Information for Patients

Get a grip on your glaucoma

Booklet 1

Welcome!

Group-based Glaucoma information Course
Session 1

What happens in session 1?

- Finding out what questions you have and what you want to get out of today.
- To answer your questions on glaucoma.
- To learn how the eye works.
- To understand what glaucoma means.
- To feel confident to put in drops – practical session.
- To understand how drops work and their side effects.
- To help you to manage your treatment effectively and efficiently.
- To find out where to go for further information.
How the eye works

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Flow of aqueous humour in the eye

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Eye pressures

- Also called ‘intraocular pressure’ or IOP.
- Normal pressures – between 10 mm Hg and 21 mm Hg.
- High pressures – above 21 mm Hg.
- Target pressure – the pressure set by your consultant.

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What is glaucoma

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Different types of diagnosis

- Chronic Open Angle Glaucoma (COAG).
- Normal Tension Glaucoma (NTG).
- Ocular Hypertension (OHT).

Chronic open angle glaucoma (COAG)

- Also called Primary Open Angle Glaucoma (POAG).
- Develops slowly over time – most people don’t notice any pain or symptoms.
- The drainage angle is open but there is an imbalance between the fluid entering and leaving the eye.
- This causes the pressure in the eye to increase.
- Raised eye pressure can lead to damage of the optic nerve.
- Optic nerve damage normally patchy which leads to patchy vision loss - normally edges of vision are lost first.
- Initially, vision loss is not noticed as both your eyes work together to see a whole picture.
- If left untreated, damage can progress to tunnel vision (late stage) and eventually loss of central vision.
- Vision lost cannot be repaired.

Most people do not go totally blind with COAG
Normal Tension Glaucoma (NTG)

- The optic nerve is damaged even though eye pressure is not very high.

- Not known why some people’s optic nerves suffer damage even though pressure levels are in the “normal” range (10-21 mm Hg).

- Might be due to poor blood supply to the optic nerve head or weak optic nerve structure.

Ocular hypertension (OHG)

- Raised eye pressure without loss of vision or optic nerve damage.

- People who have ocular hypertension are at risk of developing glaucoma.

Main risk factors for Glaucoma:

- Raised eye pressures.

- Race (African-Caribbean).

- Genetics.

- Family history

- Increasing age
Putting in eye drops

Things to remember

- Put drops in near to same time each day.
- Drops expire 28 days from opening bottle – **so do keep a note of when opened**.
- Request repeat prescription at least 7 days before expiry date.
- Request 3 month prescription from your GP.
- Wash your hands before and after putting in drops.
- Remove contact lenses before putting in drops and do not re-insert before 15 minutes.
- Do not touch the tip of the bottle with your fingers or eye ball or eye lids.

Be safe, check:

- That you have been given correct drops.
- The expiry date on the unopened bottle.
- The storage instructions before or after opening.
Techniques

- Different ways to put drops in.
- Find what is best for you.
- Suggestions (see following photographs):
  - ‘Moorfield’s’ technique.
  - Placing drop bottle on brow.
  - Placing drop bottle on bridge of nose.
  - Using a mirror.
  - One handed.

Moorfield’s’ technique:
Placing drop bottle on brow:

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Placing drop bottle on bridge of nose

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Using a mirror

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One handed

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Tips for putting in eye drops

- Wash hands.
- Gently shake the drop bottle.
- Unscrew the top (remove the safety seal on first opening).
- Adopt the technique that best suits you.
- Pull the lower lid of the eye out to form a small pocket between your eyelid and your eye.
- Hold the bottle between the thumb and index finger of the other hand, turn the bottle upside down near to the eye (try not to touch the eye with the bottle).
- Apply enough pressure to the bottle to release one drop.
- If you think that you have missed your eye then insert another drop.
- Use a clean tissue to mop up any excess liquid from your face.
- Replace the cap on the bottle
- Wash hands.

