How is glaucoma treated?
Glaucoma damage is permanent—it cannot be reversed. But medicine and surgery may help to stop further damage. To treat glaucoma, your ophthalmologist may use one or more of the following treatments.

Medication. Glaucoma is usually controlled with eye drop medicine. Used every day, these eye drops lower eye pressure. Some medications can cause problems when taken with other medications. It is important to give your doctor a list of every medicine you take regularly. Be sure to talk with your ophthalmologist if you think you may have side effects from glaucoma medicine.

Never change or stop taking your glaucoma medications without talking to your ophthalmologist. If you are about to run out of your medication, ask your ophthalmologist if you should have your prescription refilled.

Laser surgery. There are two main types of laser surgery to treat glaucoma. They help lower eye pressure by draining fluid from your eye. These procedures are usually done in the doctor’s office or an outpatient surgery center.

1. Trabeculectomy. This surgery is for people who have angle-closure glaucoma. The eye surgeon makes a tiny hole in the iris. This hole helps fluid flow out properly and eye pressure is reduced.

2. Trabeculoplasty. This is for people who have open-angle glaucoma. The ophthalmologist uses a laser to create a tiny hole in the iris. This hole helps fluid flow out the drainage angle.

Operating room surgery. Some glaucoma surgery is done in an operating room. It creates a new drainage channel for the aqueous humor to leave the eye.

1. Trabeculectomy. This is where your eye surgeon creates a tiny flap in the sclera (white of your eye). He or she will also create a bubble (like a pocket) in the conjunctiva called a filtration bleb. It is usually hidden under the upper eyelid and cannot be seen. Aqueous humor will be able to drain out of the eye through the flap and into the bleb. In the bleb, the fluid is absorbed by tissue around your eye, lowering eye pressure.

2. Glaucoma drainage valve. Your ophthalmologist may place a tiny drainage tube in your eye. It sends the fluid to a collection area (called a reservoir). Your eye surgeon creates a small hole in the conjunctiva (white of your eye) so that the reservoir (a tube) with a flap and into the bleb. In the bleb, the fluid is absorbed by tissue around your eyes or skin around the eyes.

Your role in glaucoma treatment
Your glaucoma successfully is a team effort between you and your doctor. Your ophthalmologist will prescribe your glaucoma treatment. It is up to you to follow your doctor’s instructions and use your eye drops. Once you are taking medications for glaucoma, your ophthalmologist will want to see you regularly. You can expect to visit your ophthalmologist about every 3 to 6 months. However, this can vary depending on your treatment needs.

If you have any questions about your eyes or your treatment, talk to your ophthalmologist.

Glaucoma is a silent thief of sight
Glaucama has no symptoms in its early stages. In fact, the people with glaucoma do not know they have it. Having regular eye exams can help your ophthalmologist find this disease before you lose vision. Your ophthalmologist can tell how new. Eyelash growth, changes in breathing (especially if you have asthma or breathing problems), changes in your energy level, red eyes or red skin around the eyes, a stinging or itching sensation, changes in your eye color, the skin around your eye, or you have a new vision or red skin around the eyes. Aqueous humor will be able to drain out of the eye through the flap and into the bleb. In the bleb, the fluid is absorbed by tissue around your eye, lowering eye pressure.

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Summary
Glaucoma is a disease that affects the eye’s optic nerve. This nerve becomes damaged when pressure inside the eye builds up from too much fluid. When the optic nerve is damaged, it can cause blindness. Ophthalmologists treat glaucoma with medicine and surgery. Because glaucoma has no symptoms, it is important to see your ophthalmologist regularly, who will check for eye and vision changes.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

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Glaucoma is a leading cause of blindness for people over 60 years old. But blindness from glaucoma can often be prevented with early treatment.

Types of glaucoma

There are two major types of glaucoma:

Primary open-angle glaucoma. This is the most common type of glaucoma. It happens gradually, where the fluid in the eye does not drain fluid as well as it should (like a clogged drain). As a result, eye pressure builds up. Pressure inside the eye rises, damaging the optic nerve.

This type of glaucoma is painless and causes no vision changes at first. Some people can have optic nerves that are sensitive to normal eye pressures. This means their vision starts to get worse. A small increase in eye pressure can lead to a loss of vision.

It is never too late to start taking measures to prevent vision loss. Early diagnosis and treatment of glaucoma can help prevent blindness.