Glaucoma Australia
Saving sight since 1986

Glaucoma News

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Our vision is for Australians to be free of glaucoma blindness

Making the Most of Glaucoma Australia's SiGHTWiSE Education and Support Services

Written by Glaucoma Australia

A glaucoma diagnosis can be confronting and overwhelming. For many it arrives unexpectedly and brings with it uncertainty, anxiety, and a flood of complex medical jargon that could be difficult to understand in the moment.

Knowing where to turn, and how to navigate the journey ahead, can make all the difference - particularly when timely support and clear information are essential to preserving long-term vision and quality of life.

Glaucoma Australia's SiGHTWiSE program has been designed to ensure that no one faces this journey alone. It provides a structured and compassionate pathway forward from the point of diagnosis.

By offering personalised education, expert guidance, and ongoing support, SiGHTWiSE helps people move from uncertainty to confidence, empowering them to take an active role in their eye health.

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From the CEO

Dear friends and supporters,

Welcome to the latest edition of Glaucoma News. I would like to begin by sincerely thanking you for the generous contributions to our annual Tax Appeal.

As you are aware we currently do not receive government funding so your support plays a crucial role in sustaining and growing our SiGHTWiSE services, which support Australians living with glaucoma throughout their lives.

These services include access to our Orthoptist Patient Educators on our free support line 1800 500 880, trusted educational resources and materials and online support groups where you can stay connected with us and others with lived glaucoma experience.

I hope you enjoy the articles we have selected for this edition including our cover story on 'How to make the most out of Glaucoma Australia's SiGHTWiSE education and support services'.

Finally I would like to extend my deepest thanks to our donors, eye health partners and broader glaucoma community.

Your ongoing commitment allows more Australians to access the services and care they need to live better with glaucoma. The progress we have made would not have been possible without your continued support.

Gratefully yours,

Adam Check
Chief Executive Officer

Cover Story

Making the Most of Glaucoma Australia's SiGHTWiSE Education and Support Services

Continued from page 1

Start with expert guidance you can trust

One of the most valuable ways to engage with SiGHTWiSE is through our team of Orthoptist Patient Educators and Health Counsellors. These experts are available on our free helpline 1800 500 880 to provide tailored advice and reassurance when it's needed most.

Whether you've just been diagnosed or have been managing glaucoma for years, speaking with someone who understands the condition can help you make sense of your situation and next steps. Patients often find that having complex medical terminology and procedures explained in clear, simple language helps them feel more in control and better prepared for specialist appointments.

Build confidence in your treatment journey

No two experiences of glaucoma are the same, which is why personalised support is so important. SiGHTWiSE helps you understand your treatment plan, explore your options and feel confident when advocating for your own care.

By taking the time to explain test results, scans, and treatment pathways, the SiGHTWiSE team ensures you are not just informed - but empowered. This deeper understanding can lead to more meaningful conversations with your healthcare providers and better long-term outcomes.

Looking beyond treatment: managing everyday life better

Living well with glaucoma goes beyond medical care. SiGHTWiSE offers practical, easy-to-apply advice on day-to-day living, including topics such as driving, diet and exercise. These insights can help you maintain independence, stay active, and adapt to changes with confidence.

Regular check-ins with our educators provides reassurance and ensures your support evolves as your needs change.

Stay on-top of the latest developments

Glaucoma care is continually advancing, with new treatments, technologies, and research emerging over time. SiGHTWiSE keeps you connected to the latest breakthroughs and what they mean for your condition and future care.

Having access to up-to-date information ensures you can make informed decisions and feel confident that you are receiving the best possible care throughout your glaucoma journey.

Access support whenever you need it

One of SiGHTWiSE's greatest strengths is its continuity. As glaucoma is lifelong, needs evolve - but ongoing access to expert support via phone, web chat, and education provides lasting peace of mind.

Many patients describe this as having "an expert in their corner" - someone who listens, understands, and helps guide them through every stage of their journey.

