

Acute Anterior Uveitis

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What is anterior uveitis?

Uveitis refers to inflammation of the middle layer of the eye, which is called the uvea or uveal tract. The uvea is made up of the:

- Iris: the coloured part of the eye
- Ciliary body: a ring of muscle behind the iris
- Choroid: a layer of blood vessels underneath the retina at the back of the eye

Anterior uveitis or “iritis” refers to inflammation which involves the iris and ciliary body.

Acute anterior uveitis may be a painful condition and all uveitis, if left untreated, may damage your vision.

How common is anterior uveitis?

Uveitis is a rare condition, with only around 2-5 in every 10,000 people in the UK affected by it each year. It particularly affects people of working age between 20-to 60, but rarely can also occur in children.

What are the causes of anterior uveitis?

In up to a half of patients a cause cannot be found. This condition is termed “idiopathic anterior uveitis”.

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It may be autoimmune, when the immune system becomes overactive in the eye for reasons not completely understood. It can also be associated with an underlying systemic disease or infection.

The most common associations are:

- Systemic conditions:
 - A genetic marker called HLA B27 antigen
 - Ankylosing spondylitis
 - Psoriasis
 - Inflammatory bowel disease
 - Sarcoidosis
 - Behçet's disease
- Infection
 - Shingles
 - Tuberculosis
 - Lyme disease
 - Syphilis
 - HIV

Anterior uveitis can also follow an injury or, rarely, ocular surgery such as cataract surgery.

What are the symptoms?

- A painful eye: the pain can range from a mild ache to severe pain
- A red eye
- Blurred or cloudy vision
- A small pupil or distortion of the shape of the pupil
- Sensitivity to light
- Headache

How is anterior uveitis diagnosed?

The doctor will examine you on a microscope (slit-lamp) for signs of anterior uveitis. This involves looking for inflammatory cells in the front

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chamber of the eye and deposits of cells on the back of the cornea (the clear dome-shaped window at the front of the eye). The iris may be stuck to the lens behind (at the pupil margin) and the pressure in your eye may be normal, high or low.

If your diagnosis is anterior uveitis (iritis) in one eye (and you have only ever had one eye affected) it is still important that both eyes are examined. This helps the clinician ensure that the unaffected eye remains that way. The clinician will then check the back of your eye for any involvement by administering some drops which dilate your pupil so they can have a good look at the back of your eyes.

These dilating drops will make your vision blurred for around two to three hours but does not limit you from moving around. However, you must not drive whilst your vision is affected. You can wait in the eye department until the drops have worn off before returning home, or you can ask a friend or relative to accompany you to your hospital appointment.

Do I need any tests?

Most patients do not need any blood tests or a chest x-ray, especially if it is their first episode and only one eye is affected.

In the following instances you will be asked to have some (non-urgent) blood tests and / or a chest x-ray:

1. You have had attacks only in one eye but three or more times (in your life)
2. You have had attacks in both eyes at the same time (even if it was only one time).
3. You have symptoms which may indicate a general health condition, possibly linked with your uveitis.

After examining your eye, your doctor will be able to explain which tests, if any, you will need to have done.

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How will I get my results?

If a blood test is performed, the results will be checked and shared with you at your next appointment. In the event of a very abnormal blood result, we will immediately contact you and/or your GP.

What is the treatment?

Anterior uveitis is treated with eye drops, depending on your presentation you may require two or three different types of eyedrops.

1. Steroid eyedrops

The most common uveitis treatment is steroid medicine, which helps to reduce the inflammation. This is usually given as an eyedrop. Very rarely severe forms of anterior uveitis may require an injection of steroid around the eye or even steroid tablets taken by mouth. Different strength of steroid eye drops may be used depending on the severity of your condition. Steroid drops need to be reduced gradually and not stopped suddenly (depending on how long you have been using them for). Each time you attend the clinic, details of the type of steroid eye drops you are using will be discussed with you. This may be different from previous times you suffered from anterior uveitis (as the severity may vary). Please bring all your eye drops with you when you come to the clinic.

2. Dilating eye drops

Additionally eyedrops to dilate the pupil may also be prescribed. Often in acute anterior uveitis the iris goes into spasm which causes pain. These drops relax the iris and help to relieve this pain and give your eye a rest. They will enlarge your pupil and temporarily blur your vision, especially when reading. It is important that you continue using them, but they are often only needed in the early stages of treatment. Once you stop these drops these side effects quickly wear off.

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3. Drops to control eye pressure

These may be needed if the pressure inside your eye is too high. With anterior uveitis the pressure in your eye can go up due to the inflammation. The steroid drops used can also raise eye pressure as a side effect in some people.

