if not diagnosed and treated early. Many people don't realise they have it until a routine eye test.

How did I get it?

We don't know why some people get glaucoma but not others. We do know it is more common in **older people**, people who have **Afro-Caribbean heritage**, or people who are **severely short sighted** or have a **family history of glaucoma**.

What I can do?

Do nothing for now



Eye drops



Selective laser trabeculoplasty (SLT)



Any vision that has been lost will not return, treatment is to slow down further sight loss.

2 About open-angle glaucoma and what I can do

You can choose to **do nothing**. For some people glaucoma will progress very slowly and you may not lose much vision over your lifetime if you choose not to treat it. For others glaucoma may get worse quickly. Your specialist can tell you whether your glaucoma is slowly or rapidly progressive.



Eye drops



Drops need to be put in your eyes one or more times each day. There are many types of glaucoma drops, they all reduce the pressure inside the eye. Each type has several brand names, your specialist will choose one based on your individual case.

It may take up to 8 weeks for the drops to have an effect.

You may need to try out different types of drops to find one(s) that suits you. Eye drops don't work for everyone.

Eye drops do not cure glaucoma. You will need to be seen for regular check ups. How often you will need to be seen by your specialist depends on how quickly your glaucoma is progressing. It might be every few months or once every one to two years.

Selective laser trabeculoplasty (SLT)



A laser (light energy) is focused onto a small part of the eye near the edge of your iris. This reduces the pressure in the eye by helping fluid drain more effectively from inside the eye.

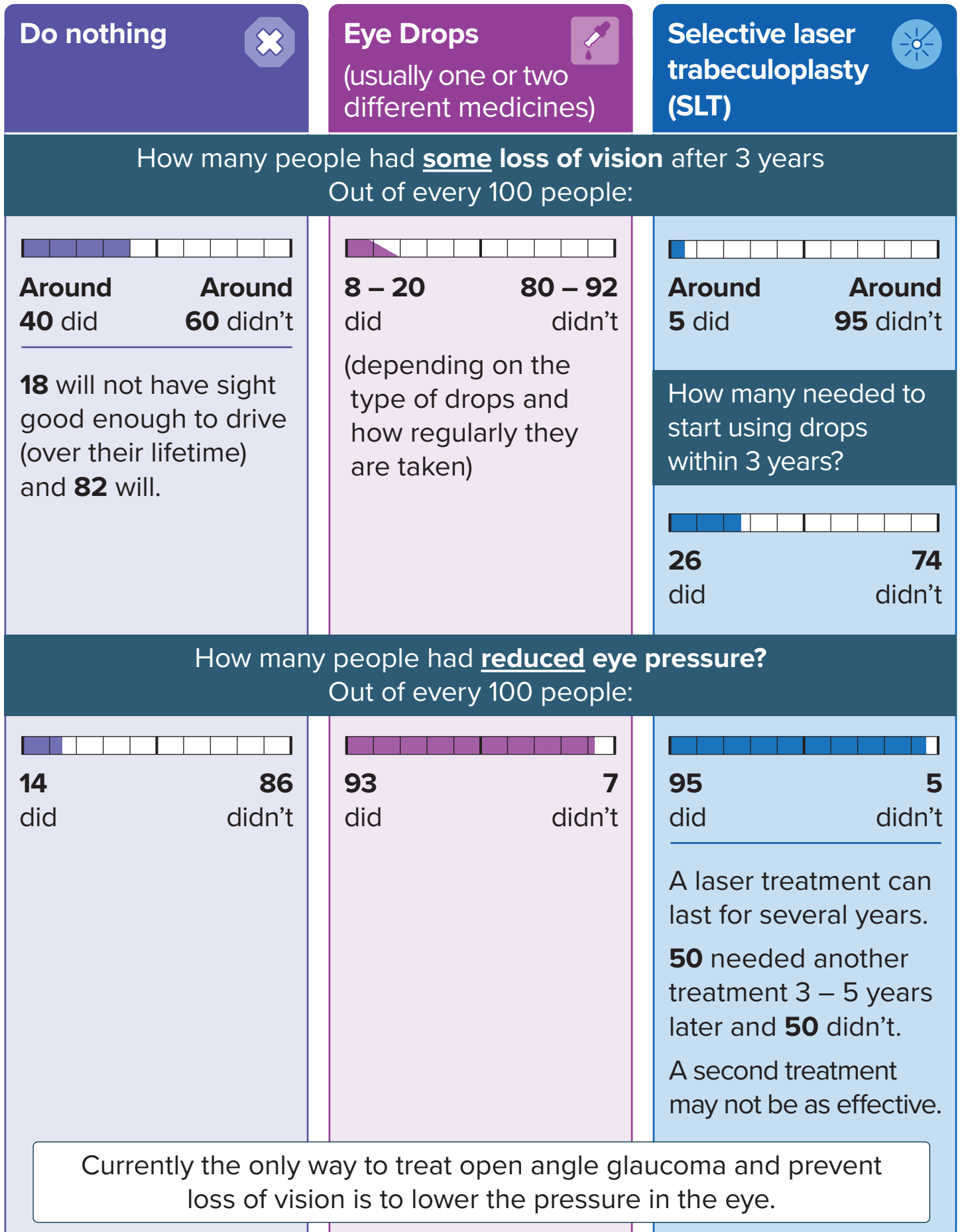
It is done as an outpatient procedure in hospital and takes about 10 minutes. You will need to stay for at least an hour afterwards for a pressure check. You will not be able to drive home because your vision will be blurred for several hours. Both eyes can be done in the same visit.

