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GLAUCOMA

Glaucoma has earned the name 'the thief of sight'.

While opinions vary somewhat on what glaucoma is, there are various things that your optician will look for during an eye-test when looking for glaucoma.

- Ophthalmoscopy
- Tonometry
- Visual Fields

Ophthalmoscopy is when the optician looks inside the eyes with a special torch. This torch, called an ophthalmoscope, allows the optician to look right to the back of the eyes. When assessing for glaucoma, the main part of the retina that the optician looks at is the place where the optic nerve leaves the eye to carry messages back to the sight centres of the brain. In an eye with glaucoma, the nerve can have a distinctive appearance which may be an indicator that you might be at risk from glaucoma.

Tonometry is when the optician uses an instrument called a tonometer to measure the pressure of the fluid inside the eye. Typically, this will be an instrument that will blow a puff of air at the eye. It doesn't hurt, although it can make you jump a little. While there is no particular pressure that is considered wrong, higher pressures are another indicator that you might be at risk from this condition.

A visual field assessment may be performed if your optician is concerned about either of the first two checks. This involves using an instrument that displays small lights at various parts of the back of the eye. When a light is seen, the patient just has to press a button. It is non-invasive and painless, but gives more information about the state of the nerves at the back of the eye. It usually takes about three to five minutes per eye and the results will be known immediately.

People who are more at risk are those with a family history of glaucoma, people with diabetes and cataracts, and there is a greater risk as you get older.

Once the nerves at the back of the eye are damaged, it is not possible to regenerate them. Any vision that has been lost cannot be restored. Because glaucoma affects peripheral vision first, early signs of vision loss will not be readily apparent to the patient. This means that a regular visit to the optician is vital to catch the condition early if you are going to get it. The earlier the diagnosis, the better the long term outcome for the condition.

If your optician is suspicious that there are signs of glaucoma, then he or she will refer you to either your doctor who should send you to see an ophthalmologist (a doctor that specialises in eyes) at the hospital for assessment, or to an ophthalmologist of your choosing to be seen privately. It is the ophthalmologist who will make the diagnosis as to whether you have glaucoma or whether you should just be monitored more closely in the future.

Glaucoma is a manageable condition. Usually, the therapy involves putting one or two drops into the eyes each day. The function of these drops is to reduce the pressure inside the eye and help to protect against any vision loss. Once diagnosed with glaucoma, that usually means that you will be using the drops for the rest of your life. However, this is a small price to pay for the gift of sight.