Beyond clinical guidance, SiGHTWiSE recognises the emotional impact of a glaucoma diagnosis. Feelings of anxiety, isolation or uncertainty are common - particularly in the early stages. Access to trained health counsellors provides a safe space to talk through these challenges and develop strategies to cope.

Importantly, the program also helps connect individuals to a broader community of people with lived experience. Knowing that others are navigating similar challenges can reduce feelings of isolation and provide encouragement, practical tips and hope.

Making education part of your routine

To get the most from SiGHTWiSE, it's helpful to view education and support as an ongoing part of your care - not just something to access in moments of crisis.

Regularly engaging with resources, asking questions, and staying informed can help you stay ahead of changes in your condition and treatment. This might include preparing questions before appointments, checking in with the helpline when something is unclear, or seeking advice when lifestyle changes are needed. Small, consistent actions can build confidence over time and make managing glaucoma feel more achievable.

You're not alone

Ultimately, getting the most out of SiGHTWiSE is about staying connected - asking questions, seeking support and making use of the resources available to you. From emotional reassurance to practical advice and clinical education, the program is there to support every aspect of living with glaucoma.

With the right information and support, a glaucoma diagnosis doesn't have to define your future. Through SiGHTWiSE, you can gain the knowledge, confidence, and reassurance needed to navigate your journey. ●

The Art and Science of Prevention, Cure and Care

Written by Mivision

Passionate clinicians and researchers are looking to the future; harnessing the power of emerging drugs and technologies that will enable us to deliver ever better eye care to our patients. This is why we are here.

The old adage, prevention is better than cure, has never held truer. In eye care this applies to myopia, glaucoma, macular degeneration, gene therapy for inherited eye diseases and much else. Artificial intelligence is already opening new doors and the pace of development is accelerating.

In myopia control, a new biometer includes data from 300,000 cases with metrics like the axial length/corneal radius (AL/CR) ratio, providing immediate predictions of myopia development or progression risk in a specific patient. An AL/CR greater than three indicates high myopia risk and is considered more accurate than axial length alone for predicting myopia especially in children.

My Dad, Sid Saks, pioneered myopia control in the 1960s, with custom designed PMMA (polymethyl methacrylate) hard lenses, hand-drawn graphs, and manual data collection and analysis.

Today, we can scan an eye with biometry, optical coherence tomography (OCT) and topography in minutes, upload this information, and have an orthokeratology lens designed and manufactured within days.

We can also assess whether a myopia controlling soft lens, spectacle lens, or atropine treatment is likely the best option for a given patient profile. Yet patient/parent personalities, among other considerations, remain vital to the art and science of prescribing and management. Despite all the technological progress, there's still an art to what we do!

New Kids on the Block

Amazing thin film technologies can now mimic one, or a combination of myopia lens designs, and potentially apply a unique design to specific lens materials or prescriptions. New lens technology can make a -12.00D lens look like a -3.00D lens with almost uniform thickness and fairly flat form, with aberration control built in. I expect these technologies will become mainstream soon.

Colleagues are working on new contact lenses and developing technologies that detect, diagnose, and manage dry eye disease; some are about to enter clinical testing in the lead-up to commercialisation.

Early detection to prevent frank dry eye is one such goal, though asymptomatic patients may be less motivated to take on a preventative approach.

Local Impact

There's a truckload of research across all spheres of eye care. Our Australian and New Zealand researchers continue to make an impact - current myopia controlling soft lens designs, among others, came from our Kiwi and Aussie-based colleagues.

A locally developed AI chatbot is being developed and rolled out for patient and practitioner use in myopia management.

The hyperparallel OCT (HP-OCT) is another impressive Australian development. It's now owned by a global eye care power and undergoing further development. Elsewhere, we see an increasing range of instruments providing topography/tomography, scleral mapping, pachymetry, posterior corneal analysis, and anterior segment imaging.

Numerous people have complained about the service and total cost of traditional gold standard equipment. Large, traditional perimeters occupy expensive real estate within a small practice.

