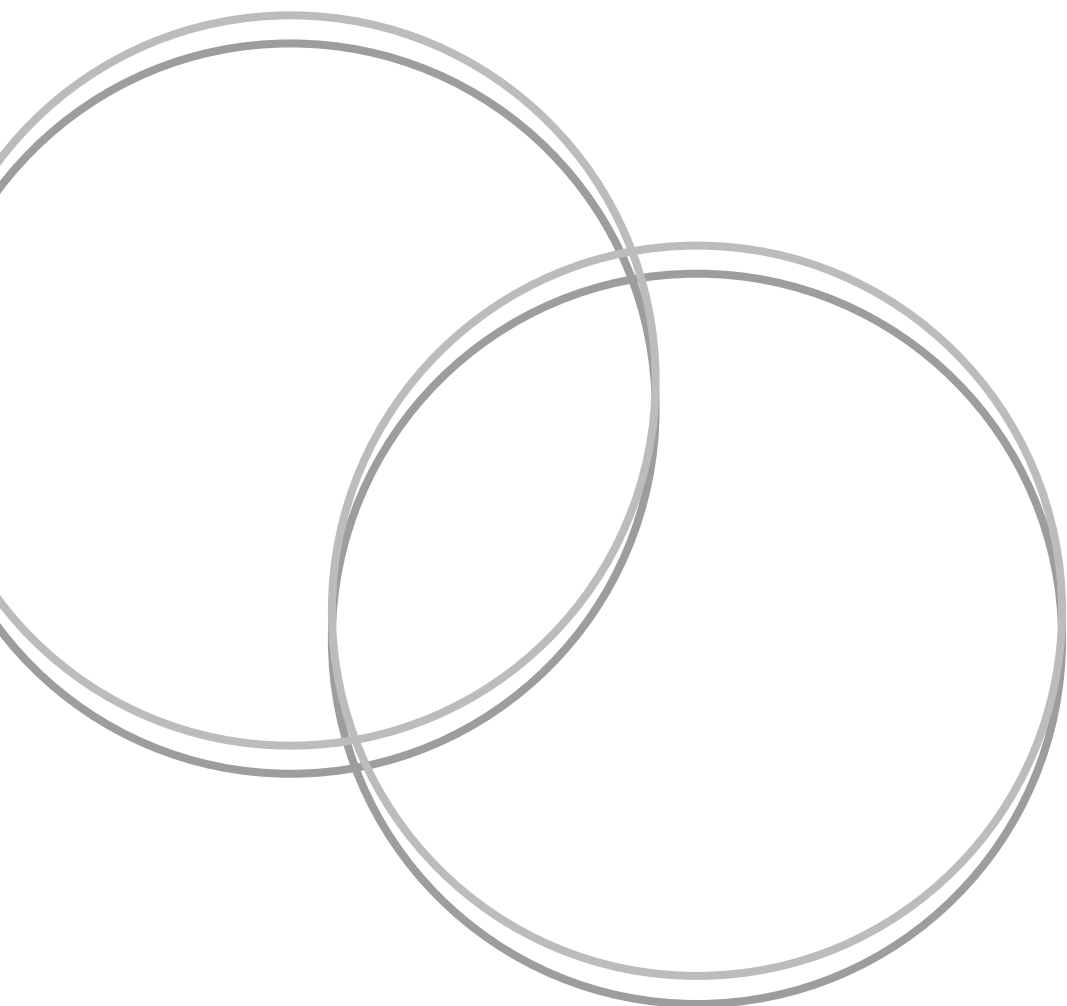




Oxford University Hospitals  
NHS Foundation Trust

# Uveitis

**Information for patients**



**Ocular Inflammation Service,  
Oxford Eye Hospital**

This leaflet has been written to give you general information about uveitis. It should help you to understand what uveitis is, what the treatment is likely to be, and what follow up to expect. If you are worried or unsure about how uveitis might be affecting you, please speak to your GP or your eye doctor at the Oxford Eye Hospital.

## **What is uveitis?**

Uveitis is an inflammation of the uveal tract, which includes the iris (coloured part of the eye), the ciliary body and the choroid. The first two structures are found towards the front of the eye, and the last one is found under the retina at the back of the eye.

Inflammation involving the iris and ciliary body is referred to as 'anterior uveitis'; more commonly called 'iritis'.

'Posterior uveitis' involves inflammation of the choroid, but also tends to affect the retina and retinal vessels.

## **What causes uveitis?**

In a large number of cases, the cause of uveitis is unknown. An imbalance of your immune system is usually responsible for the inflammation, and in a few cases an infection is the trigger. The inflammation may be confined to your eye or may be related to a disease elsewhere in your body. This could be something you are already aware of or may be found when we start to investigate the cause of the uveitis.

## **Can stress cause uveitis?**

There is no evidence to support this theory, but many people do report 'flare-ups' of the condition during times of stress in their lives.

# What are the signs and symptoms?

## **Anterior uveitis may show itself with the following symptoms:**

- Pain.
- Sensitivity to light.
- Blurred vision.

These symptoms may occur suddenly or develop gradually over days or even weeks.

However, sometimes the symptoms may be minimal or you may not have noticed any particular symptoms at all.

## **Posterior uveitis will cause:**

- Floaters: These are caused by 'debris' from the inflammation getting into the vitreous humour (the 'clear jelly' which fills the eye).
- Reduction in vision.

## What tests will I need?

Depending on how severe your symptoms are, we would begin by carrying out investigations to try to find out whether you have an associated disease that could be causing the uveitis, or to exclude an infection. Your eye doctor will be able to tell you which test you will need after you have been examined.

### **The tests may include:**

- Blood tests.
- A chest X-ray.
- Scans of your eye or photographs of your retina after the injection of a special dye into a vein in your arm.