Practical session

- To improve confidence putting drops in.
- Learn alternative ways.
- Practice using artificial tears.
- Allergies to drops and preservatives.
- Contact lenses?
How eye drops work and their side effects

Travatan (Travoprost), Xalatan (Latanoprost), Lumigan (Bimatoprost), Saflutan (Tafluprost), Monoprost (Latanoprost).

- Lower the eye pressure by increasing the fluid flow out of the eye.
- Redness or irritation in first few weeks – should get better.
- Can cause stinging.
- Eye lashes may grow longer, darker and thicker.
- Some people notice a change in iris colour over time, this is permanent.
- May notice darkening of skin around the eye.
- Headaches.
- Shortness of breath – less common.
- Skin rash – less common.

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Timoptol (Timolol), Betagan (Levobunolol), Betoptic (Betaxolol), Teoptic (Carteolol).

- Lower the eye pressure by reducing the amount of fluid produced.
- Main side effect is wheezing. People with asthma should not be given this type of drop.
- Stinging, redness or irritation in first few weeks - should get better.
- Skin rash.
- Dry eyes – less common side effects.
- Depression.
- Loss of libido or impotence.
- Very slow pulse rate, dizziness or reduction in exercise tolerance.

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Azopt (Brinzolomide), Trusopt (Dorzolomide)

- Lower the eye pressure by reducing the amount of fluid produced.
- Stinging, redness, or irritation in first few weeks – should get better.
- Blurred vision and a bitter taste straight after putting in drops – should go away after a few minutes.
- Headaches, dizziness, nausea – less common.
- Indigestion, dry mouth – less common.
- Shortness of breath – less common.
- Eyelid irritation and conjunctivitis.

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Alphagan (Brimonidine)

- Reduces production of fluid in the eye.
- Headaches.
- Stinging, redness or irritation in first few weeks – should get better.
- Dry mouth, taste changes, dizziness, tiredness – less common.
- Allergic reaction can happen after long, successful use – red, puffy eyes and irritation.

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Pilocarpine

- Lowers the eye pressure by increasing the fluid out of the eye by making the pupil size smaller.
- Frontal headache.
- Blurred vision.
- Dim vision.
- Risk of accident.

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Generic eye drops

- Copies of the original drug.
- Has to be the same drug.
- Preservatives can vary.
- Bottle size, shape, colour, strength of plastic and size of hole do vary.
- Different storage instructions.

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Different storage recommendations

Store in fridge until opened, then can be stored unrefrigerated (Pfizer).

Store in fridge until opened, then can be stored unrefrigerated but must always be kept in the dark (PH&T).

Stored in the dark in a refrigerator at all times (Teva)

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Self-Assessment of managing eye drops

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Problems people encounter:

● Forgetting to put drops in.

● Work different shift patterns and can’t always put them in at the same time each day.

● Work away from home a lot, sometimes forget to pack drops.

● Go on holiday a lot, sometimes forget to pack drops.

● Forget to collect prescription in time.

● Cannot collect prescription.

● Get side effects from drops and don’t want to use them.

● Do not believe that my eye drops are working.

● Unable to see the instruction label.

● Unable to squeeze drop bottle due to arthritis in hands etc.
Further Information

Glaucoma Support Groups

Manchester based (meet at Henshaws, Talbot Road, Old Trafford). Meet every two months on the 2\textsuperscript{nd} Wednesday of the month.
Telephone (0161) 872 1234

Buxton based (meet at Buxton Methodist Church). Meet about 3 times a year. Telephone Norma Ayres on 01298 212850.

International Glaucoma Association

Website address: http://www.glaucoma-association.com

Sightline telephone number: 01233 64 81 70

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

Other information sources

Glaucoma Specialist Nurse at Manchester Royal Eye Hospital
Telephone: 0161 701 4819
Bleep: 1976 via 0161 276 1234
Email: karen.cairns2@cmft.nhs.uk
What happens in session 2?

- What to expect at your clinic appointment.
- How to get the most out of Eye hospital visits.
- Lifestyle and Glaucoma.
- Driving and Glaucoma.

Thank you all for attending. Don’t forget your evaluation forms.

See you next time!

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