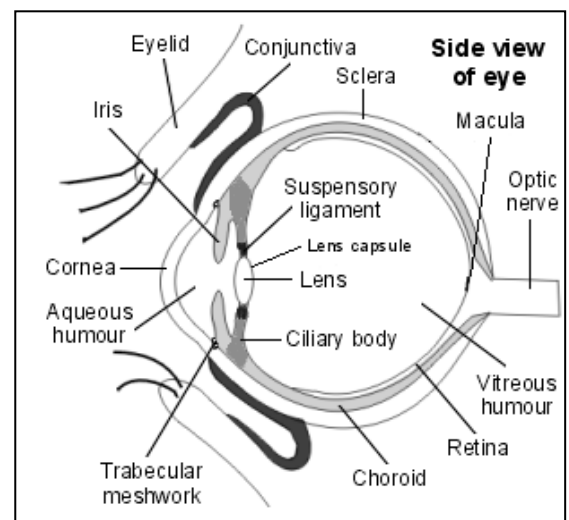


Cyclodiode laser treatment (for glaucoma)

This leaflet tells you about Cyclodiode laser treatment for glaucoma. Please read it carefully, as it contains important and useful information for you. If, after reading this, you have any questions, please ask a nurse or eye doctor.

What is glaucoma?

Glaucoma is an eye condition where the nerve at the back of the eye (the optic nerve) is damaged. This can lead to loss of vision. In most cases, the damage to the optic nerve is due to an increased pressure within the eye. There are different types of glaucoma.



Why do I need this treatment?

Glaucoma can slowly damage the eyesight. If you lose part of your eyesight because of glaucoma, we cannot bring the sight back. In glaucoma, there is usually a problem with the pressure in the eye (intraocular pressure). The higher the pressure, the greater the chance of losing vision. In the eye clinic, we monitor your eye pressure, your optic nerve and the field of vision, so we can tell if there is a danger of noticeable sight loss. If eye drops fail to keep the pressure low enough, you may be recommended laser treatment. Cyclodiode is a type of laser used in patients with glaucoma where other types of treatment have failed or would be of little use.

Are there any alternative treatments?

The aim of treatment is to lower the eye pressure to prevent or delay further damage. The pressure to 'aim for' varies from case to case and your eye doctor will discuss this with you. Alternative treatments to

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surgery used to lower eye pressure include eye drops or tablets, which you may already have tried, and surgery (trabeculectomy).

Does Cyclodiode laser treatment work?

High eye pressure occurs when more fluid is produced inside the eye than can drain away. Cyclodiode laser treatment can increase the drainage rate of the fluid and so reduce pressure inside the eye.

This treatment is generally successful and well tolerated.

In some patients, Cyclodiode laser treatment can have the additional benefit of reducing pain from high pressure.

What are the risks?

Potential risks include:

- Pain after the operation.
- Inflammation in the eye.
- In some cases, the pressure can be too high or low following treatment
- High pressure following the procedure may require another treatment session.
- In some cases, reduced vision for up to six weeks.
- In very rare cases, persistently very low pressure can cause permanent loss of vision and alter the cosmetic appearance of the eye.
- Very rarely, bleeding or infection.

What do I do if I have problems after treatment?

If you think you are having a problem, please attend Eye Casualty straight away.

Before the treatment

Please take all medication as normal or as instructed. Your doctor will advise you on which of your eye drops to use after the procedure.

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What happens on the day of treatment?

This procedure is usually carried out under a local anaesthetic. This means that although you will be awake, the eye will be numb so you will not feel any pain. You do not usually have to stay in hospital – the procedure itself lasts approximately 15 minutes and is carried out in the operating theatre. In some cases, it may be decided it is better to have a general anaesthetic.

After the treatment

- After the operation, the eye may be covered with a pad, which you should leave on until you get home.
- We advise that you **do not drive on the day of the procedure** and do not resume driving until you feel your eye has settled down – ask your surgeon for advice.
- Your eye may be uncomfortable for a few days after the procedure – this can usually be controlled with simple painkillers such as paracetamol.
- The eye may also be watery and gritty for a few days and the vision may be blurred.
- You may be given some new drops to use initially to reduce inflammation in the eye. It is important that these drops are used as directed. Your doctors will tell you whether you should continue your usual eye drops or stop them.
- You will usually have a check-up appointment within a month of treatment to monitor your response to the laser treatment.
- You should **CONTINUE** with your glaucoma drops until checked in clinic by the doctor. Please use a **new bottle** of drops for the eye that has had the treatment.

Further information

- NHS Website www.nhs.uk
- Royal College of Ophthalmologists
www.rcophth.ac.uk/docs/publications/UnderstandingCataracts.pdf
- International Glaucoma Association www.glaucoma-association.com
- Specific Eye Conditions www.eyecconditions.org.uk

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist. If urgent, please attend Eye Casualty or call 111.

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| Eye Casualty (Reading): | Mon-Fri 9am to 5pm; Sat & Sun & bank holidays 9am-12.30pm; Closed Christmas Day and New Year's Day. |
| Eye Casualty: Prince Charles Eye Unit (Windsor): | Mon-Fri 9am to 5pm; Sat 9am-12.30pm; Closed Sun & bank holidays. |
| Dorrell Ward (Reading): | 0118 322 7172 (24 hours a day) |
| Eye Day Unit (Reading): | 0118 322 7123 (Mon-Fri 7am to 6pm) |
| Eye Day Unit (PCEU Windsor) | 01753 636496 Mon-Fri 7am to 6pm) |

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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