Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · EYES

Glaucoma
sight lost to it does not come back

Glaucoma damages the optic nerve, usually because of raised pressure inside the eye. The common form causes **no symptoms whatsoever** until a substantial amount of peripheral vision has already gone — and that loss is permanent. It is found by testing, which is why free NHS eye tests exist.

Go to an emergency eye service immediately if you have

- **sudden severe eye pain** with a red eye
- **blurred vision with halos around lights**
- **nausea and vomiting with eye or head pain**
- a **hard, tender eye** with a fixed oval pupil
- **sudden loss of vision** in one eye

Acute angle-closure glaucoma is a medical emergency — pressure rises rapidly and sight can be lost within hours without treatment. It is often mistaken for migraine or a stomach upset because of the vomiting. Moorfields Eye Hospital runs a 24-hour walk-in emergency eye service; the nearest emergency department is the Royal London Hospital, Whitechapel Road, London E1 1FR.

Why it is silent

In chronic open-angle glaucoma, damage begins in the peripheral vision. The brain fills in the missing areas using the other eye and its own predictions, so people notice nothing until **around 40% of nerve fibres have been lost**. By the time someone reports bumping into things or missing steps, considerable damage has already occurred. Nothing recovers it — treatment only prevents further loss.

Who is at higher risk

- **Age** — risk rises steadily after 40
- **Family history** — a first-degree relative with glaucoma raises risk several-fold. **Free NHS eye tests are available from age 40 if you have an affected close relative**, and many people entitled to them do not know
- **African or Caribbean heritage** — open-angle glaucoma is more common, develops earlier and progresses faster

- **Asian heritage** — higher risk of the angle-closure type
- **Short-sightedness** for open-angle; **long-sightedness** for angle-closure
- diabetes, and long-term steroid use including inhalers, drops and creams

Testing is the whole strategy

A glaucoma check involves measuring the pressure inside the eye, examining the optic nerve, and testing the visual field. **Pressure alone is not enough** — a proportion of people develop glaucoma with normal pressure, and many with raised pressure never develop it. All three parts matter. NHS sight tests are free for over-60s, and from 40 for those with a close relative affected. Every two years is the usual interval, more often if you are at higher risk.

Treatment

- **Eye drops** to lower pressure — usually a prostaglandin analogue first line, sometimes combined. They must be used **every day, for life**.
- **Selective laser trabeculoplasty (SLT)** is now recommended as a first-line option in many cases and can delay or avoid drops entirely.
- **Surgery** — trabeculectomy or minimally invasive procedures — where drops and laser are insufficient.
- **Acute angle closure** is treated urgently with pressure-lowering medication and then laser to both eyes.

Drops only work if you actually use them

Adherence with glaucoma drops is poor — studies suggest half of people are not using them as prescribed within a year, largely because the condition causes no symptoms and the drops do. **You will not feel any better for using them; you will simply not go blind.** If drops sting, blur your vision or you keep forgetting, say so — preservative-free versions, different classes, combination bottles and laser treatment all exist. Struggling in silence is what costs sight.

Getting drops in properly

- Wash hands, tilt the head back, pull the lower lid down to form a pocket.
- Squeeze one drop into the pocket — the eye holds only one, so more is wasted.
- **Close the eye gently and press the inner corner for one to two minutes.** This stops the drop draining into the nose, improves absorption and reduces side effects.
- Leave five minutes between different drops.
- Do not touch the dropper to the eye or lashes.

Driving

You **must tell the DVLA** if you have glaucoma in both eyes, and you may need a visual field test to keep your licence. Glaucoma in one eye only usually does not need declaring if the other field is full — but check. Driving without meeting the standard invalidates insurance.

Why come to us. Glaucoma is detected by an optician's sight test, and if you are due one, book that first — it is free for many people and is the right test. Where we help is with the surrounding picture: assessing your **family history and risk**, reviewing **steroid medicines including inhalers and creams** that can raise eye pressure, checking blood pressure and diabetes, providing DVLA and workplace letters, and arranging urgent ophthalmology through our CQC-registered partners where something needs seeing quickly.

Risk reviewed, steroid medicines checked, referral arranged

Seven days a week. Sudden severe eye pain needs emergency eye care now.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Health Screening & MOT** · **Medical Letters** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG81 guidance on glaucoma diagnosis and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.