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Nice guidelines for glaucoma treatment

Glaucoma is what attacks your eye. People experiencing irresistible pain in the area of the ocure should be aware that this is one of the symptoms of glaucoma. Health experts also define it as a glaucoma closed angle. The pain starts suddenly, so that a person may experience additional shock due to unexpected pain. This disease usually affects the outside of the surface of the sizing organ. Rubbing or scratching worsens the situation. Consistent, stable loss of peripheral vision is another symptom of glaucoma. This is a worrying sign, especially when both eyes begin to lose sight. Patients share what they see through glass or tube. The source may be injured optic nerve. It becomes almost impossible to see anything in poorly lit spaces; patients become unable to move unattracting. Pink or red eyes are a symptom of glaucoma. Not only does the apple of the eye change in color; white zones completely discolored. Acute disease usually affects only one of the eyes. Thus, redness will be seen in only one eye. The sources of this phenomenon are fatigue and exhaustion. The rim of the eyelid also turns red, causing various tumors. Page 2 Misty, brum vision is a symptom of glaucoma, both chronic and derived. Misty visions reveal a lack of sharpness. Everything a person sees then comes out of focus and looks like some kind of background. This prevents the patient from revealing details such as letters on road signs or small characters and warnings. When the visual area narrows, it can be dangerous to even cross the street alone. Timely medical care is the only way to avoid complete blindness. Can you see the halo? This halo in the shape of a rainbow or nimbus people with glaucoma can see when they look at something bright. While some patients see it as a twin object, others say they observe different spots. Many people make a big mistake when not paying attention to these halos. If the halo appears too regularly in front of light sources, the risks of vision damage increase. Potential victims of glaucoma suffer from continuous headaches. From mild to severe, these pains follow the patient everywhere. Most often, the liquid in the eyes does not drain as it should, causing such an effect. In some cases, intensive production of additional water increases pressure within the sightseeing authority. This pressure causes headaches of varying severity. These pains are short-term, but it is still important to see a doctor. Page 3 Visual impairment may be another sign that you have glaucoma. It is not recommended to work in low light to all, especially people with glaucoma. The objects are pretty blurry as the patient tries to see the details in the fog. This causes him to strain his eyes, trying to see the whole object. Not paying attention early on can lead to the progress of the problem. Many people with glaucoma complain of nausea at different stages of the disease. Because severe headaches place, people can feel like they want to vomit and get rid of painful sensations. Most of the time only patients suffering from acute glaucoma face this issue. Eye pressure increases over time. Continuous ruptures and other types of irritability can be seen in people with glaucoma. Such patients always complain of discomfort in the eyes, like they have sand or other foreign bodies, or cry, not wanting to do so (this happens when the injured eye releases additional fluid). The eye becomes too gentle and worries the patient all the time. Activities such as reading, watching TV and writing become a nightmare. Irregular reaction to light sources is the last but not least symptom of glaucoma. Any mild stimuli cause glaucoma patients to respond first. Later phases of the disease are a difficult time trying to adapt to darkness or dullness. At the same time, people are unlikely to see in well-lit spaces. Unusual reaction to light-based stimuli. People with glaucoma react very unusually to mild stimuli, especially in the late stages of the condition. On the one hand, they may have trouble adapting to a dark or dim room. At the same time, well-lit spaces or sources of glare can be difficult for them as well. Glaucoma is not one thing. The term refers to a group of eye diseases that damage the optic nerve. Glaucoma can cause serious vision problems, including blindness, but it can often be prevented when detected early enough. What is optic nerve? The optic nerve is the cord between the brain and the eye. It consists of more than a million tiny nerve fibers. Without your brain, your eye is virtually useless as the brain re-arranges everything you see, giving meaning from the visual world. This is what makes this nerve so important to your visual health; when this cord is damaged, your eyesight may decrease. If you or someone you know has glaucoma, the following slides can help you understand the condition, its treatment, and what steps you should take while living with glaucoma. If you have never been diagnosed, find out who is most at risk of developing glaucoma and how it can be detected and prevented. While there are several diseases that can cause glaucoma, they mostly stem from insolventy depleting fluid from your heart. Your eyes constantly make a liquid called wake humor. This liquid brings ampliation to the eye and keeps it inflated at constant pressure. Since you're constantly doing more wake humor, the old liquid needs to be drained constantly as well. The drainage pipe of the ane is known as the angle of drainage. If your eye does not drain properly, the pressure inside your eye increases. This damages your optic nerve by killing some of the tiny nerve fibers from which it is made and leaving you with blind spots. Some people stand a greater risk of developing glaucoma than others. You stand a higher risk of developing glaucoma if belong to any of the following groups: People with diabetes African Americans over 40 years Old All people over 60 years old People with a family history of glaucoma Risk is highest for African Americans, who are six to eight times more likely than whites developing glaucoma. People with diabetes are twice as likely as those without diabetes to develop the condition. The vast majority of cases of glaucoma are open angle glaucoma. At least nine out of 10 