The effects wear off over 2 – 5 years and you may need to have the treatment again.

Laser treatment does not cure glaucoma. You will need to be seen for regular check-ups for the rest of your life, and may need another laser treatment after a few years. Some people will still need to use drops.

3 Potential benefits and risks

These numbers here come from 3 research studies (see the bottom of page 7 for links to the studies).



4 Potential benefits and risks

The numbers here come from research. See page 7 for links to the studies.

Risks of Eye Drops



How many people had ongoing problems such as: **redness, blurring, discomfort, sensitivity to light and vision changes?**

Out of every **100**:



60

did

40

didn't

How many people had a **changed appearance** to their eye when they are using the drops? For example, the iris changing colour, red or tired looking eyes, longer eyelashes.

Out of every **100**:



16

did

84

didn't

Risks of Selective laser trabeculoplasty (SLT)



How many people had problems just after the procedure that might last up to a week, such as: **redness, blurring, discomfort, sensitivity to light?**

Out of every **100**:



34

did

66

didn't

How many people had **increased inflammation inside the eye** after the procedure?

Out of every **100**:



2

did

98

didn't

How many people had problems that **significantly affect their vision or that needed further treatment?**

Out of every **100**:



2

did

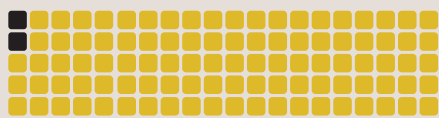
98

didn't

5 Further information

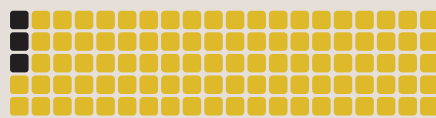
How many people does glaucoma affect in the UK?

2 in every 100



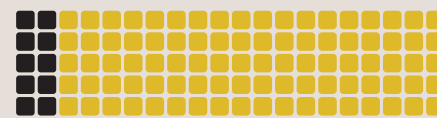
Aged 40 to 59

3 in every 100



Aged 60 to 74

10 in every 100



Over the age of 75

There is no cure for glaucoma but, if it's caught early, you can keep the vision you have and prevent further loss of vision by having treatment.

Most people retain useful sight for life. Although there are no early warning symptoms, regular eye tests at your optician can detect the disease early.

Some people with advanced glaucoma notice symptoms such as:

- problems with your side vision (called 'peripheral vision')
- difficulty seeing things in bright light
- issues with your vision when moving between light and dark environments.

How will my glaucoma be monitored?

