



ASK THE OPTOMETRIST

ASK THE OPTOMETRIST IS A SERIES OF INFORMATION NEWSLETTERS THAT WE ARE PLEASED TO PROVIDE OUR PATIENTS TO ELABORATE ON A VARIETY OF RELEVANT EYECARE TOPICS.

GLAUCOMA

Q1: WHAT IS GLAUCOMA, AND HOW DOES IT AFFECT THE EYE?

GLAUCOMA IS A DISEASE THAT CAUSES PROGRESSIVE AND IRREVERSIBLE DAMAGE TO THE OPTIC NERVE – THE ‘CABLE’ THAT TRANSMITS INFORMATION FROM THE RETINA OF THE EYE TO THE VISUAL PORTION OF THE BRAIN. INCREASED PRESSURE WITHIN THE EYE IS OFTEN FOUND; HOWEVER, BLOOD FLOW AND GENETICS (FAMILY HISTORY) ARE ALSO IMPORTANT. OPTIC NERVE DAMAGE RESULTS IN PERIPHERAL (SIDE) VISION LOSS – READ ON FOR MORE DETAILS.

Q2: WHAT ARE THE VISUAL SYMPTOMS OF GLAUCOMA?

AS MENTIONED ABOVE, UNTREATED GLAUCOMA SLOWLY BUT SURELY ERODES PERIPHERAL (SIDE) VISION. WHILE MANY OF US ARE FAMILIAR WITH THE SYMPTOMS OF BLURRED VISION OR HEADACHES WHEN OUR PRESCRIPTION CHANGES, PERIPHERAL VISION LOSS IS NOT APPARENT UNTIL A GREAT DEAL OF DAMAGE HAS OCCURRED, ESSENTIALLY LEAVING TUNNEL VISION. IN SHORT, **GLAUCOMA HAS NO SYMPTOMS** – AND THIS MEANS REGULAR EYE EXAMINATIONS ARE CRITICAL IN DIAGNOSING GLAUCOMA.

Q3: HOW WILL MY OPTOMETRIST DIAGNOSE GLAUCOMA?

AS PART OF YOUR ONGOING CARE, YOUR OPTOMETRIST WILL USE EYE DROPS TO REGULARLY MONITOR YOUR INTRA-OCULAR PRESSURE (IOP) AND EXAMINE YOUR OPTIC NERVE. SHOULD THERE BE CONCERN ABOUT GLAUCOMA, FURTHER INVESTIGATION MAY BE RECOMMENDED, INCLUDING AUTOMATED VISUAL FIELD ANALYSIS (AVF, OR SIDE VISION TESTING), CORNEAL THICKNESS MEASUREMENT, AND SPECIALIZED IMAGING OF THE OPTIC NERVE. FOR ONTARIANS AGED 20 TO 64, **THESE PROCEDURES ARE NOT INSURED BY OHIP UNLESS A DIAGNOSIS OF GLAUCOMA IS CONFIRMED**, AND ARE THE RESPONSIBILITY OF THE PATIENT OR THEIR PRIVATE INSURER.

Q4: WHAT CAN BE DONE IF I HAVE GLAUCOMA?

IF GLAUCOMA IS DIAGNOSED, YOUR OPTOMETRIST WILL WORK COOPERATIVELY WITH YOUR FAMILY PHYSICIAN OR AN OPHTHALMOLOGIST TO INITIATE AND MONITOR TREATMENT. FIRST LINE THERAPY IS TYPICALLY THE USE OF A TOPICAL MEDICATION (EYE DROP), PERHAPS ONLY ONCE DAILY, TO LOWER IOP AND IMPROVE BLOOD FLOW TO THE OPTIC NERVE. IF NECESSARY, A SECOND OR THIRD DROP MAY BE ADDED, OR AN OPHTHALMOLOGIST MAY PERFORM LASER SURGERY TO IMPROVE PRESSURE CONTROL. OTHER SURGICAL PROCEDURES MAY BE REQUIRED TO DRAMATICALLY LOWER IOP IN CASES OF SEVERE GLAUCOMA.

AS IS THE CASE WITH MOST DISEASES, EARLY DIAGNOSIS IS KEY TO SUCCESSFUL TREATMENT – BE SURE TO FOLLOW THE EXAMINATION SCHEDULE RECOMMENDED BY YOUR OPTOMETRIST.