However, we're now seeing compact, portable headset-based visual field devices with virtual reality that are ideal for small practices, multiple offices, locums, and remote eye care providers.

The long-awaited objective perimeter is also stirring up interest. This could be a game changer for glaucoma practices with older, cognitively impaired patients or those with motor difficulties, perception, and other complications that make accurately monitoring visual field changes difficult.

And so it goes. The worm turns. We improve our offerings, make optometric examinations more thorough, dig deeper, and at the same time, provide less onerous care for patients.

But questions surrounding eye care delivery remain. Ten years since his passing, we continue to see progress in Professor Brien Holden's global goal to eliminate preventable blindness.

However, delivery of eye care to the masses is only part of this. To facilitate eye care outside major metropolitan areas, we need portable solar-powered instruments, and we need to consider the use of remote services.

In theory, it's better to have a practitioner in every setting. But is providing some care by remote control, so to speak, better than no care at all? And what should the standards be?

Like my ancestors who fought for optometry's rights, others continue that fight today. We strive to deliver the ultimate in eye care, we are grateful for the amazing developments that make it possible, and we embrace the opportunity to make a difference.

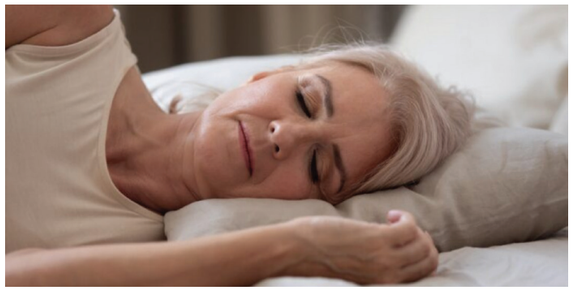
This article was written by Alan Saks who is a retired optometrist. He is the Chief Executive Officer of the Cornea and Contact Lens Society of Australia.

Could a Pillow be Raising Eye Pressure in Glaucoma Patients?

Written by Insight News

Sleeping with stacked pillows may unintentionally raise nocturnal intraocular pressure (IOP) in people with glaucoma, according to new preliminary research published in the British Journal of Ophthalmology.

The observational study suggests that elevating the head and neck during sleep could interfere with venous outflow, potentially worsening nocturnal IOP fluctuations and reducing ocular blood supply – factors known to influence glaucoma progression.



Researchers at the Eye Center, Zhejiang University, China, examined 144 adults with glaucoma, including patients with normal tension glaucoma, ocular hypertension and primary open-angle glaucoma (POAG).

Participants underwent 24-hour IOP monitoring, with measurements taken every two hours in both seated and supine positions.

During part of the assessment, participants lay flat; during another, their heads were elevated by approximately 20–35 degrees using two standard pillows.

Across the cohort, two-thirds of participants experienced a measurable rise in IOP when transitioning from a flat supine position to an elevated one. Mean IOP was significantly higher with pillow elevation, alongside greater diurnal fluctuation. The average increase associated with pillow use was approximately 1.6 mmHg.

Notably, ocular perfusion pressure (OPP) – an indicator of blood flow to the optic nerve – was significantly lower when participants slept with elevated head positioning. Reduced OPP is considered a potential risk factor for glaucomatous optic neuropathy.

Subgroup analysis showed that younger adults and those with POAG were more likely to demonstrate larger posture-related IOP increases compared with older participants and other glaucoma subtypes.

To explore a possible mechanism, the researchers also assessed jugular vein dynamics in a small group of healthy volunteers. Imaging showed that pillow use narrowed the jugular vein lumen and altered blood flow characteristics, supporting the theory that neck flexion may impair venous drainage and aqueous humour outflow.

The authors note that current approaches to managing nocturnal IOP largely rely on medication escalation or adjunctive laser therapy. Given the influence of body position on IOP, they suggest that sleep posture modification could represent a simple, low-risk adjunct strategy worth further investigation.