There are several ways your specialist can monitor your glaucoma.

Checking your eye pressure, also known as the IOP (intraocular pressure).

A visual field test that measures your central and side (peripheral) vision.

Checking your optic nerve by having scans and photos taken.

6 More information

Selective laser trabeculoplasty (SLT)



Our eyeballs are filled with a fluid which is normally kept at the right pressure by a ring of special tissue around the edge of the iris (the coloured bit of your eye). This is called the trabecular meshwork. If it's blocked or not letting enough fluid out from the inside of the eye, laser treatment can help it drain better and take pressure off the optic nerve.

The treatment happens in a normal examination room and is virtually painless. Some people say they feel a 'sensation' in the eye.

- 1 You will be given eye drops to make your pupil small and control the eye pressure. It can take an hour for these to work.
- 2 You usually sit in a chair during the treatment and a mirrored contact lens is temporarily placed on the eye after some numbing drops.
- 3 A special microscope and lens guide the laser beam into your eye. This takes about 10 to 15 minutes. You may see some flashes and hear clicks.
- 4 After the procedure is over, the contact lens is removed.
- 5 Your eye pressure will be monitored for an hour to make sure it is not high before you go home. You will not be able to drive home and your vision will be blurred for several hours.
- 6 You will be given eye drops to take for several days and will need to come back for a check-up.

You will need to have your glaucoma monitored for the rest of your life as the laser treatment doesn't last forever and you may not notice the pressure increasing again until it starts to affect your vision.

7 Further information

Eye-drops



Drops that you put in your eyes yourself, one or more times each day.

There are many types of glaucoma drops.

The 2 main types used in the UK are:

Prostaglandin analogues
(e.g. Lumigan[®], Travatan Z[®],
Xalatan[®])

or

Carbonic anhydrase inhibitors
(e.g. dorzolamide) or Beta
blockers (e.g. timolol)

Each type has several brand names, your specialist will choose one based on your individual case.

If your first set of drops doesn't work for you, your specialist will try others or combinations of drops.

You will need to have your glaucoma monitored for the rest of your life, you may not notice the condition worsening.

It is important to use your glaucoma eye-drop medicine **exactly as your specialist tells you**. Do your best to avoid missing even one day.

If you have difficulties putting in your own drops ask your **specialist or a pharmacist about help**.

Where did we get our numbers from?

UK prevalence data: NICE (Glaucoma) 2020,
www.nice.org.uk/topics/glaucoma/

Data on risks and benefits of Drops & SLT: LiGHT, clinical trial of 718 patients,
[http://dx.doi.org/10.1016/S0140-6736\(18\)32213-X](http://dx.doi.org/10.1016/S0140-6736(18)32213-X)

UKGTS: clinical trial of 516 patients,
[http://doi.org/10.1016/S0140-6736\(14\)62111-5](http://doi.org/10.1016/S0140-6736(14)62111-5)

Eye pressure data for patients who have no treatment:
clinical trial of 118 patients, <https://doi.org/10.1001/archophthalmol.2010.78>

EMGT: clinical trial of 255 patients, <https://doi.org/10.1001/archopht.120.10.1268>

Data on risks of no treatment (loss of driving licence):
data from 3790 patients, <https://doi.org/10.1167/iovs.13-13006>

Contacts

Who is my specialist?

What are their contact details?

Contact details of hospital transport (if applicable)

Next steps

What will happen to me next? (treatments / tests?)

When will these happen?

When will I be reviewed next?

What decision do I need to make today?
Or when do I need to make a decision?

Questions for your specialist

These can be about any concerns you may have, for example:
what you hope for from your treatment decision

What groups or websites are good to get more information about my condition?

Glaucoma UK
RNIB

Tel: 0123 364 8170

Tel: 0303 123 9999

www.glaucoma.uk

www.rnib.org.uk

Produced by:

Winton Centre for Risk and Evidence
Communication and NHS England

Date Last Updated: July 2022 v1.1

Funding: NHS England

Conflicts of interest: None declared

This decision aid was created with
input from patients and clinicians