4. Tablets

It is unusual for most acute anterior uveitis cases to require tablets. Tablets may be prescribed for treating

- Severe eye inflammation
- Very high eye pressure
- Other kinds of uveitis

Complications and side effects

Most cases of anterior uveitis respond quickly to treatment and cause no further consequences. There is still a risk of complications such as:

- Deterioration in vision
- Increased pressure in the eye or glaucoma
- Cataract
- Retinal damage
- Swelling of the macula (the central part of the retina)

If an underlying cause is linked to uveitis, there is a significant risk for uveitis to reoccur or flare up leading to a long-term, chronic condition.

Steroid eye drops themselves can cause cataract and glaucoma. However, untreated or poorly treated anterior uveitis can cause both of those things to happen at a faster rate. It is the long-term use of steroid eye drops which is a concern. This is why your clinical team will be so keen to take you off these drops as soon as the condition is treated adequately.

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How do I use and store my drops?

Some eye drop bottles need to be discarded four weeks after opening. Please check on the bottle you are given. Do not use eye drop bottles that have been open for more than four weeks. They may no longer be sterile and could cause an eye infection.

Please bring all of your eye drops to your clinic appointment and please do not stop taking them on the day of the outpatient visit.

More specific instructions on how to store your drops will be provided to you by the pharmacist at the time of dispensing. Please refer to the manufacturer's information leaflet in the eye drops package for details on storage of drops and side effects.

How long does an attack of anterior uveitis (iritis) last?

Attacks of anterior uveitis last for different lengths of time but most settle within six to eight weeks. Your symptoms should improve significantly within a few days of treatment but you will need to take the treatment for longer so that the condition is fully treated.

How long will my vision be blurred for?

Swelling, pain and watery eyes are the most common causes for blurred vision in anterior uveitis. The eye drops themselves can also cause blurred vision, especially if you have been prescribed eyedrops which dilate your pupil. It is rare for anterior uveitis to permanently damage your vision if it is treated well and promptly. Treatment is aimed at settling inflammation and so it is important to take your eye drops as prescribed and keep your appointments even if you no longer have symptoms. This will allow us to do our best to ensure that your vision returns to normal after an episode has totally settled.

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Can I drive whilst on treatment?

You should not drive when your vision is blurred (in one or both eyes) or if you are using dilating eye drops (in one or both eyes). If in doubt, please ask the clinical team looking after you.

Will I need follow up?

You will need to come back to eye clinic for a follow-up appointment with an eye doctor so that we can check on the progress of your treatment. You are strongly advised to come in for recommended follow-up appointments even if your eye/s is/are feeling completely better. This allows the eye pressures to be checked, making sure there is no lasting inflammation or swelling (chronic anterior uveitis). If at this point all is well, and your acute anterior uveitis has settled, you will be discharged because there is no need for check-ups in between attacks of anterior uveitis (iritis).

Will I get anterior uveitis again?

We ensure that before we discharge you, you have made a full recovery from the inflammation but it is difficult to predict if/when episodes may re-occur. Some patients will only ever have one episode while others may have one every few years or more frequently than that.

What happens if I do not get treatment?

We would not recommend this. The pain and light sensitivity may increase and your vision may also become worse. Untreated anterior uveitis does not settle on its own and always requires treatment. If left untreated anterior uveitis can result in complications such as cataract, glaucoma and swelling at the back of the eye which all cause visual loss.

Therefore, if you are experiencing recurrent symptoms suggestive of uveitis and have been offered open access in the Eye clinic (known as patient initiated follow-up or PIFU), please contact the Triage line as soon as possible in order to be assessed and treated promptly.

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Do not restart any previous treatment or eye drops, even if you have a spare bottle at home. Some patients are tempted to treat themselves this way and do not return to eye clinic to be seen. This is a risky practice and we would strongly advise against this.

When to seek further advice

If your eye remains painful and red with blurred vision despite treatment please call the Ophthalmic Outpatient Department triage line between 9am and 5pm Monday to Friday.

How do I contact the hospital?

If you require advice please telephone the Ophthalmic Outpatient Department on 01423 542217.

Further Information

Other sources of useful information can be found at:

NHS www.nhs.co.uk

Harrogate and District NHS Foundation Trust website www.hdft.nhs.uk

National Eye Institute <http://www.nei.nih.gov/health/>

Feedback

If you have a concern, complaint or compliment, or would like to provide feedback regarding your experience of the Ophthalmology Service / clinic, please contact the Patient Experience Team via the following:

Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm)

E-mail: hdft.patientexperience@nhs.net

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