

# Glaucoma

Glaucoma is a disease where the pressure in your eye is usually too high and causes damage to the optic nerve. Your optic nerve is responsible for transmitting the vision from your eye to your brain. Your optic nerve acts like the cable that connects the cable box to your television. We are born with over one million fibers in each optic nerve. However, the average person loses approximately 5,000 optic nerve fibers per year in the normal aging process alone. Glaucoma is the accelerated loss of optic nerve fibers. Instead of losing just 5,000 optic nerve fibers/year, someone with glaucoma may be losing 20,000 to 50,000 fibers/year.

There are many different types of glaucoma. The two main forms of glaucoma are open angle and closed angle. The great majority of people who have glaucoma have the open angle form. Early in open angle glaucoma you will not have ANY symptoms. Once glaucoma advances to cause vision loss, damage is irreversible. That is why it is so important to diagnosis and treat glaucoma early, before any vision is lost.

Closed angle glaucoma is a less common, more acute, form of glaucoma that is associated with eye pain, red eye, blurry vision, nausea, vomiting, and headache. Closed angle glaucoma can cause acute permanent loss of vision and requires immediate treatment with a laser in most circumstances. See handout titled Acute Angle Closure Glaucoma.

Glaucoma evaluation will include periodic documentation of your optic nerve ultrasound (OCT), automated visual fields, and checking the intraocular pressure (IOP). The IOP is the number one modifiable risk factor for the development and progression of glaucoma. The pressure does not mean that you have or do not have glaucoma. However, we do know that lowering your eye pressure will decrease your risk of future vision loss from glaucoma. Your IOP can be lowered with eye drops or laser. In rare cases, surgery may be necessary

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# Acute Angle Closure Glaucoma

Acute angle closure glaucoma is a sudden painful attack that usually involves the following symptoms: Headache, Nausea, Vomiting, Blurry Vision, and a Red Painful Eye. Acute angle closure glaucoma can lead to PERMANENT BLINDNESS within 24 hours.

The treatment for acute angle closure glaucoma is a Laser Peripheral Iridectomy (LPI). An LPI uses focused light energy to create a hole in the iris (the color part of your eye). In most cases, this will stop the attack of acute glaucoma.

If you have an eye that is high risk for acute angle closure glaucoma you may choose to have the laser LPI done preventively, before you have the attack of glaucoma. People who are farsighted, and people of Asian or Eskimo descent, are at higher risk for acute glaucoma.

An LPI laser takes only a few minutes to perform, but you will be at the surgical center for about 1-2 hours. You may feel a mild discomfort during treatment and your vision will be blurry for a day or so after treatment. Dr. Alessio will see you in the office 2 weeks following the procedure.

An LPI is performed usually only on one eye at a time. The second eye can usually be done 1-2 weeks after the first eye is done. All blood thinners (Aspirin, Plavix, Coumadin, Vitamin E, etc) should be discontinued before this procedure is performed. This procedure is covered by almost all medical insurance plans.

An alternative to LPI could be early cataract surgery, if you have cataracts.

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