glaucoma patients suffer from the disease. Sometimes it is known as chronic glaucoma or primary glaucoma. About 3 million Americans suffer from open-angle glaucoma. Part of the open corner refers to the angle between the toffee and the cornea, where the liquid drains from your outlars. This area is open wide, as it should be. Despite this, the eye drains slowly, which can lead to too much eye pressure and potential blindness. People with an open angle of glaucoma need to carefully monitor their blood pressure. High blood pressure can contribute to damage to optic fiber nerves, so working with your doctor to keep your blood pressure within a healthy range is vital to your vision health. Sometimes the angle between the iris and the cornea is blocked by iris. This causes the glaucoma to close angularly. When the angle is blocked, the liquid cannot leave an eye as it usually does, leading to problems with eye pressure and potential blindness, like all types of glaucoma. The angle of closure of glaucoma is usually inherited. About half a million people in the United States have this condition. People of Asian descent and short-sighted people are more likely to suffer from it. The angle of closure of glaucoma can come suddenly (acutely) or slowly over time (chronic). When it is acute, this condition can be extremely painful as the pressure in the eye suddenly rises. Symptoms of acute angle closure glaucoma include: Seeing halo around light Red eyes Nausea Clouding vision Immediate medical treatment is needed if you experience these symptoms. With rapid treatment, a full recovery is typical. At the same time, the type of glaucoma optic nerve is damaged, despite almost normal eye pressure. Also known as low tension or normal glaucoma pressure, NTG is more common in people of Japanese heritage, those with a family history of the disease, and those with an irregular heartbeat or a history of systemic heart disease. The reasons for NTG remain a mystery. Your perch can detect it by looking at the optic nerve. If the nerve is not its normal healthy pink color, or if it is compressed, it may indicate NTG. Doctors can also use the field of vision test to find vision loss. Sometimes babies are born with glaucoma. This is true in the case of this disease, also known as pediatric or infantile glaucoma. In some cases, congenital glaucoma is inherited. Often children with this disease are diagnosed during the first year of their lives. Symptoms include: Unusually Large Eyed Cloudy Corneas tear sensitivity to light (photosensitivity) Surgery may this problem in many cases. Sometimes medicines are needed in addition to surgery. Encouraging a child to participate in caring for themselves with medication and eye drops can help maintain their vision in the future. One of the scariest things about glaucoma is that it often comes without early symptoms. That's why he's sometimes referred to as a silent vision thief. Before you know it, you have a problem, you can already have irreversible eye damage. Of the estimated 3 million Americans with glaucoma, about half don't even know they have it. The number of undiagnosed glaucoma sufferers is even higher in some populations. As many as 75% of Hispanics with glaucoma don't know they have the condition. This is a terrible fact given glaucoma is one of the leading causes of blindness in the US. While most cases of glaucoma begin without symptoms, signs of the condition can develop over time. Vision loss from glaucoma begins at the edge of your vision. It can be like looking into a tunnel. This vision slowly goes until the sufferer begins to pass objects from the corners of his eyes. Eventually your central vision also decreases, ultimately leading to blindness if left untreated. Because glaucoma usually starts without symptoms, regular testing is crucial. Early detection is the key to preserving your vision. Since glaucoma starts without symptoms, you need to check your eyes regularly. Eye doctors have different ways to diagnose glaucoma. Some of these tests require your eyes to be numb in the first place. Your eye pressure can be directly measured using a device called a tonometer. This is a quick and painless test. Pahimeter measures how thick your cornea is. This is important because thin corneas can help predict glaucoma. Using other devices, your doctor will want to study your peripheral vision and the optical nerve itself. Another device called a gonioscope can directly examine the angle of drainage. Once diagnosed with glaucoma, you should take medication regularly and accurately to maintain your eyesight. Some of these medications have side effects, but many patients experience none of them. Like any new medication you should tell your doctor all the other medications you can take before starting treatment. Eye drops Most patients with glaucoma will be treated with eye drops. Eye drops prescribed by your doctor can maintain even pressure inside your eye. While there are several types of glaucoma eye drops, they all have the potential to irritate the eye depending on your sensitivity. You may need to switch medications depending on side effects, so work with your doctor to find a suitable one for you. Tablets A wide range of tablets are used to treat glaucoma. Some of these medications cause your eyes to produce less fluid. Others increase drainage of eye fluid. Several others do both. These medications have a wide range of side effects and interactions with other medications, so allowing the doctor knows what drugs you are already doing, it is important. To give yourself the best chance to avoid vision problems with glaucoma, you need to use eye drops correctly and consistently. Proper execution can mean a difference between a life of clear vision and one of the growing vision problems that can lead to blindness. Here are some tips to help you keep your eyesight with eye drops: Wash your hands first and keep your eye droppers clean. You don't want to accidentally infect your eyes! For the same reason, avoid touching the eyes with the tip of the drip. Some medications require more than one drop in a session. If true, wait five minutes before adding a second drop. This gives your eyes time to absorb the medicine. When adding a drop, keep your eyes closed for three minutes and don't blink. If you find your blobs draining down