However, the researchers caution that the study was observational and involved relatively small subgroup numbers, meaning causality cannot be established. Larger, longer-term studies are needed to determine whether modifying sleep posture leads to clinically meaningful benefits in glaucoma outcomes.

Even so, the findings raise awareness of sleep-related factors that may contribute to nocturnal IOP elevation and highlight the need for clinicians to consider postural influences as part of holistic glaucoma management.

5 Tips on Sleeping with Glaucoma

Written by Glaucoma Australia

Sleeping with glaucoma can be tricky, especially because Intraocular pressure (IOP) can change depending on your sleep habits and body position. Here are 5 practical, evidence-based tips:

1. Elevate your head slightly

Sleeping flat can increase eye pressure overnight. Use a wedge pillow or an extra pillow to keep your head elevated by about 20–30 degrees. This small angle can help reduce pressure build-up while you sleep.

2. Avoid sleeping face-down or on the affected eye

Face-down positions or pressing one eye into the pillow can raise pressure in that eye. Try to sleep on your back or on the side that doesn't put direct pressure on the more affected eye (if one eye is worse than the other).

3. Stick to your eye drop schedule

Consistency matters. If you've been prescribed drops, especially before bed, take them exactly as directed. They're often timed to control overnight pressure spikes.

4. Be mindful of fluid intake before bed

Drinking a large amount of fluid right before sleeping can temporarily increase eye pressure. It's better to stay hydrated during the day and avoid heavy fluid intake in the hour or two before bed.

5. Maintain a regular sleep routine

Poor sleep quality and irregular sleep patterns can affect overall eye health and possibly pressure regulation. Aim for consistent sleep and wake times, and create a calm, dark sleep environment.

Silence No More: Glaucoma Australia's Plan to Arrest Glaucoma

Written by Misvision with Adam Check

Glaucoma is one of the most devastating, yet least-discussed, health challenges facing Australia. It affects an estimated 400,000 people, slowly and permanently eroding vision - often without symptoms until it is too late. Half of those living with glaucoma have no idea they have it. By the time they do, irreversible vision loss has already begun.

The downstream cost of undetected or poorly managed glaucoma is estimated at AU$4.2 billion per year - a figure that captures emergency hospitalisations, surgeries, falls, loss of independence, premature ageing of the workforce, avoidable road trauma, and the crushing effects on individuals, families, and communities.

Yet the solution is not a moonshot. It is not a billion-dollar new agency campaign. It is not a complicated overhaul of the health system. In fact, it is surprisingly simple: use what we already have, link it together more efficiently, and target it where it will matter most.

Australia is on the cusp of adopting a pragmatic, well-consulted, system-wide National Action Plan for Glaucoma – one that focuses on early detection, consistent and equitable care and connected support.

It is a plan that does not reinvent the wheel; instead, it aligns the wheels we already have so that patients, providers, and government all move in the same direction.

And the direction is clear: catch glaucoma early, help people stay on treatment and prevent avoidable blindness.

Why Glaucoma Slips Through the Cracks

Glaucoma is a disease defined by its stealth. Vision deteriorates from the periphery inward; many people do not notice changes until significant, irreversible damage has occurred. Once vision loss starts, it cannot be restored.

The burden is heavy and poorly distributed. People at highest risk - those in remote areas, culturally diverse populations, older Australians, and individuals with a family history - are the least likely to get early diagnosis and timely treatment.

Meanwhile, some individuals with low-risk or mild disease receive regular specialist appointments they may not need, consuming scarce clinical capacity that could be better directed where the danger is greatest.

The paradox is stark: we over-service the safest patients and under-serve the people who are actually going blind. And not because the solutions are unavailable, but because we are not efficiently connecting and coordinating the system.

Australia already has all the core pieces.

What we lack is the coordination and clarity that turns these individual pieces into a true national system.

Smarter Targeting, Better Connections

Glaucoma Australia's proposed National Action Plan is built on a simple insight: Australia already has all the core pieces - optometry networks, specialists, community health providers, digital tools, and patient education channels. What we lack is the coordination and clarity that turns these individual pieces into a true national system.

