Open angle glaucoma (OAG)

This leaflet explains what open angle glaucoma is. If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

What is OAG?

- OAG is a condition where there is progressive damage to the optic nerve (the nerve that supplies your vision), which if not treated can lead to blindness.
- Glaucoma is the second most common cause of blindness in the UK. It is estimated that glaucoma affects 2 out of every 100 people over 40 in the UK.
- Usually, the edges of your vision are affected first but, if not treated, it will affect your central vision over time. It is not possible to reverse any damage to the nerve that supplies your vision that has already occurred. So it is important to find the condition as early as possible.
- There is natural deterioration with age to the nerve that supplies vision, but the rate of loss is greater if you have glaucoma.

There are different types of OAG including:

- Primary open angle glaucoma (POAG). This is the most common type of OAG where there is chronic high pressure in the eye.
- Normal tension glaucoma. This type of OAG causes damage even when the eye pressure is normal.
- Secondary glaucoma. This is damage caused by high eye pressure as a result of trauma, medication or other eye conditions.
- Congenital/juvenile glaucoma. This is when a baby is born with glaucoma or develops it in childhood.

What causes OAG?

The exact cause is usually unknown. It has not been shown to be linked to any specific lifestyle choices. We know that it can run in families so it is important for all family members to get regular eye examinations by their optician. A significant risk factor of glaucoma is increased eye pressure. This is determined by the amount of fluid inside the eye.

Other risk factors of OAG include:

- older age
- a family history of glaucoma
- Afro-Caribbean origin
- myopia (being short-sighted)
- steroid treatment (including eye drops, inhalers, creams and tablets).
What are the signs and symptoms?
In the early stages of glaucoma, often no loss of vision is noticed. As the condition progresses the loss of the edges of vision may be noticed, but as this usually happens gradually, this is often not noticed until the condition is advanced. Eventually central vision can also be affected and can even lead to blindness.

Driving and glaucoma
As OAG can affect the peripheral (outer) vision this can affect your ability to drive safely. If the OAG affects the vision in both eyes you should notify the DVLA. They will assess your ability to continue driving. Your clinician will be able to advise if it is necessary for you to notify the DVLA.

Do I need any tests to confirm the diagnosis?
- Optic nerve assessment. As OAG affects the nerve at the back of the eye, careful examination of this is needed. Another scan of the nerve, an ocular coherence tomography (OCT), can be used if needed. This scans the nerve in more detail.
- Field of vision. This is checked using a computerised test. It shows any areas of your vision that are reduced or missing.
- Eye pressure. This is measured using a tonometer which lightly touches the eye. The eye will be numbed and yellow dye will be put in your eyes before this. It is not painful.

What treatments are available?
There are a range of very effective treatments that can be used to stop OAG getting any worse. All these treatments are aimed to lower the eye pressure:
- Eye Drops. These can be used as a long-term (life-long) treatment. The medications either increase the amount of fluid leaving the eye or reduce the amount of fluid being produced. They need to be used every day to control the pressure.
- Laser treatment. This can be done (if your eye is suitable) to try and improve how well the eye can drain the fluid out of the eye.
- Surgery. This is usually considered when other treatments are unsuccessful or unsuitable for controlling the eye pressure.

What happens if I do not receive treatment?
Your eye condition will get worse and cause your sight to get worse and can eventually cause permanent blindness.

Is there anything I can do to help myself?
Make sure that you take the recommended treatments to stabilise your eye condition and attend all your eye appointments.
Useful sources of information
NHS w: www.nhs.uk/conditions/glaucoma/
International Glaucoma Association (IGA), w: www.glaucoma-association.com
Royal National Institute for the Blind (RNIB) w: www.rnib.org.uk/

Contact us
If you have any questions or concerns about OAG, please contact the
Glaucoma Call-back Service, t: 020 7188 9121, Monday to Friday, 9am-5pm
and leave your name, telephone number and a brief message. You will be
contacted within 48 hours (Monday to Friday only).

For any urgent issues out of hours, please go to your nearest Emergency
Department (A&E).

For more information leaflets on conditions, procedures and services offered at
our hospitals, please visit w: www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the
staff caring for you or call our helpline.
t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison
Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or
format, please get in touch.
t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by
experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111