Your doctor will be able to give you a full explanation of each test.

## What is the treatment for uveitis?

Anterior uveitis is usually treated with eye drops. These are usually steroid eye drops as well as dilating drops (to enlarge your pupil). These both help to reduce the inflammation, reduce pain and prevent complications such as 'posterior synechiae' (small areas that have stuck together between the iris and the crystalline lens, resulting in an odd-shaped pupil). Steroid drops are usually used in the early stages of uveitis. We gradually reduce the dose, to prevent the uveitis from coming back. It is important that you follow the instructions on the eye drops correctly, so that they work effectively.

In posterior uveitis the disease affects the back of the eye, so eye drops will not be effective in treating the problem. If the uveitis is affecting only one of your eyes, or is more severe in one eye, you may be offered an injection of a steroid around your eye. This means that the steroid can reach the back of the eye and treat the inflammation.

The injection of steroid should not be painful, as we will give you local anaesthetic eye drops to numb your eye. The steroid injection has the advantage of giving you the treatment in a specific area, avoiding the potential side effects of steroids on the rest of your body.

If the injection fails (we can only try three attempts over three appointments) or the disease involves both of your eyes equally, you will be offered oral treatment with steroids or other drugs. These may be a type of medication called an immunosuppressant, which will help control your immune system and reduce the reaction that is causing inflammation.

If another disease is discovered in your body, your GP will be informed and you will be referred to see a specialist for that condition. You will be prescribed specific antibiotics if an infection is found to be the reason for your uveitis. We would still start to treat the uveitis, while the investigations into its cause are being looked into.

Always follow the instructions when using the drops and/or tablets. All these drugs have potential side effects. You will be given full explanations about the drugs you are prescribed. We will arrange for you to have regular blood tests to closely monitor the effects of your treatment, and we will keep your GP informed at all times of any change in your condition.

Some steroid drops need to be shaken vigorously before each application, to make sure the drug has been mixed well inside the bottle, and to make them effective.

**Please note that steroid drops or tablets should not be stopped suddenly. If you were to suddenly stop using your drops you could develop severe 'rebound inflammation', or it may have a serious effect on your general health.**

## **Possible complications of uveitis**

If you have inflammation involving only in the front part of the uvea (anterior uveitis), you are not likely to have permanent damage to your vision. The most likely complication is that the condition may return. If you think your symptoms of uveitis are returning, it is important that you seek prompt attention from an eye specialist.

### **Other possible complications of anterior uveitis which may cause problems with vision are:**

- Cataract (clouding of the lens behind the pupil).
- Glaucoma (raised pressure inside the eye, leading to damage to the nerves at the back of the eye).
- Macular oedema (waterlogging of the most sensitive area of the retina, which is used for central vision).

In posterior uveitis the complications may be more severe, with a higher risk of loss of vision, especially if you do not follow your treatment or miss appointments. Macular oedema is a potential cause of visual loss, which is why it is important to have regular eye checks, so we can spot this early.

Other possible complications include clouding of the gel inside the eye, closure of blood vessels and retinal detachment.



## Home care tips for uveitis

Some people find the use of hot compresses to be very soothing for anterior uveitis. Please take care not to use water that is too hot, as the skin over your eyes is very sensitive.

- Hold a clean flannel soaked in comfortable hot water against your closed eyelid for about 5 minutes.
- You will need to reheat the flannel in hot water as necessary as it cools. Never share a flannel with others, as this increases the chance of infection.

If you are sensitive to light, dark glasses will help. Anti-inflammatory type painkillers are useful, such as aspirin and ibuprofen. Always read the instructions carefully.

## Is there anything else I can do to help myself?

- Make sure you are correctly using the medication you have been prescribed.
- Return for follow-up checks as scheduled.
- Return to the hospital promptly if you notice your symptoms returning, any further deterioration in your vision or other symptoms, such as pain or redness.
- Use sunglasses when you have symptoms of iritis (or a flare-up), to help with light sensitivity.

## **Working with uveitis**

If you need to take time off work, please ask your doctor for a sick certificate, to confirm when you can return to work. You may also wish to speak to the Job Centre staff or the Citizens Advice Bureau about sickness benefits, particularly if you are self-employed.

Your employer may have an Occupational Health Nurse, who may be able to give you additional advice and support when you return to work.

## **Psychological impact of uveitis**

Anxiety about loss of sight is a common concern for people with any eye condition. If you are particularly anxious about your condition you may benefit from counselling. Please speak to your GP, who may be able to arrange this for you.

## **Is there any support to help me?**

You may find it useful to contact the following support groups:

### **Royal National Institute of Blind People (RNIB)**

Telephone: 0303 123 9999

Website: [www.rnib.org.uk](http://www.rnib.org.uk)

### **Olivia's Vision**

Website: [www.oliviasvision.org](http://www.oliviasvision.org)

### **The Uveitis National Clinical Study Group (CSG)**

Website: [www.uveitisstudygroup.org](http://www.uveitisstudygroup.org)

### **Birdshot Uveitis Society (BUS)**

Website: [www.birdshot.org.uk](http://www.birdshot.org.uk)

## **Additional information**

If you have any further questions or need advice about your treatment please speak to your GP or your eye doctor at the Oxford Eye Hospital.

## **How to contact us**

### **Oxford Eye Hospital**

Telephone: 01865 234 567

Monday to Friday 08.30 to 4.30pm

### **Eye Casualty Telephone Triage**

If you have an eye emergency, please do not come to Oxford Eye Hospital straightaway.

### **Call our specialised telephone triage number.**

Telephone: 01865 234 567 option 1 followed by option 1

Monday to Friday 8.30am to 4.30pm

Saturday and Sunday 8.30am to 3.30pm

(including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS 111 or your out of hours GP practice.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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