Two major pillars anchor the plan:

1. A smarter, targeted early detection approach.

This is not 'screen everyone'. It is about screening the right people – the groups most likely to have undiagnosed glaucoma and the most to lose from late detection.

2. Living well: safe, supported, community-led care.

Once diagnosed, glaucoma becomes a lifelong condition requiring monitoring and ongoing treatment. Yet many people fall through the cracks. They forget appointments. They struggle with complex eye drop regimens. They get lost between optometrists, ophthalmologists, and GP systems that often do not talk to each other.

The Living Well program shifts more stable glaucoma management into community optometry - supported by specialist oversight - while Glaucoma Australia provides personalised navigation, recall reminders, adherence support, and education.

Patients spend less time waiting for specialist appointments that they do not need. Specialists spend more time on complex cases that urgently require advanced care. And patients stay on track – healthier, safer, and more independent.

Equity: Not a Footnote – The Starting Point

Where health disparities are largest, glaucoma hits hardest.

This plan puts equity and access at the centre - not as a courtesy gesture, but as a design principle. It prioritises remote communities, First Nations people, culturally and linguistically diverse populations, older Australians and those where access to eye healthcare professionals is more challenging.

Having extensively consulted with the glaucoma ecosystem – patients and practitioners at the coalface – this movement will be embedded in the co-design of population priorities with Aboriginal Community Controlled Health Organisations (ACCHOs) and rural health services. The aim is to design and implement culturally safe models of care, enhance the workforce and advocate for tele-optometry and mobile clinics.

These programs succeed because they combine awareness, accessibility, default options and practical nudges. The glaucoma plan shares the same DNA - and the same potential. This plan puts equity and access at the centre - not as a courtesy gesture but as a design principle.

Commonwealth Health Priorities

This movement – glaucoma's developing National Action Plan – ensures that proposed measures equal Commonwealth health priorities. Its emphasis on prevention, early detection, self-management, and integrated care remains pivotal in the Chronic Conditions Framework, while the focus on proactive case finding through risk-stratified screening is central to any preventative healthcare plan.

The plan's Living Well stream reinforces the Framework's pillars of partnership, sustainability, and empowerment, supporting individuals to manage a lifelong condition within their community while reserving specialist services for complex disease.

As the plan matures through digital connectivity, shared-care protocols, and workforce upskilling, the plan will meet the key tenets of primary healthcare pathways and integrated chronic-disease management.

Glaucoma Australia – the agile, dynamic and dedicated peak body for glaucoma in Australia – embraces its remit as the body for continuing care, and the navigator and champion for everyone impacted by glaucoma in this country.

This developing plan will be more than a publication. It will be a blueprint for a future where no Australian loses sight unnecessarily. With coordination, modest investment, and a commitment to equity, Australia can (and will) change the story of glaucoma – forever.

The Bottom Line

- Catch glaucoma early.
- Reduce the $4.2 billion burden.
- Close long-standing equity gaps.
- Strengthen primary care.
- Support specialists.
- Maintain independence for older Australians.

Adam Check is the Chief Executive Officer of Glaucoma Australia.

Amanda's Story

Amanda has lived with glaucoma for as long as she can remember. "I had my first surgery at 6 months of age. I have spent 52 years on this journey," she says. Her diagnosis is part of a strong family history of the condition, with multiple generations affected.

"We have a significant family history - I have congenital glaucoma, my brother has elevated intraocular pressure, my sister has juvenile onset. Both my children carry the gene, and my daughter uses drops for raised intraocular pressure. Both of my sister's children have glaucoma."

Growing up with glaucoma came with challenges, particularly in the early years. "My parents dealt with it as a child. It was frightening as I only have one eye with sight."

Accessing the right care was also difficult at times, especially living in regional Queensland.

"We struggled to find a decent specialist locally - I lived in central Queensland." But finding the right support made a significant difference.

