

Glaucoma

The human eye is filled with a clear fluid, which in a normal eye is made and drained away at the same rate keeping the pressure inside the eye steady.

In glaucoma pressure in the eye is out of balance, usually because there is less fluid drained away and the pressure in the eye is increased. Children with this condition sometimes have large eyes because the covering of the eye (sclera) is stretched.

If the pressure inside the eye is not reduced, the fluid pushes on the blood vessels in the retina and squeezes them so that they cannot carry blood to the cells of the retina. This causes damage to the retinal cells.

How does it affect vision?

Because the retina is damaged peripheral (side) vision can be lost. If the child is left without treatment to reduce the pressure, all of the retinal cells may die making the child blind.

Other symptoms of glaucoma are:

Severe pain and vision loss

Blurry vision or seeing coloured rings around lights

An unsettled stomach and vomiting

Who is most at risk?

Congenital (born with) Glaucoma is usually a genetic eye condition and parents should attend genetic counselling themselves and the child when the child reaches adolescence.

Glaucoma in children can also be caused by:

Injury to the eye

A complication of cataract surgery

Abnormal formation of the eye

How can it be treated?

Drops may be given to decrease fluid production or increase the draining of it. Otherwise surgery may be needed to increase the draining of fluid and lower the pressure to save the remaining vision. Children with this condition should be under the continuing supervision of an Ophthalmologist.

How does it progress with age?

Medication and surgery can help manage glaucoma as children age however children with glaucoma should regularly see an Ophthalmologist so pressure inside the eye can be checked.

Adapted from Facts About Paediatric Glaucoma by the Paediatric Glaucoma and Cataract Family Association.



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