

Laser iridotomy



Information for patients attending appointments at King's College Hospital only

This leaflet answers some of the questions you may have about having laser iridotomy. It explains the benefits and the risks of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.



What is laser iridotomy?

It is a procedure used to treat a condition called angle closure, which is either the cause of your glaucoma or it puts you at risk of developing glaucoma in later life.

If you have healthy eyes, the fluid (aqueous humour) inside them flows through your pupils into the front of your eyes, and drains away through drainage channels called the trabecular meshwork.

If you have angle closure, these channels are blocked by the iris (the coloured part of your eyes) moving forward. This stops the fluid from draining and increases the pressure in your eyes (intraocular).

Over time, this increased pressure damages your optic nerve – the nerve that carries information from your eye to your brain – and can cause you to lose your sight. This treatment uses a laser to make a small hole in your iris. It creates a lasting channel through which the fluid in your eye can drain, pushing the iris backward and unblocking the drainage channels.

You will have a local anaesthetic for the procedure. This means you will be awake during the procedure but your eyes will be numbed so you do not feel pain.



Why do I need this procedure?

You have had some tests that show the drainage channels in your eyes are either blocked or are at risk of getting blocked.

You have been advised to have this procedure to reduce the risk of this blockage causing a sudden increase in pressure in your eye and loss of sight.

Some people are more likely to develop angle closure because of the structure (anatomy) of their eyes. As they get older, their lenses also age and bulge forwards, causing the drainage channels to narrow.

What are the benefits?

- It prevents a sudden (acute) rise in the pressure in your eye
- It makes you much less likely either to develop angle closure or for the condition to get worse
- It prevents blindness that we cannot cure.

Please note that it will not make your sight better or give you back sight that you have already lost because of glaucoma.

What are the risks?

Common, short-term risks

- Bleeding. You may have a small bleed in the front part of your eye caused by the laser. This is not usually a problem and can be stopped by putting pressure on the eye for a short time.



- Inflamed eye. This can usually be treated by using steroid eye drops.
- Rise in eye pressure. There is a 1.1% risk that your eye pressure will rise straight after treatment. If this happens, we may give you eye drops or tablets before you go home. Your doctor will let you know if you need these and for how long. If you need drops, a doctor or nurse will put them in your eye before you leave hospital. We will ask you to stay until the pressure has gone down. This usually takes a few hours at most.¹
- Blurred vision. There is a 20% risk that your sight will be slightly blurred for a short time.

Less common risks

- A small number of patients find that more light enters their eye through this new opening. This can be a little distracting at first but most people find they can soon ignore it.
- Glare in bright light (1% risk).
- Seeing horizontal/vertical lines (5% risk).

In the majority of patients, these symptoms ease over time.

Serious but rare risks

- Loss of sight
- Significant reduction in sight (0.02%).

You may need to be treated quickly if you have certain symptoms after the procedure. Contact us on the Early Referral Service (ERS) phone number on page seven or go



to your local Accident and Emergency (A&E) if you have any of the following:

- excessive pain
- loss of vision
- flashing lights
- your eye becomes more and more red.

Are there any alternatives?

- Laser iridotomy is the best treatment as it is the least invasive procedure to open up the drainage channels in your eye.
- Sometimes having a cataract operation can widen the drainage channels and help ease the pressure inside your eye. This is not suitable for everyone and is more risky.
- You can use pilocarpine eye drops to help open up the drainage channels. These do not always work and can have side effects, including causing you to develop cataracts.

Consent

We must by law obtain your written consent. Staff will explain risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

Do I need to prepare for the procedure?

It is important to use your regular eye drops as normal on the morning of your procedure, unless your doctor has told you otherwise.



You can also eat and drink as normal beforehand and you do not need to change into a hospital gown – you wear your own clothes during the procedure.

If possible, please arrange for someone to take you home as your sight may be a bit blurred afterwards.

What happens during the procedure?

You have the procedure in one of our laser treatment rooms.

We usually treat both of your eyes on the same day.

The doctor or nurse will check your eyes and the pressure.

They will put some drops into each of your eyes. These are usually a drop to make your pupil smaller (miotic), a drop to lower the pressure inside your eye and an anaesthetic drop to numb it.

You will then sit at a machine similar to the machine used to examine your eyes at the eye clinic. This one has a special laser attached to it.

The doctor will put a special contact lens on your eye. This allows them to view your iris clearly so they can make a hole in it using the laser.

The treatment is painless but you might feel slight discomfort or sharp sensations when the laser is being used.



Some people have thick irises, especially if they have dark-coloured eyes and are of Asian or Afro-Caribbean origin. If so, the doctor may need to use one type of laser to thin each iris before using another type to make the hole.

How long does it take?

The treatment takes about 20 minutes. You are usually in the outpatient department for about half a day.

What happens after the procedure?

You can go back to the waiting area after the procedure. Your eye pressure will be checked about one hour later. The doctor or nurse will also check your eye to make sure the new opening is working well.

You will be given a follow-up appointment for a week or two later, to make sure the treatment is working. If we find that the opening we made is not complete or is too small, you may need to have the procedure again at a later date. A very small number of patients need a second type of laser surgery, called iridoplasty, as well. We will decide if you need this after you have had a successful iridotomy.

You may also develop a long-term (chronic) rise in your eye pressure. If so, you may need to use drops or have other long-term treatment to control your eye pressure after the iridotomy.

It is normal to have mild discomfort and gritty, sticky eyelids for a few hours after laser treatment.



The miotic eye drops can take some time to wear off, so your pupils may stay small for several hours after treatment. They can also cause you to have a mild to moderate headache across your brow. Dim or dark rooms may seem darker than normal. Do not worry. The drug will wear off by the morning and your pupils should be back to their normal size.

What happens when I go home?

If you have any discomfort when you go home, take your usual painkillers and follow the instructions on the leaflet.

We may prescribe you some drops to help to reduce any swelling inside your eyes. You usually need to use these for about a week. The doctor will tell you before you leave hospital how long you need to use them for.

If you are using glaucoma drops, please ask the nurse or doctor if you need to keep using them on your treated eye(s). If you are using glaucoma drops on your untreated eye, please keep using them unless told otherwise.

You are safe to go back to your usual daily activities.



Who can I contact with queries and concerns?

For more information, please contact the secretary to glaucoma consultants on **020 3299 1521**.

If it is an emergency, please go to your local Accident and Emergency (A&E) department or contact the Emergency Referral Service (ERS) on **020 3299 3878**.

For any questions about your treatment, please contact your GP (home doctor).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Fax: **020 3299 3626**

Email: **kch-tr.PALS@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

References:

1. Ophthalmology. 1998 Dec;105 (12):2256-9. The rarity of clinically significant rise in intraocular pressure after laser peripheral iridotomy with apraclonidine. Lewis R., Perkins TW, Gangnon R, Kaufman PL, Heatley GA





www.kch.nhs.uk
PL635.2 August 2015

Corporate Comms: 0708
Review date August 2018

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For more information, visit www.kingshealthpartners.org 