"Eventually, with the help of Glaucoma Australia, we found a great specialist in the city who made me feel confident for the first time in the management of my care.

To share your story go to: glaucomaaustralia.typeform.com/ShareYourStory and complete the online survey in a few minutes.

Glaucoma Australia
SiGHTWiSE
Program

Let's get SiGHTWiSE

Glaucoma Australia's SiGHTWiSE patient support program offers FREE education, guidance and support to people living with glaucoma.

If you or someone you care for has been diagnosed with glaucoma, join our supportive community, and enjoy the sight-saving benefits of being SiGHTWiSE.

Enrol today

www.glaucoma.org.au/sightwise

Call our free support line
1800 500 880

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Q&A

Live Q & A with Dr Simon Skalicky - Sustainable Glaucoma Care and Home Monitoring.

Dr Simon Skalicky is an Australian glaucoma sub-specialist ophthalmologist, and Associate Professor at the University of Melbourne and Royal Victorian Eye and Ear Hospital.

Dr Skalicky is also the founder and inventor of Eyeonic, an Australian software company that provides visual field testing on any computer or tablet.

Q When I see my ophthalmogist, I need to do the visual field test in a darkened room. Is this the case for Eyeonic?

A Room lighting is not very important for the test. Unlike Eyeonic, which has a bright screen and dark flickering targets, most visual field tests use a dark background with lighter targets. We designed it this way so background lighting has minimal effect.

For at-home testing, it's still best to turn off lights and avoid lamps shining on the screen, but the test is generally not sensitive to room lighting.

Q Does the size of the computer screen make a difference?

A The app automatically measures your screen size and adjusts the test elements accordingly. On smaller screens, the targets are closer together, and the user is prompted to sit closer, maintaining consistency. For example, a participant who tested on three different screen sizes—large, medium, and small - achieved the same results on all three. The system is calibrated to provide uniform, reliable results regardless of screen size.

Q Would I still need to do a visual field in clinic if I'm using Eyeonic at home?

A Many clinicians may not accept a home test. If a home test looks unusual or worse than expected, I would repeat it in the clinic. However, if the test is high-quality and reliable, there's no need to repeat it in person.

Q Is there a Medicare rebate for this test or its not at that stage yet?

A If the test is done in clinic, you can claim the same item number as for a conventional visual field. Currently, there is no Medicare rebate for home visual field testing.

However, I believe Eyeonic and Glaucoma Australia should work together to pursue this, as it would benefit everyone. Medicare changes take time and require significant advocacy, so new technology doesn't get covered overnight.

Q Where is the data stored?

A All data is stored securely in the cloud, and patients control access via their email. You can choose whether to share your data with clinicians. The system is highly cyber-secure; we developed it with Microsoft and take security very seriously. It's part of TGA certification, and we are also pursuing ISO 27001, the industry standard for cybersecurity.

Q If someone has cataract as well as glaucoma, does Eyeonic bright screen still work?

A Many of my patients have both cataract and glaucoma, and cataracts can sometimes cause false changes on visual field tests.

This is a potential limitation of the software. However, as with home monitoring, this is a solvable problem. As we refine the underlying mathematics, we'll better distinguish between effects of cataract and glaucoma and improve accuracy over time. ●

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We rely on the generosity of our corporate partners & donors to continue to fund our critical services. Your support is greatly appreciated.

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Bequests

We respectfully accepted the kind legacy gifts of:

The Estate of the Jean Violett Robb

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Leave a lasting legacy

Leaving a gift in your Will is an incredibly forward-thinking way of giving that will benefit glaucoma patients for generations to come – your family, friends and neighbours who may be diagnosed in the future.

After looking after your loved ones, any gift is greatly appreciated and allows us to plan ahead, to invest in the research that will one day find a cure and continue to support and care for families impacted by glaucoma.

If you are considering leaving a gift in your Will to Glaucoma Australia, you can reach out to our Fundraising Manager for a confidential conversation on 1800 500 880 or via email at betty@glaucoma.org.au.