

Glaucoma—What Is It and Who Is At Risk?

By Dr. Donald J. Bergin, MD, FACS, FFAO

To understand exactly what glaucoma is, it is best to explain a little about the eye itself. The eye continually makes fluid behind the iris (the colored part of the eye).



This fluid drains through a meshwork that circles the inside of the eye in front of the iris.

Glaucoma is an eye disease that occurs when this fluid is prevented by a blockage from draining from the eye. This results in pressure building up inside the eye that can damage the optic nerve, which is in the back of the eye. It is the optic nerve that carries all the visual information (everything you see) to the brain. If glaucoma is not treated, the end result may be blindness.

There are two main types of glaucoma. The acute type of glaucoma is caused by the iris of the eye suddenly blocking the drainage of fluid from the eye. This sudden increase in pressure results in severe pain, halos around lights, and decreased vision.

A much more common type is chronic glaucoma in which increased eye pressure slowly and painlessly results in loss of side vision, and if not treated, may lead to total loss of vision.

How Do I Know If I Have Glaucoma?

The best defense against glaucoma is a periodic dilated eye examination. This painless examination includes checking pressure in the eye and examining the optic nerve in the back of the eye. Your doctor may also check your field of vision to see if any blind spots are present which can be caused by glaucoma.

Some Facts You Should Know about Glaucoma:

- Glaucoma is the leading cause of blindness in the United States and occurs at any age.
- Vision threatening glaucoma can be present without any visual symptoms at all.
- Most cases of blindness due to glaucoma could be prevented if detected and treated early.
- If you are over 40, you should have a dilated eye examination at least once every two years. Early diagnosis and treatment are essential for arresting the decline and loss of vision.

Who Is At Risk?

People of all ages have glaucoma. However, it occurs more frequently in people who:

- Are over 40
- Have a family history of glaucoma
- Are African American
- Are nearsighted
- Have general health problems like diabetes or hardening of the arteries.

The Road To A Clearer World Without the Hassle

By Freda Springs
Public Relations Manager - Carolina Medicorp

Life would be relatively uncomplicated if it was not for the morning ritual of blindly groping for glasses to read the alarm clock or a projectile to end the clock's infernal racket. It would be blissful indeed upon the invention of self-cleaning contact lenses and eyeglasses equipped with windshield wipers.

Yes, the life of the myopic is less than perfect, but where nature has failed, modern surgical technique may provide the answer for people who suffer from moderate nearsightedness and astigmatism.

Armed with a diamond blade and a recipe based on age and degree of nature's imperfection, and given about 15 minutes of your time in his chair, a trained eye surgeon can turn 20/800 vision into 20/40 vision - legal driving vision - or better.

The technology is called radial and astigmatic keratotomy and today, surgeons are getting consistent results on patients using the refined procedure.

"The instruments and equipment used today are light years ahead of what they were even five years ago," Dr. Gregory Temas said, an ophthalmic surgeon at Forsyth Memorial Hospital. "Radial keratotomy is predictable and safe in the hands of a trained refractive surgeon."

Keratotomy is fast and relatively painless. Patients are thoroughly examined

before surgery, and are instructed to stop wearing hard contact lenses three weeks and soft contact lenses three days before the surgery.

Surgery is performed on one eye during the visit, and surgery for the second eye can be done the following week.

"Studies have shown that the complication rate for keratotomy is less than cataract surgery which is considered one of the most successful procedures in this country," Dr. Temas said. "The risk of infection after surgery is less than the risk of infection from wearing soft contact lenses."

According to Dr. Temas, the best candidates for the surgery are people over age 21, who have small to moderate amounts of nearsightedness, have problems wearing contacts and/or glasses interfering with their lifestyle, and have generally healthy eyes.

"Even people who were left with a lot of astigmatism or nearsightedness and people after cataract surgery or corneal transplant may be candidates for keratotomy," he said. "If you have uncontrolled glaucoma or severe nearsightedness, you are not a good candidate."

Dr. Temas said, "Keratotomy probably won't make corrective lenses obsolete, but it is a stepping stone to improvements in eye surgery. It's the first step on the ladder to the ultimate goal of 20/20 vision without corrective lenses for everyone."

We think allowing you to return to your normal activities just hours after "No-Stitch" cataract surgery is a great idea. That's why we started doing it 2-1/2 years ago.



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Mary Pridden Harrells, NC

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For your convenience you may be seen by the doctors from Southeastern Eye Center at our office on Healy Dr. or Dr. Barry Ramsey in the Old Town Shopping Center in Winston-Salem, Dr. Steve Laymon in the Bermuda Quay Shopping Center, Dr. Jeff Garber in Kernersville or at our Lexington or Yadkinville offices.



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