your throat, gently press your finger or thumb against the inside corner of the closed eye for two to three minutes. If you find it difficult to keep your hands steady, light wrist weight from the sporting goods store can be worn to prevent shaking. Laser surgery is usually the first surgical variant used for glaucoma patients. Using a highly competitive light beam, the tiny hole is burned in your eye tissue to make the liquid easier to drain. This is an outpatient procedure, and patients can usually resume normal activity the next day. Typically, only one eye is operated at a time. There are various forms of laser surgery that are used for patients with glaucoma depending on the cause of your condition and its severity. The most common forms are selective laser trabeculoplasty (SLT), argon laser trabeculoplasty (ALT), laser peripheral iridotomy (LPI) and laser cyclophotocoagulation. Red or green flashes may appear during the operation. After surgery you may have inflammation or other side effects. You will be sent home with anti-inflammatory eye drops and you will need to schedule a further visit for further monitoring. Although laser surgery has proved successful, its effects are temporary in some cases and may require further surgery over time. Sometimes medication and laser surgery are not enough. In these cases, doctors turn to routine glaucoma surgery. This type of surgery reduces eye pressure to about 60% to 80% of the time, and additional surgery may be required depending on efficacy. This is most effective if you haven't had other forms of eye surgery, such as cataract removal. For about half the time, patients do not need their usual glaucoma medication for a considerable time after surgery. For those who continue their medications, about 30% to 40% have better eye pressure control. Once you have undergone surgery, you will be given a different kind of eye drop that helps fight infections. You will need to limit some activities for two weeks to a month after surgery, including reading, bending and lifting heavy objects. There is no way to prevent but there are ways to reduce the risk of its development. To give you the best chance of avoiding the condition, here are ways to reduce your risk of glaucoma: If you're overweight, lose weight. If you are at a healthy weight, maintain that weight. Keep blood pressure under control. Stay active. Get a lot of exercise. But talk to your doctor about which exercises are most useful for adjusting eye pressure. Some forms of weightlifting, for example, can increase eye pressure. Don't smoke. Get lots of leafy green vegetables in your diet. They have nutrients that provide special protection for your eyes. Eat nuts and other foods with lots of vitamin E that stores nerve cells. Don't drink too much at a time. Eating quart or more fluid in less than 20 minutes has been shown to contribute to your risk of developing glaucoma. If you spend a lot of time in front of your computer screen, be sure to take frequent breaks. Even seconds away from the screen, it can be enough to avoid eye strain. If you are diagnosed with glaucoma, you will want to do everything possible to preserve your eyesight. Most of this comes down to setting up and saving appointments with your eye doctor, as well as taking your medication properly and consistently. While this advice applies to those diagnosed with glaucoma, you can take additional steps if you have already experienced some vision loss. Fortunately, many products and resources are available to those suffering from low vision. Depending on your needs and disability, you may find magnifying glasses, text magnification or color lenses useful. Glare can be particularly troublesome for glaucoma sufferers, so finding ways to reduce glare can really pay off. One way to do this is to use tinted lenses. Another is to direct the light source from behind your shoulder as you read or take other activities that require careful study. Most people with glaucoma can still drive safely. Of course, it depends on how advanced vision loss has become. Keep in mind that in the initial stages of glaucoma vision loss, your peripheral vision is impaired. This can make you miss important details on the road, including other cars and pedestrians as they enter your field of view. If you're concerned about driving with glaucoma, talk to your oulison. There are glaucoma specialists who can assess your driving abilities both on the road and off-road tests. These experts can give you driving tips specifically designed according to your circumstances. If you have to give up driving, there are still ways to maintain your independence. You can share trips with friends and family, find out bus, train or subway routes, or call a ride from a taxi or ride program. If you or a loved one have been diagnosed with glaucoma, you probably want to know more about the condition and what steps to take next. It's a smart idea to come ready with a list of questions. You ask some some these: How will my vision affect now and in the future? Should I change anything in my lifestyle? Are there any threatening symptoms I should follow? How can I treat glaucoma? Should I avoid any medicines, products or activities? What testing will I need? When will I hear about my tests? Will I need more tests over time? Make sure to keep asking questions until you understand what you need to know. Tag notes. It can be helpful to have your doctor write down any instructions he or she may have for you. Sources: IMAGES PROVIDED: iStock Getty Thinkstock Science Source Thinkstock Flickr Getty Thinkstock Thinkstock iStock Science Source Getty Thinkstock Getty iStock LINKS: American Academy of Ophthalmology; Water Humor, Causes of Glaucoma. CDC: Don't let glaucoma steal your eyesight! City of New York: Guard your vision from glaucoma, a silent thief of vision. Glaucoma Foundation: Angle-closing glaucoma, Glaucoma Treatment. Glaucoma Research Foundation: Tips for Eye Falls, Cures for Glaucoma and Their Side Effects, Laser Surgery, Types of Glaucoma. International Glaucoma Association: Closing the primary angle (acute) glaucoma. NIH: Facts about glaucoma. NIH: DOES NOT PROVIDE MEDICAL ADVICE. It is intended only for general informational purposes and does not apply to individual circumstances. 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