

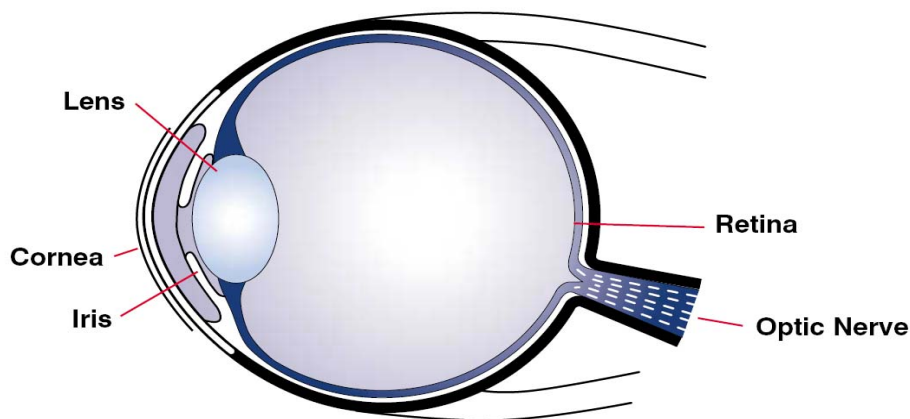
## GLAUCOMA

What we see is in fact made in the brain. The brain makes sight from signals given to it by the eyes.

### What is the normal structure of the eye?

The eye is made of three parts.

- A light focusing part at the front (cornea and lens).
- A light sensitive film at the back of the eye (retina).
- A large collection of communication wires to the brain (optic nerve).



- The eye is filled with fluid, which helps it to keep its shape.

## What is Glaucoma?

Glaucoma in children is a condition in which the watery fluid in the eye fails to drain in the normal way, causing a build-up of fluid and pressure within the eye.

In very young children Glaucoma may cause an enlarged eye and a cloudy, bulging cornea ('buphthalmos'). Both eyes may be affected.

## How does this affect the way my child sees?

### **Vision**

Vision may not be affected at all but in some cases it can be severely reduced.

### **Photophobia / Glare**

Children may be uncomfortable in bright light. This may cause their eyes to water.

## What can be done to help?

### 1. **Medical Treatment.**

- Drops to control the pressure inside the eye.
- An operation may help to control drainage of the eye's fluid.

### 2. **Glasses.** In Glaucoma, glasses may be needed and tinted lenses may reduce the glare.

Children with Glaucoma are often short-sighted (myopic).

### 3. **Hat.** To reduce glare a peaked hat or visor may also be helpful.

In a few cases, when it is difficult to control the eye pressure, there may be other problems, which affect vision and the eye.

## How can parents, family, friends and teachers make a difference?

1. Be aware that adjusting to daylight in the morning can be uncomfortable. Sometimes this is painful and the eyes may water a lot.
2. Be aware of the problems with **glare**. Children may need reduced or shaded light. Blinds and curtains are useful.
3. Wherever possible use **matt surfaces** for desktops, whiteboards, paper, wall, floors etc. Shiny surfaces, snow and water can reflect light causing glare.
4. **Outdoor protection**. Encourage the child to wear specially tinted glasses (if prescribed).
5. **Near work**. A close reading position may be preferred and should not be discouraged.
6. **Seating in school**. Where possible the child should be seated close to the teacher, away from windows if there are no blinds and close to the board and TV.
7. **School Equipment**. Children may benefit from using some type of magnifier. This enlarges print making reading less tiring. It may sometimes be helpful to provide a desk stand or a copyholder, which will bring work to eye level and prevent discomfort and poor posture.
8. Parents, teachers and health professionals **MUST** work together to ensure the **medications** are given at the correct times. This is vital to prevent unnecessary complications.
9. With this condition it is extremely important that you keep **ALL** your eye **appointments**. Your child's eyes need to be monitored very closely.

## Useful contacts.



### **Birmingham Focus on Blindness**

Tel: 0121 478 5200

### **RNIB**

Tel: 0845 766 9999

### **LOOK (or families with visually impaired children)**

Tel: 0121 428 5038

### **Tadpoles (International Glaucoma Association)**

108c Warner Road

London

SE5 9HQ

Tel: 020 7737 3265

Fax: 020 7346 5929

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Web: <http://www.iga.org.uk>

**This information is intended to describe most aspects of the condition but each child is different and there will always be exceptions.**

### **Acknowledgements**

This leaflet was compiled by a multidisciplinary team from the eye departments at Birmingham Children's Hospital and Birmingham Heartlands Hospital, Birmingham Focus on Blindness and Birmingham Specialist Support Services.