

aqueous outflow. Most patients need laser treatment or operation to control the eye pressure.

Chronic glaucoma

The incidence of chronic glaucoma increases with age. About 1% - 2% of those over 40-years-old have chronic glaucoma. In addition, first degree relatives of patient with either open angle glaucoma, high grade myopia or diabetics mellitus and those with cardiovascular diseases may have a higher chance of developing chronic glaucoma. In such cases, regular eye check is advisable, especially after middle age at around 35-40 years of age.

Chronic glaucoma is due to obstruction in the outflow of aqueous. The majority of patients with chronic glaucoma are initially symptom free. Therefore it is difficult to detect at early stage. Some patients may have gradual deterioration of vision. At the late stage of glaucoma, the visual field becomes constricted due to the damage of the nerve fibers. Eventually, only the central vision remains (i.e. the tunnel vision), patients will have difficulty in seeing the surrounding objects while walking. Further deterioration of visual acuity will result in total blindness.

Treatment

The aim of the treatment is to control the abnormal pressure inside the eye in order to avoid further damage to the optic nerve. If medications fail to work, laser therapy or surgery may be indicated to facilitate the drainage of the aqueous.

Congenital glaucoma

Congenital glaucoma is results from abnormal development in the baby's aqueous drainage system. Majority of the cases present in first year of life. The symptoms include enlargement of eyeball, cloudiness of cornea, increase tearing and photophobia. In the presence of these symptoms, early ophthalmic consultation is indicated. Early diagnosis and treatment may avoid blindness.

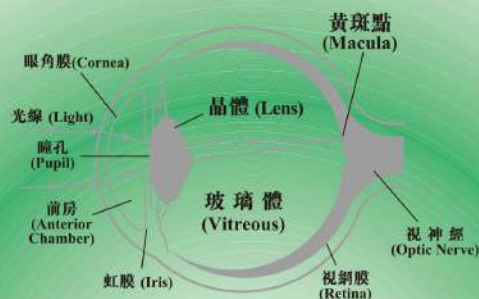
Secondary glaucoma

Secondary glaucoma is an increase in eye pressure as a result of other illness. These include hypermature cataract, uveitis, bleeding inside the eye, tumor, trauma, post-operative complications or improper use of **steroid eye drop**. The aim of treatment is to control the underlying diseases and decrease the eye pressure by medication and/ or surgery.

Care & Advice

- Hypertension will not result in glaucoma. But if a glaucomatous patient has hypertension or increased in blood lipid, cholesterol, he/she should inform the eye doctor concerned to better formulate the management plan of the disease.
- Small amount of tea, coffee or wine will not lead to deterioration in glaucoma
- Early detection, prompt treatment, good drug compliance, regular follow up and satisfactory control of eye pressure will preserve the remaining vision.

Should you have any queries, please consult your doctor during follow-up
Information provided by Department of Ophthalmology, Grantham Hospital



眼球縱切面圖

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青光眼護理資訊

GLAUCOMA CARE INFORMATION

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青光眼護理資訊

簡介

當眼球內前房水(眼球內的液體)分泌及吸收不平衡，眼球內的壓力會增高，引致視神經受損、視野收窄及視力下降，形成青光眼。青光眼是一種可怕的眼疾，若未能及時醫治，失明的機會非常大。但能及早發現，控制過高的眼壓，則可保存剩餘的視力。臨床上青光眼可分為急性、慢性、先天性及繼發性四類。其病徵和醫治方法各自不同。

● 急性青光眼

通常是突發性，視力在短時間內大減，看燈光有彩虹圈圍繞、眼紅、角膜混濁、眼睛劇痛，並常連帶頭痛、噁心及嘔吐等。

若左眼患急性青光眼，五年內右眼發病的機會可大過百分之五十。因此當証實一只眼患急性青光眼，應盡快檢查另外一只眼及接受預防性治療。

治療

醫生會盡快用口服藥和眼藥水控制不正常的眼壓

● 慢性青光眼

慢性青光眼的患病機會是隨年齡增加，每一百個四十歲以上的人，便有一至兩個會患上慢性青光眼。如直系親屬患有慢性青光眼、大近視或糖尿病，患上慢性青光眼的機會會相對地較高。因此應定期檢查眼睛。特別是在中年(35-40歲)後。

早期的慢性青光眼病徵並不明顯，只有小部份有視力減退的現象。及後，由於視神經有一定的損壞，視野便日漸變窄。視野中心以外的影像甚至看不見。好像拿著竹筒看東西一樣。走路也經常撞著旁邊桌椅物件，終而完全失明。

治療

主要是用藥物來控制眼壓，以免視神經進一步受損。否則醫生可能採用激光或手術治療，把房水引流。

● 先天性青光眼

這是一種天生的眼疾，由於眼前房角上的濾簾不暢通，使房水排出受阻。大多數的病嬰在一歲前已發病。病徵

包括患眼變大、角膜混濁不清、常流眼水和畏光。父母應盡早帶嬰兒往求診，以防止永久失明。

● 繼發性青光眼

其他的疾病繼發眼壓過高，如過熟的白內障、虹膜炎、眼球內部出血、腫瘤、外傷、手術後的併發症、不恰當地使用激素及眼藥水等。要先徹底治理基本的疾病。需及早用藥物或施行手術控制眼壓。

護理和建議

- 若發現有高血壓、血脂或膽固醇過高，應該通知醫生，以便訂立合適的治療方案
- 少量的茶、咖啡和酒不會使青光眼惡化
- 需按時用藥及定期覆診，確保眼壓受到控制，則可保存視力

如有其他疑問，可於覆診時向醫生查詢
以上資料由葛量洪醫院眼科部門提供

GLAUCOMA CARE INFORMATION

Introduction

Imbalance between aqueous production and drainage will lead to abnormal pressure inside the eye and result in optic nerve damage. Glaucoma is a vision threatening disease. Delay in treatment may result in loss of vision. Early detection, prompt treatment, good drug compliance, regular follow-up, satisfactory control of eye pressure can help preserve the remaining vision.

Different types of glaucoma have different causes. Clinically, glaucoma have different signs and treatment and can be classified into 4 groups:

- acute
- chronic
- congenital
- secondary

Acute glaucoma

Acute glaucoma often presents as sudden blurring of vision, accompanied by halo, red-eye, hazy cornea, severe eye pain, headache, nausea and vomiting.

In case of acute glaucoma in one eye, the chance of the other eye being affected is more than 50% within 5 years. Thus, when one eye is diagnosed having acute glaucoma, the other eye should be examined and prophylactic laser or surgery may be indicated.

Treatment

The aim of the treatment is to control the abnormal pressure inside the eye as soon as possible. Oral medication and eye drop can decrease aqueous production and increase