



Dr. Francis Soans
Chief of Glaucoma



GENERAL INFORMATION

Glaucoma is a group of diseases in which damage to the optic nerve occurs, **leading to blindness if not treated in time.**

Common types of glaucoma:

- congenital glaucoma (onset before 3 years of age)
- juvenile glaucoma (acquired before the age of 40)
- primary open angle glaucoma (POAG) (most common, no known cause)
- secondary glaucoma (due to some known cause – trauma, uveitis etc.)
- narrow angle glaucoma (angle open but capable of closure)
- acute angle closure (sudden closure of a narrow angle with a steep rise in pressure within the eye. This is an EMERGENCY – even a single attack can lead to permanent damage to vision or even blindness)
- chronic angle closure (closure of angle over a long period – previous narrow angle, inflammation, advanced cataract)

Glaucoma is a leading cause of irreversible blindness worldwide, **the second leading cause of permanent blindness in the US**, and the **leading cause of irreversible blindness in African-Americans.**

Among American adults over 40, the prevalence of primary open angle glaucoma is 1.7% in whites and 5.6% in African-Americans.

The prevalence of primary open angle glaucoma increases with aging – it is three to eight times more common among people in their seventies compared to people in their forties.

A positive family history is a major risk factor for primary open angle glaucoma – the prevalence of glaucoma among siblings is 10%, and the lifetime absolute risk of developing glaucoma at age 89 is 10 times higher for relatives of glaucoma patients.

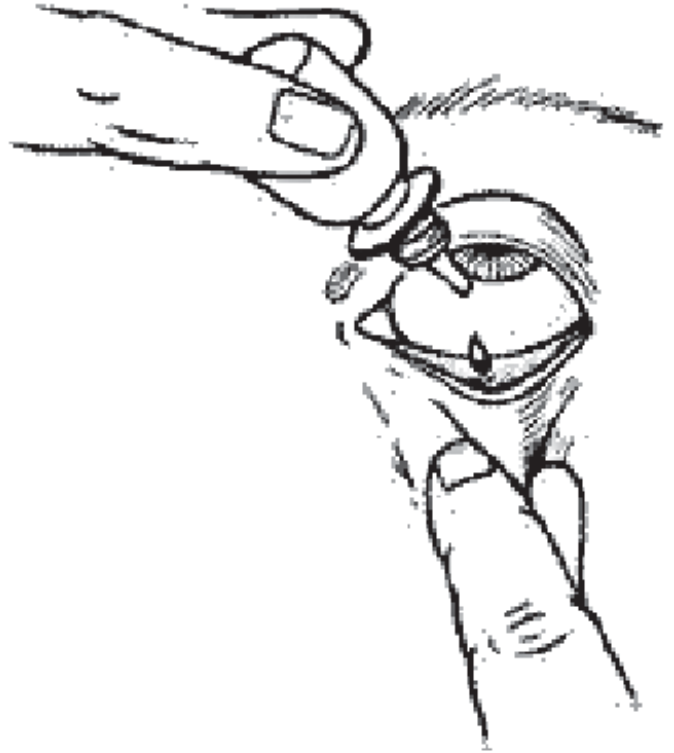
High pressure within the eye is a risk factor for glaucoma, and the only risk factor that can be modified – by drops, laser or an operation.

Even in the US, up to one-half of people with glaucoma are unaware that they are affected.

Early diagnosis and treatment are most important in preventing vision loss from glaucoma.



EYE DROP USE



1. When told to use drops "twice a day", that means once in the morning, and again in the evening, 12 hours apart e.g. 7 a.m. and 7 p.m.

"Three times a day" drop use usually means in the morning on awakening, again in the middle of the day, and a third time at bedtime.

2. **After putting drops into your eye, keep your eyes GENTLY closed for at least 5 minutes.** Closing the eyes blocks the tear ducts, and keeps the drop in the eye for a longer time. This greatly increases the amount of medication entering the eye and also reduces absorption of the drug into the rest of the body by up to two-thirds, thus decreasing side effects.

DO NOT SQUEEZE OR BLINK YOUR EYES AFTER PUTTING IN DROPS – this pushes your drops OUT of your eye.

When using more than one kind of eyedrop at the same time, allow at least 5 minutes or more between different drops (with eyes closed –see above).

Do not allow the tip of the dropper to touch the eyeball or eyelids/eyelashes – this increases the risk of contamination leading to infection.

601-264-3937

www.SouthernEyeCenter.com

1420 South 28th Avenue, Hattiesburg

