

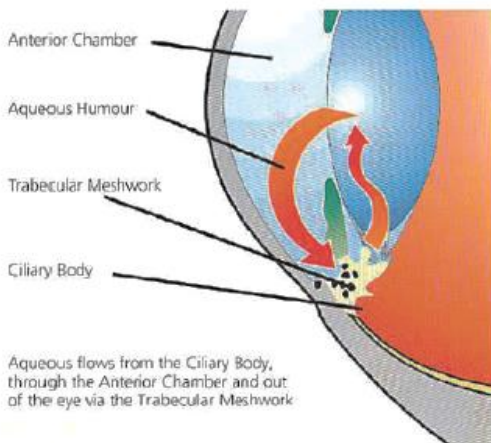
CHRONIC ANGLE CLOSURE GLAUCOMA

FACT SHEET

(The term 'glaucoma' refers to a characteristic pattern of damage to the optic nerve)

This type of glaucoma is the *result of* an inherited narrowness of the drainage angle of the eye. The angle is located between the iris (the coloured part of the eye) and the trabecular meshwork through which aqueous fluid must drain to leave the eye. It is more common in

long-sighted eyes, older people, women and in Asians. As the lens of the eye grows throughout life, the tendency to drain-narrowing becomes more marked with advancing years. Chronic angle closure may develop after an acute episode of angle closure with persistent adhesions that block the trabecular meshwork and aqueous drainage (peripheral anterior synechiae). More commonly it develops following gradual asymptomatic closure of the angle.



Intraocular pressure control in patients with chronic angle closure depends on the amount of trabecular meshwork damage and extent of angle closure.

A peripheral iridotomy is performed with a laser in eyes with narrow angles to prevent further closure and blockage of the trabecular meshwork. A laser iridoplasty may need to be performed if the angle remains narrow. Lens extraction can be utilised to eliminate the narrow angle as well.

If the drain has been damaged or is blocked, it may not be able to work efficiently. If this is the case, medical treatment in the form of drops or surgery may be required. Drops are used to reduce the intraocular pressure. Trabeculectomy surgery may rarely be needed in cases where the extent of angle closure is extensive and intraocular pressure control is difficult even with drops. The eyes must be checked regularly and indefinitely in all cases of chronic angle closure glaucoma.

Our Mission: To eliminate glaucoma blindness

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