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WHAT IS GLAUCOMA? (glah-KO-mah)

Glaucoma is a group of diseases in which the pressure in the eye is higher than that particular eye can tolerate. A higher than normal pressure causes damage to the very sensitive optic nerve at the retina. Loss of sight may occur gradually or in rare cases, suddenly if glaucoma is not controlled.

In a rare form of glaucoma, acute glaucoma, there is severe pain, headache and nausea. In the more common chronic form, symptoms are rare and loss of sight occurs so gradually that the patient is not aware of any changes.

Glaucoma is the leading cause of blindness in people over age 40. Half the people who have glaucoma don't know it because it usually destroys eyesight without any symptoms of pain. Glaucoma occurs when the body produces too much fluid (aqueous humor) inside the eye or when normal drainage of the fluid does not filter out of the eye adequately.

Early diagnosis and treatment is imperative. If glaucoma is discovered early, treatment usually keeps it from getting worse. Regular eye exams are necessary to measure intra-ocular eye pressure, to evaluate the integrity of the optic nerve and to study a patient's peripheral field of vision. It is advised that persons having a family history of glaucoma or other factors indicating predisposition to this disease should be especially cautious.

DOES GLAUCOMA CAUSE SYMPTOMS?

Most patients with glaucoma rarely have any noticeable symptoms. For this reason, it is important to have your eye pressure checked regularly after the age of 40. Two percent of all patients over the age of 40 will eventually develop glaucoma. Contrary to what we generally think, symptoms of eye pain, eye pressure and headaches almost never signify glaucoma.

Exception:

In a rare type of glaucoma called angle closure glaucoma or narrow angle glaucoma, there may be some noticeable symptoms such as halos around lights, blurred vision and eye pain. The symptoms result from the surface of the eye (the cornea) swelling as the pressure inside the eye increases. As the cornea swells with additional fluid, objects may appear to have halos around them. If you have been diagnosed as a glaucoma suspect or more importantly, a narrow-angle glaucoma suspect, I urge you to be alert to these symptoms and inform me of their occurrence.

WHAT CONTROLS EYE PRESSURE?

The pressure in the eye is determined by the relationship of the fluid, called aqueous humor, coming into the eye and the drainage of that fluid out of the eye through normal drainage channels, called the trabecular meshwork.

As an example, visualize a closed system whereby water is directed through a hose into the top of a closed barrel. In the bottom of the barrel the water is allowed to drain out at the same rate as the water coming in. As long as the water is coming in and going out at the same rate, the pressure inside the barrel remains constant.

If, however, we increase the rate of water coming into the barrel faster than it can get out, the pressure inside the barrel will rise. This increase in pressure would also occur if the reverse were true. If the drain is blocked or made smaller, the pressure will rise despite the fact that the rate of water coming in is unchanged.

In the eye, the last example is most common. The fluid is produced at a normal rate; however, the drain is blocked anatomically or mechanically, causing eye fluid to accumulate faster than it can get out.

When the pressure rises and remains high for a period of time, this symptom-free disease slowly damages the pressure sensitive optic nerve, resulting in a permanent loss of vision.

Glaucoma is a very serious but treatable disease. You can be assured that everything possible will be done by myself and my staff to achieve our mutual goal: preservation of your sight.

Respectfully,

Jane Wright, O.D.